



Patient Questionnaire

Preferred Name: _____

Preferred Pronoun: _____

Date of Birth: _____

The purpose of this questionnaire is to provide information to your care team so that they can create a more comfortable experience for you.

For each question, please choose *all* responses that apply.

1. Person completing questionnaire



Patient

Continued on back

Patient Questionnaire *Continued*

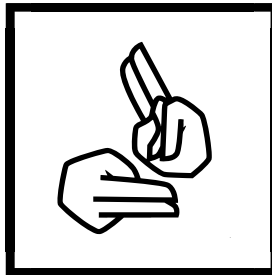
2. How do you like to communicate with other people?



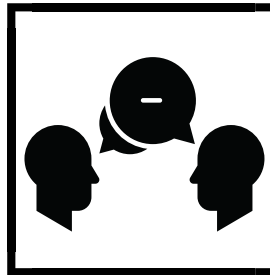
Talking
(Conversation)



Writing it down



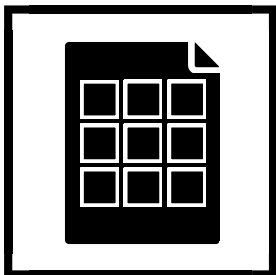
Sign language



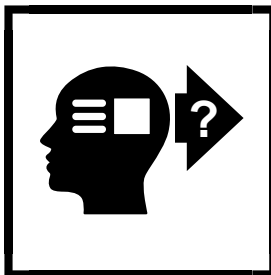
Talking
(Short Phrases)



iPad/
tablet



Pictures



Other
(Please specify)

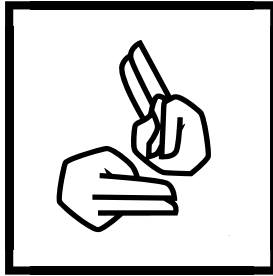
3. How do you like nurses and doctors to communicate with you?



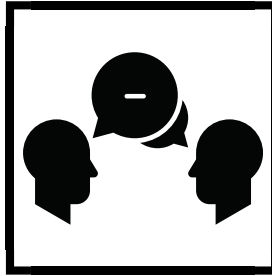
Talking
(Conversation)



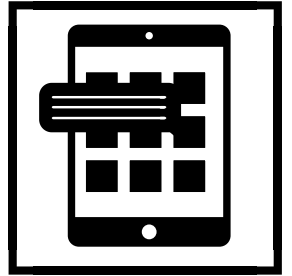
Writing it down



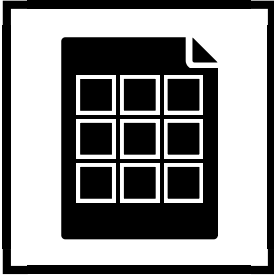
Sign language



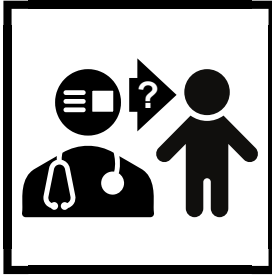
Talking
(Short Phrases)



iPad/
tablet

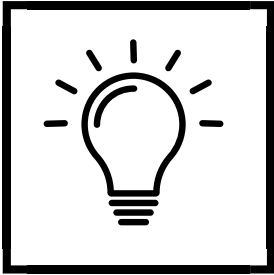


Pictures



Other
(Please specify)

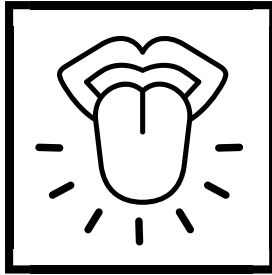
4. What makes you nervous or upset?



