

Visual Analog Scale (VAS)

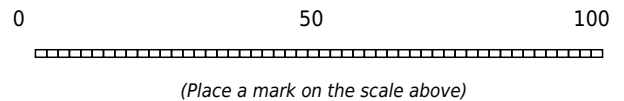
Please complete the survey below.

Thank you!

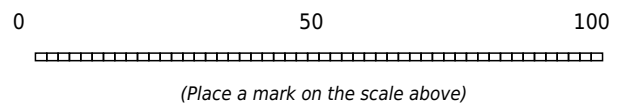
Please list the top three concerns you had about your child during his/her early childhood.

Childhood Concern #1

Please rate this concern as it presented during early childhood.

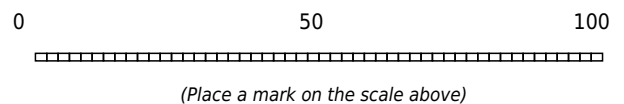


Please rate this same concern now, as an adolescent/adult.

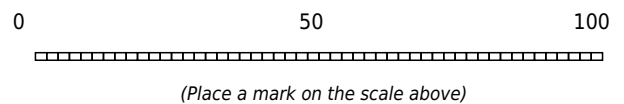


Childhood Concern #2

Please rate this concern as it presented during early childhood.

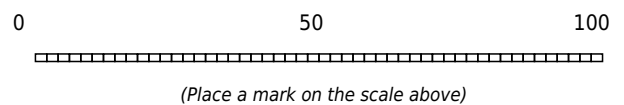


Please rate this same concern now, as an adolescent/adult.

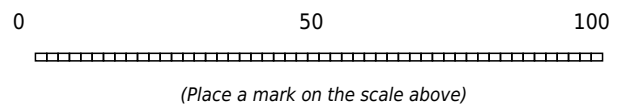


Childhood Concern #3

Please rate this concern as it presented during early childhood.



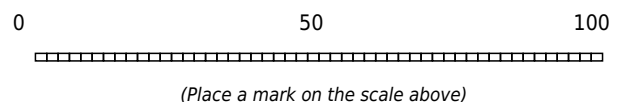
Please rate this same concern now, as an adolescent/adult.



Please list the top three concerns you have about your child now, as an adolescent/adult.

Adolescent/Adult Concern #1

Please rate this concern.



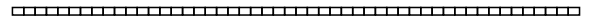
Adolescent/Adult Concern #2

Please rate this concern.

0

50

100



(Place a mark on the scale above)

Adolescent/Adult Concern #3

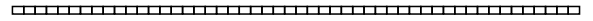


Please rate this concern.

0

50

100



(Place a mark on the scale above)