Needs Assessment Survey

Department of Child and Adolescent Psychiatry and Behavioral Science

The Children's Hospital of Philadelphia

Please complete the following information to help us in designing more effective teaching and learning curriculums. Your comments are very important to us.

Please check below your major dis O Physician O Intern/Fo O Medical Student O Social Wo	ellow OR	Researcher Nurse	PsychologistOther	
Please check your employment setting: O Medical School / Research based O Hospital O Other		O Medical School / Clinical Based O Private Practice —		
For the topics listed below, pleas	e check if you	are interested	in learning more:	
	Interested	Neutral	Not Interested	
Addiction	0	0	0	
ADHD	0	0	0	
Anxiety Disorders	0	0	0	
Behavioral Assessment	0	0	0	
Bipolar Disorder	0	0	0	
Child Psychiatry	0	0	0	
Cognitive Therapy	0	0	0	
Crisis Intervention	0	0	0	
Death and Dying	0	0	0	
Depression	0	0	0	
Diagnosis/DSM	0	0	0	
Drug Abuse	0	0	0	
Ethics	0	0	0	
Family Therapy	0	0	0	
Group/Individual therapy	0	0	0	
Manic Depression	0	0	0	
Medication Management	0	0	0	
Personality Disorders	0	0	0	
Pain Management	0	0	0	
Post Traumatic Stress Disorder	0	0	0	
Psychopharmacology	0	0	0	
Schizophrenia	0	0	0	
Weight & Eating Issues	0	0	0	
Current Research Issues	0	0	0	
Current Treatment Issues	0	0	0	
Suggestions for future topics or s	speakers:			