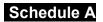




## **SEEK Feedback Form**

Please complete this form	ı. Your feedback will be vo	aluable in helping improve	SEEK.	
Date:	Practice Name:			
Address:				
Type of Practice: □ Pedia	tric 🗆 Family Medicine 🗆	Other (describe)		
Person Completing Form	:	Position:		
Email:		Phone:	Phone:	
Approximate number of	children served in your p	ractice:		
	No. in the Practice	No. Implementing SEEK	No. that Completed SEEK Training	
PCPs (MD, DO, NP, PA)		<u> </u>		
Residents				
Behavioral Health Professionals*				
* Social Worker, Psychology	gist, Psychiatrist, Patient	Navigator, Case Manager	, Care Manager	
Did anyone in the practic		MOC 4/PI activity?	□ Yes □ No	
	□ 6 mo. □ 9 mo. □ 12 m	estionnaire-R:		
Modalities used:		□ Paper and penc	il 🗆 SEEK <i>online</i> 🗆 CHADIS	
Which EHR do you use? _				
If not already doing so, a	re you interested in impl	ementing SEEK electronic	cally? 🗆 Yes 🗆 No	
What is done with the co  ☐ Compiled for a needs a: ☐ Integrated into EHR	ssessment			
Have the Parent Handou	ts 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 Algo	orithms and Responses to	Barriers?	□ Yes □ No	



Would you like a SEEK poster for your waiting area (see www.SEEKwellbeing.org), in English and/o Spanish? □ Yes □ No □ Bo		
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 SEE	K	
> 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 <a href="https://hdubowitz@som.umaryland.edu">hdubowitz@som.umaryland.edu</a>