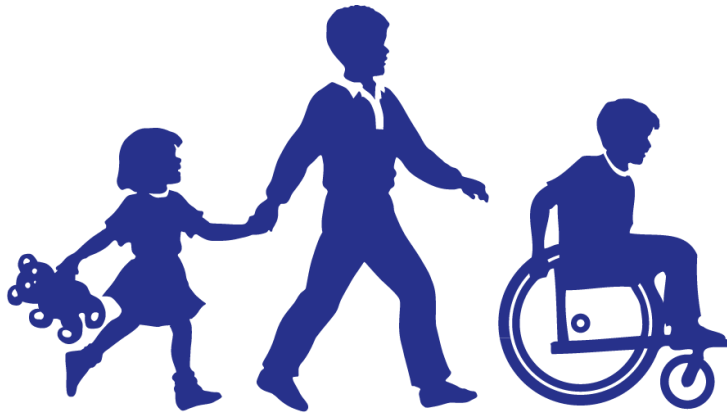




Default Question Block



Kennedy Krieger Institute

COVID-19 Provider Feedback Survey

Block 4

Name

Clinic

Block 1

Has the COVID-19 intake questionnaire been helpful to you in the care of your patients during the COVID-19 pandemic?
Please indicate only ONE of the responses below:

- Yes
- No
- Unsure

Briefly, why or why not?

Block 2

From your review of the patient surveys, what has been your impression of the greatest COVID-19 related concern/s for your patients?

Please indicate all that apply:

- Change in Medication
- Change in Neurologic Status
- Change in Sleep
- Change in Appetite
- Change in Mood
- Change in Behavior
- Change in Overall Quality of Life
- Inability to Access/Obtain Medication
- Inability to Access/Obtain Therapies
- Inability to Access/Obtain Surgeries/Procedures
- Inability to Access/Obtain PCPs
- Inability to Access/Obtain Specialists
- Other

If other, please describe:

Block 3

What new measures/strategies have you implemented in your program to address these concerns in response to COVID-19?

Please indicate all that apply.

- Work to make more in-person therapies/visits available to patients
- Work to make more virtual therapies/visits available to patients
- Provide new educational information on COVID-19 not typically part of your clinical visit
- Prescribe medications that you did not typically prescribe pre-COVID, or change the frequency of medications prescribed
- Make referrals that you did not typically make pre-COVID, or change the frequency of referrals made
- Increasing frequency of follow-up appointments
- Providing clinical equipment for patients without access (iPads, scales, blood pressure monitor, etc.)
- Other

If other, please describe:

