

1. Initial Screening Question

* 1. Does your institution formally screen burn patients for acute stress disorder and/or post-traumatic stress disorder?

- ☐ Yes
- ☐ No
- ☐ I am not sure

2. Institutions That Don't Screen

* 2. Why do you think your institution does not screen burn patients for acute stress disorder and/or post-traumatic stress disorder?

(select all that apply)

- ☐ Lack of funding
- ☐ Lack of time
- ☐ Lack of mental health care providers
- ☐ I'm not sure why my institution doesn't complete screening
- ☐ I prefer to not reply
- ☐ Other (please specify)

3. Burn Population

* 3. Which burn patient population do you care for?

- ☐ adults patients only
- ☐ pediatric patients only
- ☐ adult and pediatric patients both

4. Pediatric Center: Institutional Screening Practices

The following questions are regarding the practice of screening for ASD and or PTSD in burn patients at the institution where you are currently employed.

* 4. How many **pediatric (age 0-17 years) burn admissions** does your institution have each year?

- ☐ 1-25
- ☐ 26-50
- ☐ 51-75
- ☐ 76-100
- ☐ > 100
- ☐ I am not sure how many pediatric burn patients we admit each year
- ☐ I prefer to not reply

* 5. Which patient ages does your institution screen pediatric burn patients for ASD and/or PTSD
(select all that apply)

- ☐ 0-1 year
- ☐ 2-3 years
- ☐ 4-5 years
- ☐ 6-7 years
- ☐ 8-9 years
- ☐ 10-12 years
- ☐ 13-15 years
- ☐ 16-18 years
- ☐ I'm not familiar with the ages we screen
- ☐ I prefer to not reply

* 6. At what age does your institution start screening pediatric burn patients directly, instead of only using parent/caregiver reports, for ASD and/or PTSD?

- ☐ < 6 years
- ☐ 6 - 7 years
- ☐ 8-10 years
- ☐ 11-12 years
- ☐ 13 years or older
- ☐ I am not familiar with the age we start screening children directly
- ☐ I prefer to not reply

Other (please specify)

* 7. Which population of pediatric burn patients does your institution screen for ASD and/or PTSD?

- ☐ all pediatric patients with a burn injury
- ☐ pediatric burn patients who require admission to the intensive care unit
- ☐ pediatric burn patients who require admission to any unit
- ☐ pediatric burn patients with severe injury defined by a TBSA% cut-off
- ☐ pediatric burn patients with severe injury defined by an injury severity score cut-off
- ☐ pediatric burn patients with certain burn injury mechanisms
- ☐ I am not familiar with which patients are screened
- ☐ I prefer to not reply

If you indicated your institution screens based on cut-offs, please indicate the value of the TBSA% or injury severity score cut-off your institution uses. You may also use this box for other answer responses.

8. Which of the following screening tools or methods does your institution use for screening pediatric burn patients for ASD and/or PTSD?

(select all that apply)

- ☐ Child PTSD Symptom Scale (CPSS)
- ☐ Child Behavior Checklist (CBL)
- ☐ Child Impact of Events Scale (CRIES)
- ☐ Child Report of Post-traumatic Symptoms (CROPS)
- ☐ Child Trauma Screening Questionnaire (CSTQ)
- ☐ Trauma Symptom Checklist for Children (TSCC)
- ☐ UCLA Post-traumatic Stress Disorder Reaction Index for DSM IV (UCLA PTSD RI)
- ☐ Psychologist or Psychiatrist assessment and evaluation
- ☐ Social worker assessment and evaluation
- ☐ I am not familiar with the tools and methods we use to screen pediatric patients for acute stress disorder and/or post-traumatic stress disorder
- ☐ I prefer to not reply

Other (please specify)

* 9. When does your institution screen pediatric burn patients for ASD and/or PTSD?

(select all that apply)

- ☐ Within 48 hours of admission or clearance of sedation or delirium
- ☐ Prior to discharge
- ☐ At time of discharge
- ☐ Within 1 month post-discharge
- ☐ 1-3 months post-discharge
- ☐ 3-6 months post-discharge
- ☐ 6-12 months post-discharge
- ☐ 1-2 years post-discharge
- ☐ 2-5 years post-discharge
- ☐ >5 years post-discharge
- ☐ I am not familiar with when we screen
- ☐ I prefer to not reply

* 10. Who performs the screening of pediatric burn patients for ASD and/or PTSD at your institution?

