Blank survey

|  |
| --- |
| Age: *(please circle)* 23-35 35-45 45-55 55-65 65+ |
| Identify my gender as: *(please circle)* MALE FEMALE OTHER |
| Psychiatric rotation completed as part of GP training: *(please circle)* YES NO |
| Paediatric rotation completed as part of GP training: *(please circle)* YES NO |
| Year qualified as a GP: |
| Practice Name: |
| Practice Postcode: |
| Years employed in current Trust: |
| Would you consider yourself research active? *(please circle)* YES NO  |
| Are you a parent or guardian? *(please circle)* YES NO |
| If so, what ages are your children: |
| Compared to other GPs in your practice, do you see more or fewer child patients? *(please circle)* YES NO SIMILAR AMOUNT |

PLEASE NOTE: **ALL QUESTIONS ARE IN RELATION TO ANXIETY IN CHILDREN AGED 12 & UNDER (i.e. primary school age and below)**

For each item identified below, circle the number to the right that best fits your judgment of its quality.
Use the rating scale to select the number.

|  |  |
| --- | --- |
|  | Scale\*1 = completely disagree**2 = disagree****3 = neutral****5 = agree****5 = completely agree**\*unless otherwise specified |
| **Identification***These questions are in relation to initially identifying the presence of an Anxiety Disorder in a child* |
| 1. How common are anxiety disorders in children in your experience?
 | 1 in 3 | 1 in 10 | 1 in 15 | 1 in 20 | 1 in 40  |
| 1. How often do you see anxiety disorders in your practice?
 |  |
| 1. I believe that anxiety disorders are prevalent in children under 12
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am confident in my ability to recognise anxiety disorders in children
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am regularly looking out for anxiety disorders in children
 | 1 | 2 | 3 | 4 | 5 |
| 1. My training adequately equipped me with the skills to identify anxiety disorders in children
 | 1 | 2 | 3 | 4 | 5 |
| 1. I use screening tools to aid identification of anxiety disorders in children (Screening tools refer to validated measures used to aid identification of a suspected anxiety disorder)
 | Yes |  | No |
| * 1. *If yes:* I find screening tools useful for the identification of anxiety disorders in children
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If no:* I would find a brief screening tool useful for identification of anxiety disorders in children
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am comfortable broaching the subject of a potential anxiety disorder with:
 |  |  |  |  |  |
| * 1. the child
 | 1 | 2 | 3 | 4 | 5 |
| * 1. the family
 | 1 | 2 | 3 | 4 | 5 |
| 1. I believe that it is part of my responsibility in my role as a GP to identify anxiety disorders in children
 | 1 | 2 | 3 | 4 | 5 |
| 1. Other agencies are responsible for identifying childhood anxiety disorders
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If yes*: Name agencies here
 |  |
| 1. To what extent do the following factors get in the way of your ability to accurately identify anxiety disorders in children:
 | **For the following:****1 = Not at all****2= A little****3 = Somewhat****4 = Quite a lot****5 = Very much** |
| * 1. Limitations in children’s communication abilities
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Misinformation from parents
 | 1 | 2 | 3 | 4 | 5 |
| * 1. My concerns about stigmatising the child
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Family concerns about stigma
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Cultural barriers
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Language barriers
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Time restrictions
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Family reluctance to accept disorder
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of training
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of experience
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of knowledge
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of available/accessible treatment
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of effective treatment
 | 1 | 2 | 3 | 4 | 5 |
| Please add any further barriers to identification here if necessary |  |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|

|  | Scale\*1 = completely disagree**2 = disagree****3 = neutral****5 = agree****5 = completely agree**\*unless otherwise specified |
| --- | --- |