Lights



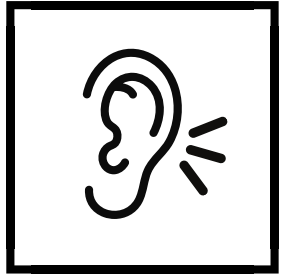
Smells



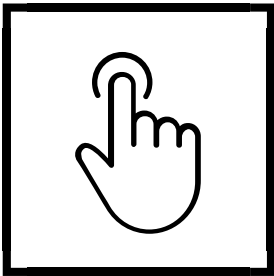
Tastes/
textures



Medications



Sounds



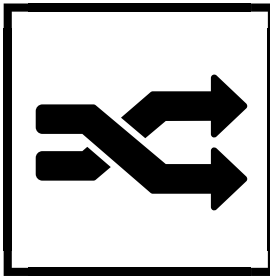
Touch



A lot of people



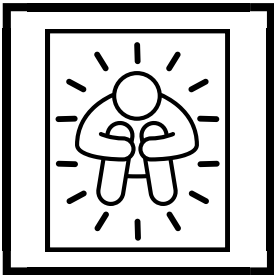
Tape/
Band-aids



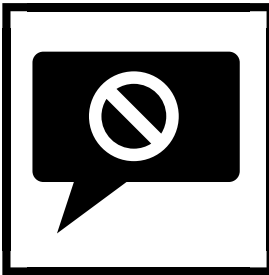
Transitions/
changing activities



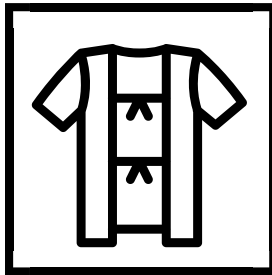
Waiting



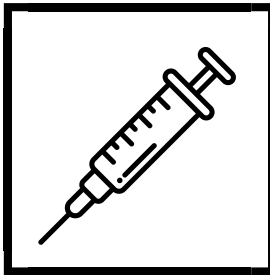
Small room/
space



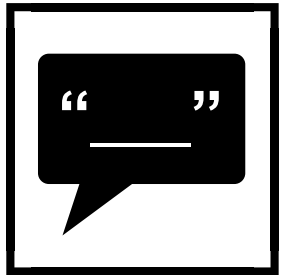
Being told "no"



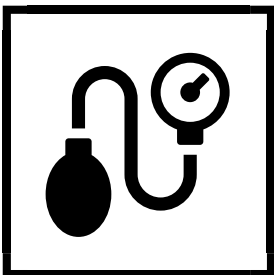
Hospital clothing



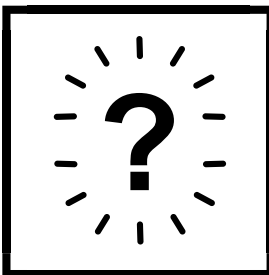
Needles



Specific phrases
or words
(Please specify)

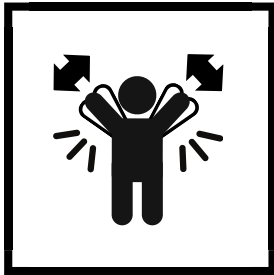


Vitals
(Please specify)

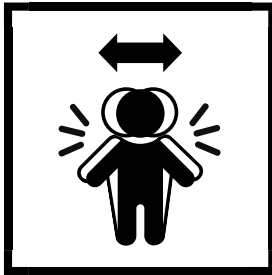


Other
(Please specify)

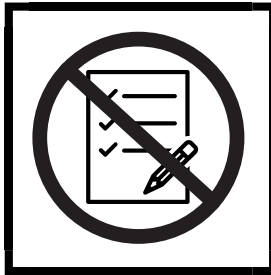
5. How would others know you are getting nervous or upset?



Flapping arms



Rocking back and forth



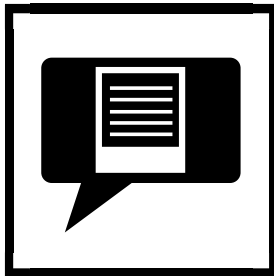
Not following directions



Moving away from people



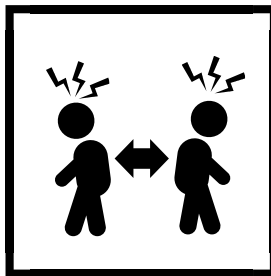
Tightening jaws or fists



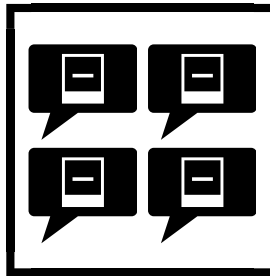
Talking about a specific topic a lot



Fidgeting/ moving



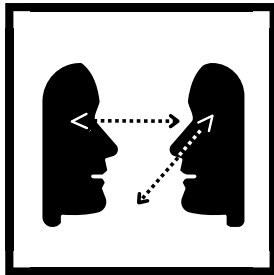
Walking back and forth



Repeating words or phrases



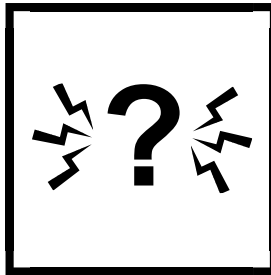
Yelling



Avoiding eye contact

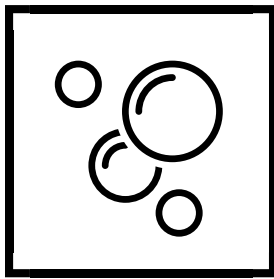


Hurting self

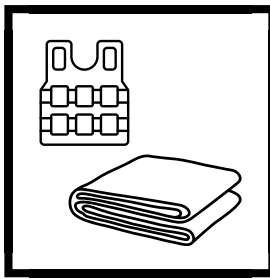


Other
(Please specify)

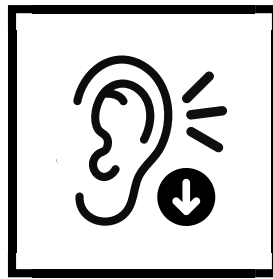
6. Would any of the tools or strategies below help you feel more comfortable?



