

Boston Children's Hospital
Pediatric Integrated Care Survey
For Parents/Guardians
MODULE 4: Burden
Version 1.0



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1. In the past 12 months, how many hours a week have you spent on average providing care related to your child's health? (*Check ONE box*)

- 2 up to 6 hours a week
- 6 up to 11 hours a week
- 11 or more hours a week

2. In the past 12 months, did you or another adult in your family have to stop working or work less hours in order to care for your child? (*Check ONE box*)

- Yes
- No

3. In the past 12 months, have you had trouble paying bills because of financial difficulties caused by your child's care needs? (*Check ONE box*)

- Yes
- No