(select all that apply)

- ☐ Attending Surgeon
- ☐ Surgical Trainee (resident or fellow)
- ☐ Nurse Practitioner or Physician Assistant (NP or PA)
- ☐ Nurse/nurse coordinator
- ☐ Social Worker
- ☐ Child Life Specialist
- ☐ Psychologist
- ☐ Another Service (Pediatrics, Critical Care Medicine, Adolescent Medicine, Family Medicine)
- ☐ I am not familiar with who completes the screening
- ☐ I prefer to not reply

Other (please specify)

* 11. Once a pediatric burn patient has screened positive for ASD and/or PTSD, what is the next step in care at your institution?

(select all that apply)

- ☐ Continue to monitor and repeat screening
- ☐ Treat with trauma informed care
- ☐ Referral for inpatient therapies (recreation, pet, music, etc.)
- ☐ Referral for inpatient psychology or psychiatry consultation
- ☐ Referral for outpatient psychology or psychiatry consultation
- ☐ Initiation of SSRIs
- ☐ Initiation of other anti-depressants
- ☐ Initiation of beta-blockers
- ☐ Initiation of anti-psychotics
- ☐ I am not familiar with our practice for patients who screen positive for acute stress disorder and/or post-traumatic stress disorder
- ☐ I prefer to not reply

Other (please specify)

5. Adult Center: Institutional Screening Practices

The following questions are regarding the practice of screening for acute stress disorder and or post-traumatic stress disorder in burn patients at the institution you are currently employed.

* 12. How many **adult burn admissions** does your institution have each year?

- ☐ 1 - 50
- ☐ 51 - 100
- ☐ 101 - 200
- ☐ 201 - 300
- ☐ > 300
- ☐ I am not sure how many adult burn patients we admit each year
- ☐ I prefer to not reply

* 13. Which population of adult burn patients does your institution screen for ASD and/or PTSD?

- ☐ all adult burn patients
- ☐ only adult burn patients who require admission to the intensive care unit
- ☐ only adult burn patients who require inpatient admission
- ☐ only adult burn patients with severe injury defined by a TBSA% cut-off
- ☐ only adult burn patients with severe injury defined by an illness severity score cut-off
- ☐ only adult burn patients with a certain type of injury mechanism
- ☐ I am unaware of which patients we screen for acute stress disorder and/or post-traumatic stress disorder
- ☐ I prefer to not reply

If you indicated your institution screens based on cut-offs, please indicate the value of the TBSA% or injury severity score cut-off your institution uses. You may also use this box for other answer responses.

* 14. Which of the following tools or methods does your institution use to screen adults for ASD and/or PTSD?

(select all that apply)

- ☐ PTSD Checklist (PCL)
- ☐ Primary Care PTSD Screen for DSM-V (PC-PTSD-5)
- ☐ SPAN
- ☐ SPRINT
- ☐ Trauma Screening Questionnaire (TSQ)
- ☐ Psychologist or Psychiatrist assessment and evaluation
- ☐ Social worker assessment and evaluation
- ☐ I am unfamiliar with the methods my institution uses to screen adult burn patients for acute stress disorder and/or post-traumatic stress disorder.
- ☐ I prefer to not reply

Other (please specify)

* 15. When does your institution screen adult burn patients for ASD and/or PTSD?

(select all that apply)

- ☐ Within 48 hours of admission or clearance of sedation or delirium
- ☐ Prior to discharge
- ☐ At time of discharge
- ☐ Within 1 month post-discharge
- ☐ 1-3 months post-discharge
- ☐ 3-6 months post-discharge
- ☐ 6-12 months post-discharge
- ☐ 1-2 years post-discharge
- ☐ 2-5 years post-discharge
- ☐ >5 years post-discharge
- ☐ I am not familiar with when we screen
- ☐ I prefer to not reply

Other (please specify)

* 16. Who performs the screening for ASD and/or PTSD in adult burn patients at your institution?

(select all that apply)

- ☐ Attending Surgeon
- ☐ Surgical Trainee (resident or fellow)
- ☐ Nurse Practitioner or Physician Assistant (NP or PA)
- ☐ Nurse/nurse coordinator
- ☐ Social Worker
- ☐ Psychologist
- ☐ Another Inpatient Service (Critical Care, Family Medicine)
- ☐ Primary care physician
- ☐ I am not familiar with who completes the screening
- ☐ I prefer to not reply

Other (please specify)

* 17. Once an adult burn patient has screened positive for ASD and/or PTSD, what is the next step in care at your institution?

