



PATCH Questionnaire: Community Resource Version

For Individual Use

The purpose of this tool is to support positive interactions through increased awareness of sensory differences, communication preferences, and coping suggestions. Parents or guardians can complete this form and share it with others who interact with their child, such as health care providers, school staff, babysitters, camp counselors, etc.

**Use of this tool is at the sole discretion of the parent or guardian.*

Child's Name

First Name

Last Name

Child's Date of Birth

Month/Day/Year

Today's Date

Month/Day/Year

1. My child's preferred name is:

2. My child's favorite security item, toy, video/movie is:

3. My child will respond to rewards to accomplish tasks (e.g., stickers, books)

Yes

No

4. If yes, please provide one or two examples of incentives or rewards.

5. Does your child have a history of acting out when anxious or upset?

Yes

No

- 6. If yes, please describe what happens (e.g., aggression toward other, self-harm, tried to run from room, etc.) and provide details that will help others understand the circumstances that may have led to the behavior.**

- 7. What are early signs that your child is getting upset, and what are specific steps that help your child return to baseline?**

Communications and Interactions

8. How does your child communicate with others (e.g., speaks in complete sentences, partially verbal, uses a communication device, etc.)?

9. Describe the best way for others to share information with your child (e.g., speak with your child directly; communication device; pictures or written words, etc.).

10. Does your child have any sensory triggers that may cause agitation or anxiety?

	Yes	No
Crowds	<input type="checkbox"/>	<input type="checkbox"/>
Speech (e.g., particular words or phrases)	<input type="checkbox"/>	<input type="checkbox"/>
Sounds (e.g., loud or unexpected noises)	<input type="checkbox"/>	<input type="checkbox"/>
Sight (e.g., bright, flashing, or flickering lights, specific colors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Smell (e.g., specific smells, odors, scents, candles, perfumes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Touch (e.g., rough, scratchy, or soft textures on the skin, clothing tags, wristbands, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please explain below)		

11. What helps your child cope with challenging situations or environments?

Mark any that apply.

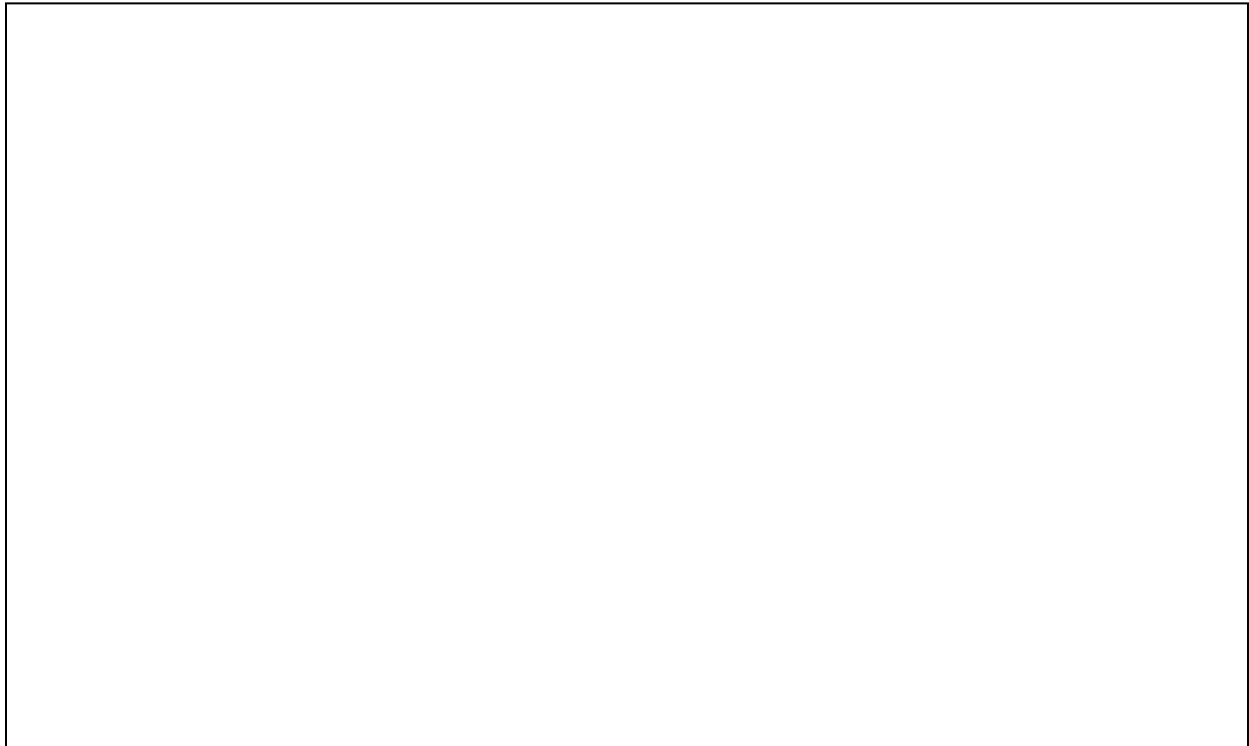
	Yes	No
Tablet or phone	<input type="checkbox"/>	<input type="checkbox"/>
Talking calmly	<input type="checkbox"/>	<input type="checkbox"/>
Quiet space	<input type="checkbox"/>	<input type="checkbox"/>
Low lighting	<input type="checkbox"/>	<input type="checkbox"/>
Time alone to hug/cuddle with family caregiver	<input type="checkbox"/>	<input type="checkbox"/>
Pacing or going for a walk	<input type="checkbox"/>	<input type="checkbox"/>