 |
| **Management:***These questions are in relation to your ongoing management of a childhood Anxiety Disorders, either prior to making a referral or in the absence of a referral* |
| 1. I believe that I have had adequate training to manage anxiety disorders in children
 | 1 | 2 | 3 | 4 | 5 |
| 1. I have adequate skills to manage anxiety disorders in children
 | 1 | 2 | 3 | 4 | 5 |
| 1. I feel confident managing anxiety disorders in children
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am comfortable discussing management strategies for anxiety disorders with:
 |  |  |  |  |  |
| * 1. the child
 | 1 | 2 | 3 | 4 | 5 |
| * 1. the family
 | 1 | 2 | 3 | 4 | 5 |
| 1. I provide families with management tips & strategies for managing anxiety disorders in children
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am aware of resources such as books/websites/apps to aid families in the management of anxiety disorders in children
 | Yes |  | No |
| * 1. *If yes:* I use resources such as books/websites/apps in the management of childhood anxiety disorders
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If yes:* Please state which ones
 |  |
| * 1. *If no:* I would use resources such as books/websites/apps in the management of childhood anxiety disorders
 | 1 | 2 | 3 | 4 | 5 |
| 1. Are you aware of any online/apps resources for parents concerned about their child’s anxiety?
 | YES |  | NO |
| * 1. *If Yes*: please state which ones
 |  |
| * 1. *If Yes:* I have sign-posted parents concerned about their child’s anxiety to these
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If No:* If I were aware of online/app resources, I would signpost parents to these if they were concerned about their child’s anxiety
 | 1 | 2 | 3 | 4 | 5 |
| 1. It would be important for an online/app resource for childhood anxiety to have an evidence-base in order for me to recommend it
 | 1 | 2 | 3 | 4 | 5 |
| 1. It would be important to have NHS accreditation of the online/resources for childhood anxiety be in order for me to recommend it
 | 1 | 2 | 3 | 4 | 5 |
| 1. Having a relationship with a family aids me in the management of anxiety disorders
 | 1 | 2 | 3 | 4 | 5 |
| 1. I involve the child’s school in the management of anxiety disorders
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If yes:* I find this helpful
 | 1 | 2 | 3 | 4 | 5 |
| 1. I am aware of local agencies available to support children with anxiety disorders and their families
 | 1 | 2 | 3 | 4 | 5 |
| 1. I believe it is part of my role as a GP to manage anxiety disorders in children
 | 1 | 2 | 3 | 4 | 5 |
| 1. Other agencies are responsible for managing childhood anxiety disorders
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Add other agencies here if applicable
 |  |
| 1. To what extent do the following factors get in the way of your ability to effectively manage anxiety disorders in children:
 | **For the following:****1 = Not at all****2= A little****3 = Somewhat****4 = Quite a lot****5 = Very much** |
| * 1. Cultural barriers
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Language barriers
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Time restrictions
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Family reluctance to accept the disorder
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Limitations in children's communication abilities
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Misinformation from parents
 | 1 | 2 | 3 | 4 | 5 |
| * 1. My concerns about stigmatising the child
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Family concerns about stigma
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of training
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of experience
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of knowledge
 | 1 | 2 | 3 | 4 | 5 |
| Please add any further barriers to management below if necessary |  |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|

|  | Scale\*1 = completely disagree**2 = disagree****3 = neutral****5 = agree****5 = completely agree**\*unless otherwise specified |
| --- | --- |

 |
| **Referral***These questions are in relation to a referral of a childhood Anxiety Disorder to a specialist service (such as Child & Adolescent Mental Health Services)* |
| 1. How often in the last 5 years have you referred a child to specialist services for an anxiety disorder?
 | 0 times | 0-5 times | 5-10 times | 10-15 times | 15+ times |
| 1. Parental pressure increases the likelihood that I would refer a child with an anxiety disorder to specialist services
 | 1 | 2 | 3 | 4 | 5 |
| 1. anxiety disorders in children will generally resolve itself without treatment
 | 1 | 2 | 3 | 4 | 5 |
| 1. I seek specialist advice prior to making a referral of a childhood anxiety disorder
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If yes:* I find this helpful
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If no:* I think that I would find this helpful
 | 1 | 2 | 3 | 4 | 5 |
| 1. I experience long waiting times for referral for a childhood anxiety disorders
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If yes:* Long waiting times reduce the likelihood that I would make a referral to specialist services for childhood anxiety disorders
 | 1 | 2 | 3 | 4 | 5 |
| 1. I feel like I have a relationship with specialist services for childhood anxiety disorders
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If yes:* This is helpful when making a referral
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If no:* I think this would this be helpful when making a referral
 | 1 | 2 | 3 | 4 | 5 |
| 1. I think that specialist services’ interventions for childhood anxiety disorders are likely to be effective
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If no:* This reduces the likelihood that I will make a referral
 | 1 | 2 | 3 | 4 | 5 |
| 1. I see my role mostly as a sign-poster/referrer for childhood anxiety disorders
 | 1 | 2 | 3 | 4 | 5 |
| 1. Other agencies are responsible for referring childhood anxiety disorders
 | 1 | 2 | 3 | 4 | 5 |
| * 1. *If yes:* Name other agencies here
 |  |
| 1. To what extent do the following factors get in the way of your ability to refer children with anxiety disorders to specialist services:
 | **For the following:****1 = Not at all****2= A little****3 = Somewhat****4 = Quite a lot****5 = Very much** |
| * 1. Cultural barriers
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Language barriers
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Time restrictions
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Family reluctance to accept the disorder
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Waiting times for specialist services
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Limitations in children's communication abilities
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Misinformation from parents
 | 1 | 2 | 3 | 4 | 5 |
| * 1. My concerns about stigmatising the child
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Family concerns about stigma
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of training
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of experience
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of knowledge
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of available/accessible treatment
 | 1 | 2 | 3 | 4 | 5 |
| * 1. Lack of effective treatment
 | 1 | 2 | 3 | 4 | 5 |
| Please add any further barriers to referral below if necessary |  |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
|  | 1 | 2 | 3 | 4 | 5 |
| Please use this box to add any additional comments you may have |