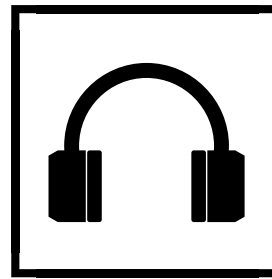
Bubbles



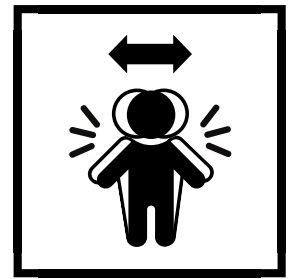
Weighted vest/
blanket



Keep noise
levels low



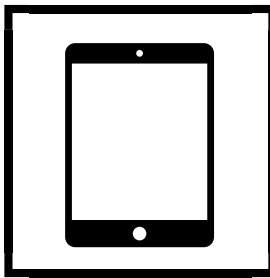
Headphones



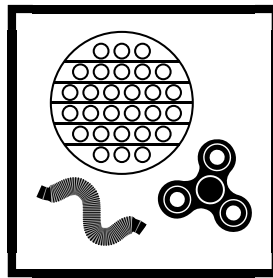
Self-soothing
behavior



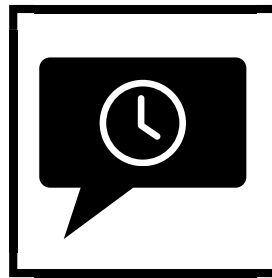
Music



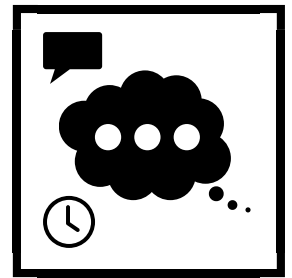
iPad



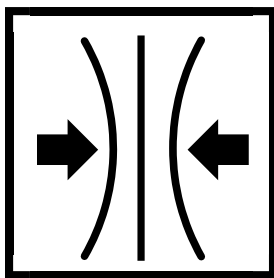
Fidget toys



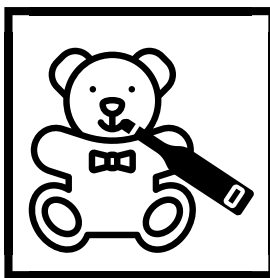
Give warning
before changes



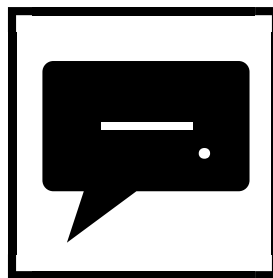
Allow time to think
about questions



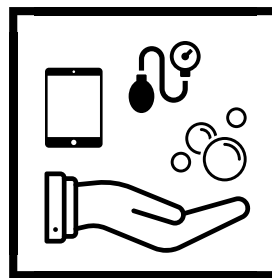
Pressure/
squeezes



Model of
any procedures



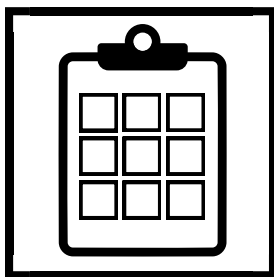
Simple
direct language



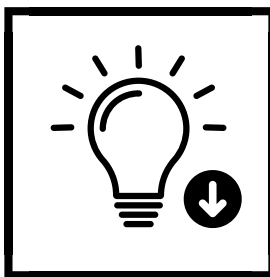
Provide
2-3 choices



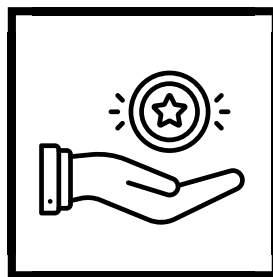
Medication



Picture schedule



Turn lights down



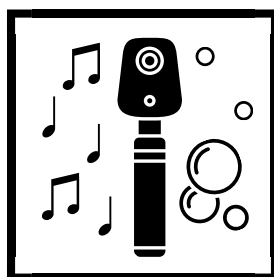
Reward
after procedure



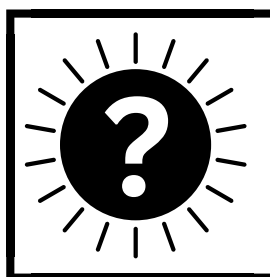
Written schedule



Private
waiting area

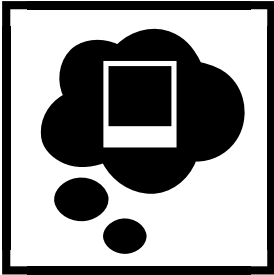


Distraction
during procedure

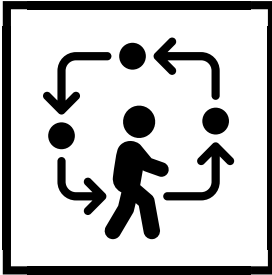


Other
(Please specify)

7. Do you have any behaviors we should know about?



Strong focus on an object/activity/topic



Doing the same thing over and over



