

Survey for Assessing Needs of Families who have Children with SED Disorders

Thank you for taking the time to complete this survey. This survey is about families who have a child with a serious emotional disturbance (SED). An SED is a mental health or behavioral condition that is diagnosed by a licensed mental health professional, and is moderate or severe level of interfering with the child's ability to function in daily life activities. Please fill out the survey as best as you can in order to have accurate, complete responses. Completion of this survey is voluntary, and confidential. This means you agree to answer this survey voluntarily, without pressure from any therapist, school, or provider you may be working with. Your answers are confidential, and your responses will be reviewed only as a report along with everyone else's answers who completed the survey. No one will be able to know which answers belong to you.

* Required fields for on-line data entry

SED Diagnosis *

Think of the child in the family that has the most intense SED. What is that child's diagnosis?

Check all that apply

- ADD/ADHD
- Attachment Disorder
- Childhood Schizophrenia
- Autistic Disorder
- Pervasive Developmental Disorder
- Asperger's Disorder
- Separation Anxiety Disorder
- Schizo Affective Disorder
- Mood Disorder (Depression, Mania)
- Obsessive-Compulsive Disorder
- Anxiety Disorder
- Posttraumatic Stress Disorder
- Dissociative Identity Disorder
- Sexual or Gender Identity Disorder
- Eating Disorder
- Oppositional Defiant Disorder
- Intermittent Explosive Disorder
- Attention or Hyperactivity Disorder (ADD, ADHD)
- Other:

Age of the Child *

What is the age of the child you were thinking about in the question above? _____

Survey ID *

Please type in the first and last name initials, month of birth, and day of the month of birth to help us create a unique identifier for this child. This identification system allows the child's information to remain anonymous and confidential. For example: ag0921.

County in which the family resides *

Choose only one county. Tell us where the family lives as of today.

- Benton
- Iowa
- Linn
- Johnson
- Jones
- Other:

Family Income *

Choose the income range that best describes the family's gross income.

- Under \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- \$60,001 - \$70,000
- \$70,001 - \$80,000
- \$80,001 - \$90,000
- \$90,001 - \$100,000
- Over \$100,000

Family Size *

How many people reside in the family's home? _____

Flood of 2008 Was the family directly affected by the flood of 2008 (home, work, or school losses)?

- Yes
- No

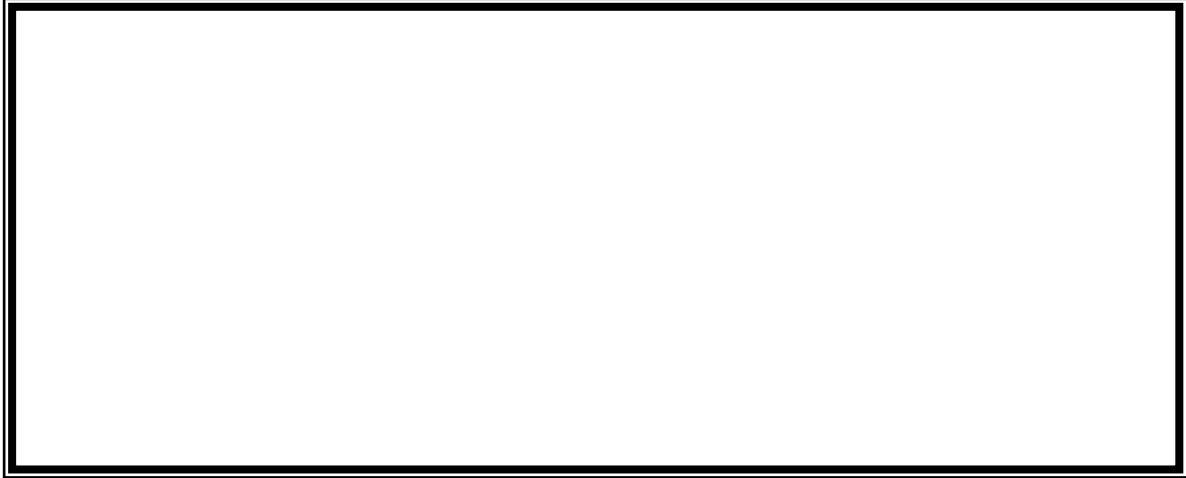
Current Help with Services or Programs For the child you have been thinking about, what services or programs is the child involved in. Please list everything that you feel the child benefits from, including non-therapeutic programs such as scouting, sports, etc. Be sure to include any formal services, such as counseling, therapy, residential treatment programs, etc.



