

- How was the PRO administered? Individual completed independently Caregiver completed
 Clinician interviewed individual Clinician interviewed caregiver

NOMS Admission Patient-Reported Outcome (PRO) Form
Pediatric Communication
Age Range: 3-17

Pediatric Communication PRO Instructions: Please tell us how often the following occur.					
Source: American Speech-Language-Hearing Association (2019). Pediatric Communication [Patient reported outcome measure].					
	Not at all	A little bit	Somewhat	Quite a bit	Very much
My child has trouble telling family or friends about his/her day, books they've read or TV shows/movies they've watched.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has trouble following directions to complete homework or age-appropriate activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child needs to concentrate when talking to people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has trouble understanding what people say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and family have a hard time understanding my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangers have a hard time understanding my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has to repeat him/herself to be understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child avoids talking to people because of his/her speech or language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child feels left out of conversations or activities because of his/her speech or language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a hard time making new friends because of his/her speech or language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician Name: _____ Patient Name: _____ Facility: _____

How was the PRO administered? Individual completed independently Caregiver completed
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NOMS Discharge Patient-Reported Outcome (PRO) Form & Satisfaction Survey
Pediatric Communication
Age Range: 3-17

Pediatric Communication PRO Instructions: Please tell us how often the following occur.					
Source: American Speech-Language-Hearing Association (2019). Pediatric Communication [Patient reported outcome measure].					
	Not at all	A little bit	Somewhat	Quite a bit	Very much
My child has trouble telling family or friends about his/her day, books they've read or tv shows/movies they've watched.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has trouble following directions to complete homework or age-appropriate activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child needs to concentrate when talking to people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has trouble understanding what people say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends and family have a hard time understanding my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangers have a hard time understanding my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has to repeat him/herself to be understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child avoids talking to people because of his/her speech or language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child feels left out of conversations or activities because of his/her speech or language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child has a hard time making new friends because of his/her speech or language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician Name: _____ Patient Name: _____ Facility: _____

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NOMS Discharge Patient-Reported Outcome (PRO) Form (continued) NOMS Satisfaction Survey

Instructions: Please tell us your thoughts about your child's communication.					
Source: American Speech-Language-Hearing Association (2019). NOMS Satisfaction Survey.					
	Strongly Agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
I was involved in the planning and delivery of my child's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of speech-language pathology services, I have a better understanding of my child's communication problem and know how to assist them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of speech-language pathology services, I feel like my child's communication skills have improved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Because of speech-language pathology services, I feel like my child has the communication skills needed to participate in school/work or social activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinician Name: _____ Patient Name: _____ Facility: _____