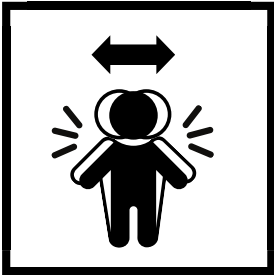
Running/escaping



Hurting others



Hurting self



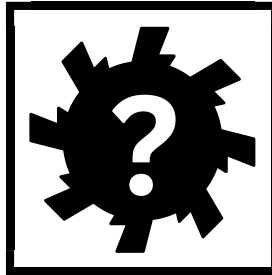
Rocking back and forth



Grabbing items

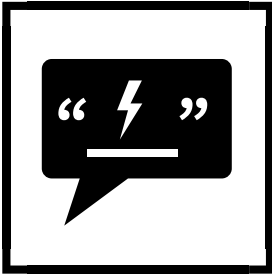


None

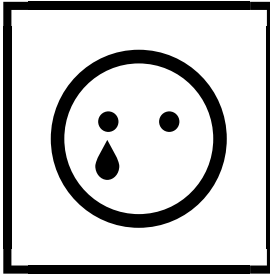


Other
(Please specify)

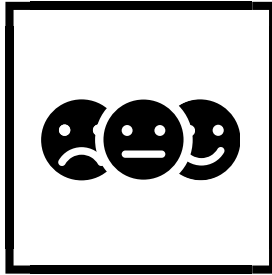
8. How would others know you are in pain?



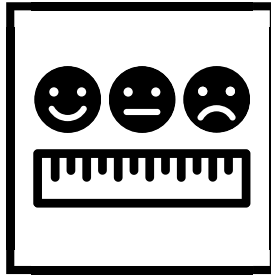
Telling them



Crying



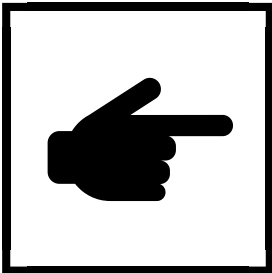
Facial expressions



Using a pain scale



Body language



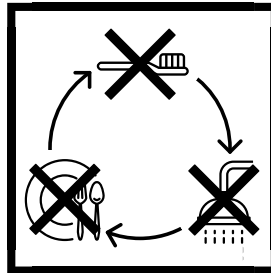
Pointing



Avoiding others



iPad/
tablet

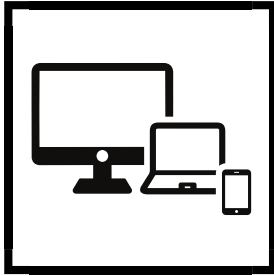


Not doing
daily activities

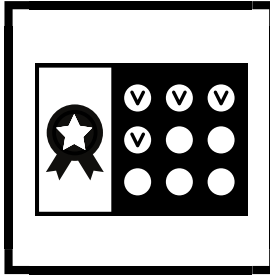


Other
(Please specify)

9. What are your favorite activities/objects or rewards/favorite topics? (Please be specific in comments)



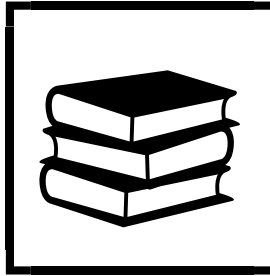
Electronics



Reward chart



Food/
snacks/drinks



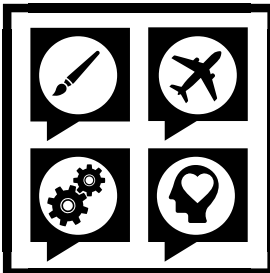
Books



Toys/
activities



Music
(Please specify)



Favorite topics
(Please specify)



Other
(Please specify)

10. Is there anything else you would like us to know about your previous medical experience(s)? What worked well? What would you like us to do differently next time?