(select all that apply)

- ☐ Continue to monitor and repeat screening
- ☐ Treat with trauma informed care
- ☐ Referral for inpatient therapies (recreation, pet, music, etc.)
- ☐ Referral for inpatient psychology or psychiatry consultation
- ☐ Referral for outpatient psychology or psychiatry consultation
- ☐ Initiation of beta-blockers
- ☐ Initiation of SSRIs
- ☐ Initiation of other anti-depressants
- ☐ Initiation of anti-psychotics
- ☐ I am not familiar with our practice for patients who screen positive for acute stress disorder and/or post-traumatic stress disorder
- ☐ I prefer to not reply

Other (please specify)

6. Adult and Pediatric Centers: Institutional Practices

The following questions are regarding the practice of screening for acute stress disorder and or post-traumatic stress disorder in burn patients at the institution you are currently employed.

* 18. How many **pediatric (ages 0-17) burn admissions** does your institution have each year?

- ☐ 1-25
- ☐ 26-50
- ☐ 51-75
- ☐ 76-100
- ☐ > 100
- ☐ I am not sure how many pediatric burn patients we admit each year
- ☐ I prefer to not reply

* 19. Which patient ages does your institution screen pediatric burn patients for ASD and/or PTSD
(select all that apply)

- ☐ 0-1 year
- ☐ 2-3 years
- ☐ 4-5 years
- ☐ 6-7 years
- ☐ 8-9 years
- ☐ 10-12 years
- ☐ 13-15 years
- ☐ 16-18 years
- ☐ I'm not familiar with the ages we screen
- ☐ I prefer to not reply

* 20. At what age does your institution start screening pediatric burn patients directly, instead of only using parent/caregiver reports, for ASD and/or PTSD?

- ☐ < 6 years
- ☐ 6 - 7 years
- ☐ 8-10 years
- ☐ 11-12 years
- ☐ 13 years or older
- ☐ I am not familiar with the age we start screening children directly
- ☐ I prefer to not reply

Other (please specify)

* 21. Which population of pediatric burn patients does your institution screen for ASD and/or PTSD?

- ☐ all pediatric patients with a burn injury
- ☐ pediatric burn patients who require admission to the intensive care unit
- ☐ pediatric burn patients who require admission to any unit
- ☐ pediatric burn patients with a severe injury defined by a TBSA% cut-off
- ☐ pediatric burn patients with a severe injury defined by an injury severity score cut-off
- ☐ pediatric burn patients with certain burn injury mechanisms
- ☐ I am not familiar with which patients are screened
- ☐ I prefer to not reply

If you indicated your institution screens based on cut-offs, please indicate the value of the TBSA% or injury severity score cut-off your institution uses. You may also use this box for other answer responses.

22. Which of the following screening tools or methods does your institution use for screening pediatric burn patients for ASD and/or PTSD?

(select all that apply)

- ☐ Child PTSD Symptom Scale (CPSS)
- ☐ Child Behavior Checklist (CBL)
- ☐ Child Impact of Events Scale (CRIES)
- ☐ Child Report of Post-traumatic Symptoms (CROPS)
- ☐ Child Trauma Screening Questionnaire (CSTQ)
- ☐ Trauma Symptom Checklist for Children (TSCC)
- ☐ UCLA Post-traumatic Stress Disorder Reaction Index for DSM IV (UCLA PTSD RI)
- ☐ Psychologist or Psychiatrist assessment and evaluation
- ☐ Social worker assessment and evaluation
- ☐ I am not familiar with the tools and methods we use to screen pediatric patients for acute stress disorder and/or post-traumatic stress disorder
- ☐ I prefer to not reply

Other (please specify)

* 23. When does your institution screen pediatric burn patients for ASD and/or PTSD?

(select all that apply)

- ☐ Within 48 hours of admission or clearance of sedation or delirium
- ☐ Prior to discharge
- ☐ At time of discharge
- ☐ Within 1 month post-discharge
- ☐ 1-3 months post-discharge
- ☐ 3-6 months post-discharge
- ☐ 6-12 months post-discharge
- ☐ 1-2 years post-discharge
- ☐ 2-5 years post-discharge
- ☐ >5 years post-discharge
- ☐ I am not familiar with when we screen
- ☐ I prefer to not reply

* 24. Who performs the screening of pediatric burn patients for ASD and/or PTSD at your institution?

(select all that apply)

- ☐ Attending Surgeon
- ☐ Surgical Trainee (resident or fellow)
- ☐ Nurse Practitioner or Physician Assistant (NP or PA)
- ☐ Nurse/nurse coordinator
- ☐ Social Worker
- ☐ Child Life Specialist
- ☐ Psychologist
- ☐ Another Service (Pediatrics, Critical Care Medicine, Adolescent Medicine, Family Medicine)
- ☐ I am not familiar with who completes the screening
- ☐ I prefer to not reply

Other (please specify)

* 25. Once a pediatric burn patient has screened positive for ASD and/or PTSD, what is the next step in care at your institution?