Other (Please explain below)

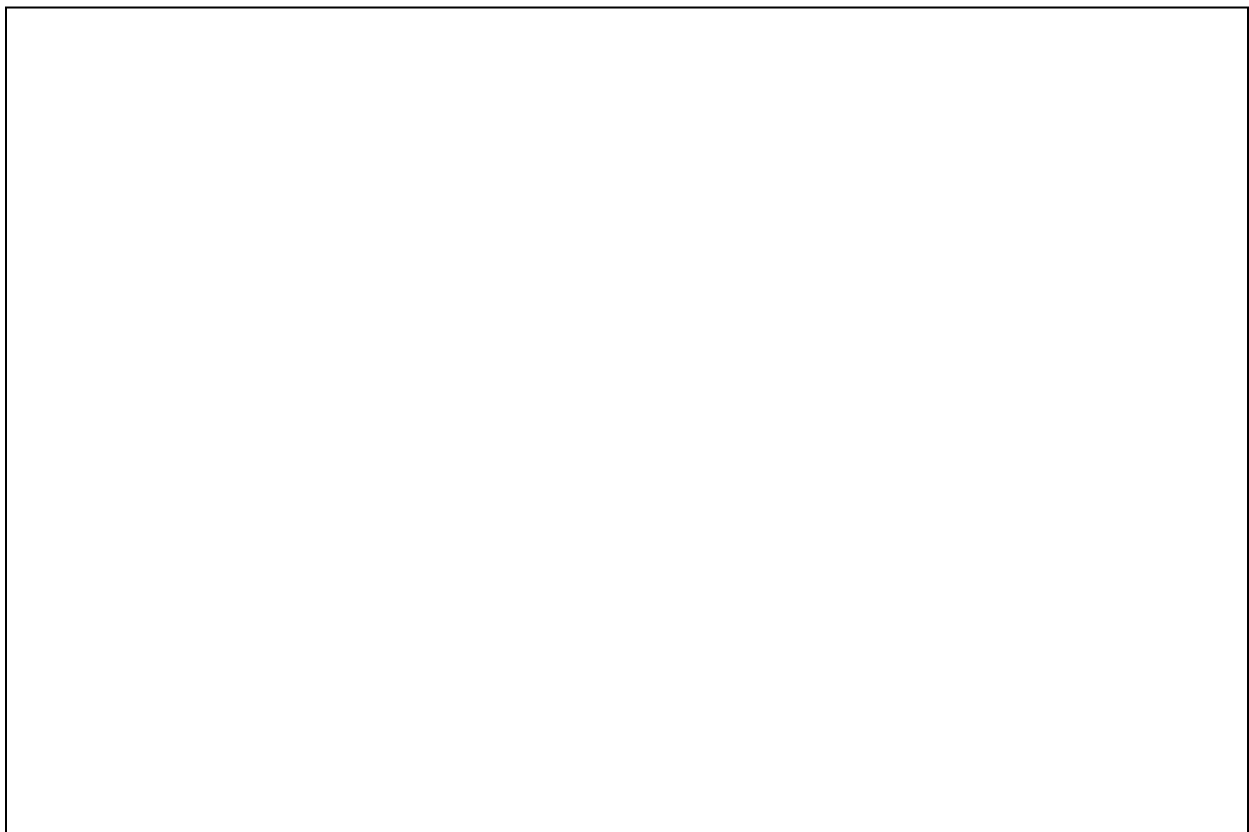
Healthcare Procedures

12. How does your child handle healthcare encounters? Is there anything that your child finds particularly challenging?

13. How does your child best take medications e.g., syringe, medicine cup, pills, allow family caregiver to administer if possible, etc.)?



14. Is there an area of the body that if touched or approached is particularly challenging for your child (e.g., head, ears, feet, etc.)?



15. Is there anything else about past healthcare encounters that would help the care team understand your child's particular needs or experiences?

*This questionnaire is not intended to provide, and does not constitute, medical advice. The information stated herein is general in nature and is not a substitute for consultation with a medical professional. Children's Hospital & Medical Center (*Children's) is not seeking to create any kind of provider or physician-patient relationship by providing access to this form; and neither Children's, nor its affiliated entities, employees, directors, physicians employed by Children's or its affiliated entities, or any other representative of Children's or its affiliated entities represents or warrants that use of this form is medically appropriate. Any questions related to the information set forth herein should be addressed to your or your child/ward's physician.*