

YOUTH HEALTH SURVEY

This health survey is about health care concerns in students from grades 5 to 8. There are 10 statements; you are asked to agree or disagree with each one. If you choose to complete the form you will find there is no space for your name- the information will be completely private. The information from this form can help in understanding how many students have concerns about an important part of health care.

There is a space at the bottom of the form if you want to say more about your health care concerns. Please speak with your parents, the school nurse or school guidance counselor if you feel you need help with any health care concerns.

Thank you,

Allen Moulton, M.S., R.N., M.S.N.

Licensed Psychologist-Masters
Masters Child Health Nurse

HEALTH SURVEY

Please mark a circle across from each item showing that you agree or disagree with each statement. Mark only one circle for each item. If you would like to say more about how you feel about health care you can do so at the bottom of the page. Thank you.

	Agree	Disagree
1. I like going to visit my doctor s office.	<input type="radio"/>	<input type="radio"/>
2. Going to my doctor s office worries me a little but only when I m there.	<input type="radio"/>	<input type="radio"/>
3. When there, I worry only in the doctor s exam room.	<input type="radio"/>	<input type="radio"/>
4. When there, I worry in the waiting room and in the doctor s exam room.	<input type="radio"/>	<input type="radio"/>
5. I worry about visits to my doctor s office during the day before I go.	<input type="radio"/>	<input type="radio"/>
6. I worry about going to my doctor s office several days before I go.	<input type="radio"/>	<input type="radio"/>
7. I get very upset (scared, crying or yelling) when I have to go to my doctor s office.	<input type="radio"/>	<input type="radio"/>
8. It s hard for me to do homework or have fun with my friends when I know I am going to my doctor s office soon.	<input type="radio"/>	<input type="radio"/>
9. The part I am afraid of most about my doctor s office is shots (needles).	<input type="radio"/>	<input type="radio"/>
10. What upsets me most about going to the doctor s office is _____.	<input type="radio"/>	<input type="radio"/>

Other Comments: _____

Thank you for your help with this survey.