

# Attachment G

## Drug Endangered Children Protocol Feedback Form: Health Care Provider

**DO NOT** include any personally identifying information on this feedback form. Your feedback will help us improve the protocol and process. Thank you.

Date protocol was initiated: \_\_\_\_\_

County where protocol was initiated: \_\_\_\_\_

Age and gender of child(ren) involved:  
\_\_\_\_\_

1. To what degree was the protocol helpful to you in dealing with the child(ren)?

Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

2. Did you receive information about the child(ren)'s exposure at the scene?

Yes \_\_\_ No \_\_\_ If yes, how helpful did you find it?

Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

3. Did you receive information about the child(ren)'s health history?

Yes \_\_\_ No \_\_\_ If yes, how helpful did you find it?

Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

4. Did you review the information on the reverse side of the Medical Assessment Form?

Yes \_\_\_ No \_\_\_ If yes, how helpful did you find it?

Very Helpful 1.....2.....3.....4.....5 Not Helpful At All

Comments:

5. How many of the children you examined showed signs of the following?

Physical abuse \_\_\_\_\_, Sexual abuse \_\_\_\_\_, Neglect \_\_\_\_\_, Developmental Delay \_\_\_\_\_,

Behavior and/or mental health problems \_\_\_\_\_, Effects of chemical exposure \_\_\_\_\_

**(Over)**

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6. How can this protocol be improved?

Name: \_\_\_\_\_ Role: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return to:** \_\_\_\_\_