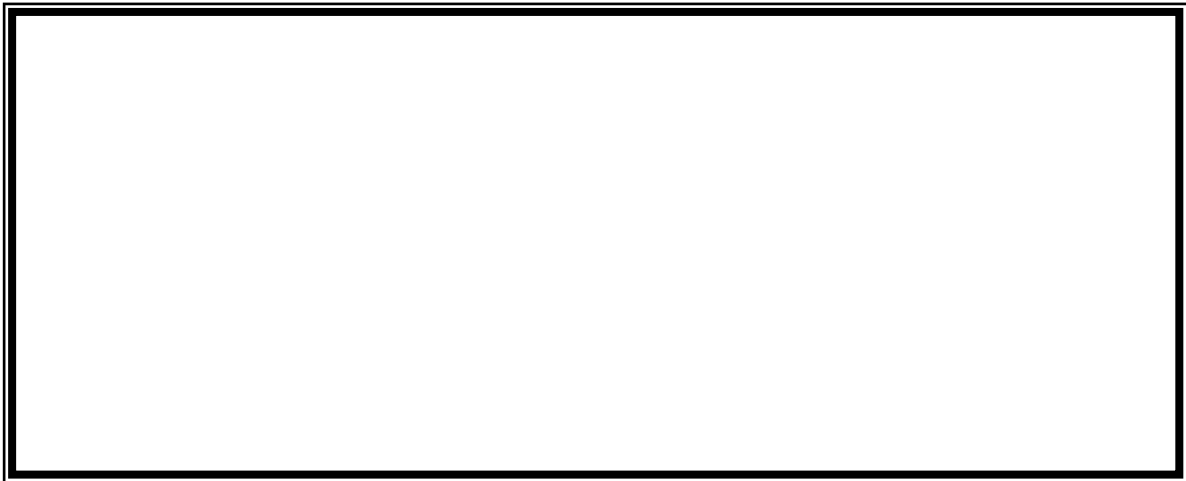
Past Help with Services or Programs For the child you have been thinking about, what services or programs has the child been involved in the past. Please list everything that you feel the child benefited from in the past, including non-therapeutic programs such as scouting, sports, etc. Be sure to include any formal services, such as counseling, therapy, residential treatment programs, etc.



Service and Programs Work Well Have you found any programs, resources, or a service that worked/works really well for you child? Tell us about any programs or services that created an ability for your child or family to be successful. Describe your thoughts about why you think these services or programs worked well for your child.



Magic Wishes What do you wish could happen for your child or family? If you create a service, a resource, or program that would be helpful to your family, what would that be? Be as creative as you want.



Optional Contact Information

If you would like to participate in the planning of SED Wraparound services in your county, write the first and last name of who to contact.

First Name: _____ **Last Name:** _____

Further Involvement

In what ways would you like to get involved with the planning of SED Wraparound services?

- Receive information periodically
- Sit on an advisory board
- Provide input in planning meetings
- Participate in the oversight/Board
- Other:

Mailing Address Street Number and/or PO Box

City _____ **Zip Code** _____

Email Address

Your email address will be used only to send information about planning activities.

_____@_____

COMMENTS:

Thank you for your participation in this survey. Please use the space below to provide any additional comments about SED services that you would like to share.