



SEEK Feedback Form

Please complete this form. Your feedback will be valuable in helping improve SEEK.

Date: _____ Practice Name: _____

Address: _____

Type of Practice: Pediatric Family Medicine Other (describe) _____

Person Completing Form: _____ Position: _____

Email: _____ Phone: _____

Approximate number of children served in your practice: _____

	No. in the Practice	No. Implementing SEEK	No. that Completed SEEK Training
PCPs (MD, DO, NP, PA)			
Residents			
Behavioral Health Professionals*			

* Social Worker, Psychologist, Psychiatrist, Patient Navigator, Case Manager, Care Manager

Did anyone in the practice participate in the SEEK MOC 4/PI activity? Yes No

Date SEEK was first implemented in the practice: _____

Visits when parents complete the SEEK Parent Questionnaire-R:

1 mo. 2mo. 4 mo. 6 mo. 9 mo. 12 mo. 15 mo. 18 mo. 24 mo. 30 mo. 36 mo. 48 mo. 60 mo. Other: _____

Modalities used: Paper and pencil SEEKonline CHADIS

Which EHR do you use? _____

If not already doing so, are you interested in implementing SEEK electronically? Yes No

What is done with the completed SEEK PQ-R after visits?

Compiled for a needs assessment Scanned into EHR
 Integrated into EHR Discarded but use documented

Have the Parent Handouts been customized with info. on local resources? Yes No

If not, do you use other parent handouts? Yes No N/A

Do you use the SEEK Algorithms and Responses to Barriers? Yes No

Would you like a SEEK poster for your waiting area (see www.SEEKwellbeing.org), in English and/or Spanish? Yes No Both

Would you like a copy of the SEEK parent video (see website)? Yes No

Have you visited the SEEK website? Yes No

If so, what has been useful? _____

Please describe the overall experience of each group with implementing SEEK

➤ PCPs, residents: _____

➤ Behavioral health professionals: _____

➤ Office staff: _____

➤ Parents: _____

How has SEEK improved the care provided in your practice? _____

What have been the challenges in implementing SEEK? _____

How do you think SEEK could be improved? _____

Are you interested in help implementing SEEK? Yes No

Have you evaluated SEEK in your practice? Yes No

If not, are you interested to do so? Yes No

Would it help to have the SEEK PQ-R in other languages? Yes No

If yes, which? _____

Thank you very much for your feedback. It's much appreciated.

Please email this form to hdubowitz@som.umaryland.edu