(select all that apply)

- ☐ Continue to monitor and repeat screening
- ☐ Treat with trauma informed care
- ☐ Referral for inpatient therapies (recreation, pet, music, etc.)
- ☐ Referral for inpatient psychology or psychiatry consultation
- ☐ Referral for outpatient psychology or psychiatry consultation
- ☐ Initiation of SSRIs
- ☐ Initiation of other anti-depressants
- ☐ Initiation of beta-blockers
- ☐ Initiation of anti-psychotics
- ☐ I am not familiar with our practice for patients who screen positive for acute stress disorder and/or post-traumatic stress disorder
- ☐ I prefer to not reply

Other (please specify)

26. The next section on this page pertains to your institution's practices for **adult burn patients**.

* 27. How many **adult burn admissions** does your institution have each year?

- ☐ 1 - 50
- ☐ 51 - 100
- ☐ 101 - 200
- ☐ 201 - 300
- ☐ > 300
- ☐ I am not sure how many adult burn patients we admit each year
- ☐ I prefer to not reply

* 28. Which population of adult burn patients does your institution screen for ASD and/or PTSD?

- ☐ all adult burn patients
- ☐ only adult burn patients who require admission to the intensive care unit
- ☐ only adult burn patients who require inpatient admission
- ☐ only adult burn patients with a severe injury defined by a TBSA% cut-off
- ☐ only adult burn patients with a severe injury defined by an illness severity score cut-off
- ☐ only adult burn patients with a certain type of injury mechanism
- ☐ I am unaware of which patients we screen for acute stress disorder and/or post-traumatic stress disorder
- ☐ I prefer to not reply

If you indicated your institution screens based on cut-offs, please indicate the value of the TBSA% or injury severity score cut-off your institution uses. You may also use this box for other answer responses.

* 29. Which of the following tools or methods does your institution use to screen adults for ASD and/or PTSD?

(select all that apply)

- ☐ PTSD Checklist (PCL)
- ☐ Primary Care PTSD Screen for DSM-V (PC-PTSD-5)
- ☐ SPAN
- ☐ SPRINT
- ☐ Trauma Screening Questionnaire (TSQ)
- ☐ Psychologist or Psychiatrist assessment and evaluation
- ☐ Social worker assessment and evaluation
- ☐ I am unfamiliar with the methods my institution uses to screen adult burn patients for acute stress disorder and/or post-traumatic stress disorder.
- ☐ I prefer to not reply

Other (please specify)

* 30. When does your institution screen adult burn patients for ASD and/or PTSD?

(select all that apply)

- ☐ Within 48 hours of admission or clearance of sedation or delirium
- ☐ Prior to discharge
- ☐ At time of discharge
- ☐ Within 1 month post-discharge
- ☐ 1-3 months post-discharge
- ☐ 3-6 months post-discharge
- ☐ 6-12 months post-discharge
- ☐ 1-2 years post-discharge
- ☐ 2-5 years post-discharge
- ☐ >5 years post-discharge
- ☐ I am not familiar with when we screen
- ☐ I prefer to not reply

Other (please specify)

* 31. Who performs the screening for ASD and/or PTSD in adult burn patients at your institution?

(select all that apply)

- ☐ Attending Surgeon
- ☐ Surgical Trainee (resident or fellow)
- ☐ Nurse Practitioner or Physician Assistant (NP or PA)
- ☐ Nurse/nurse coordinator
- ☐ Social Worker
- ☐ Psychologist
- ☐ Another Inpatient Service (Critical Care, Family Medicine)
- ☐ Primary care physician
- ☐ I am not familiar with who completes the screening
- ☐ I prefer to not reply

Other (please specify)

* 32. Once an adult burn patient has screened positive for ASD and/or PTSD, what is the next step in care at your institution?

(select all that apply)

- ☐ Continue to monitor and repeat screening
- ☐ Treat with trauma informed care
- ☐ Referral for inpatient therapies (recreation, pet, music, etc.)
- ☐ Referral for inpatient psychology or psychiatry consultation
- ☐ Referral for outpatient psychology or psychiatry consultation
- ☐ Initiation of beta-blockers
- ☐ Initiation of SSRIs
- ☐ Initiation of other anti-depressants
- ☐ Initiation of anti-psychotics
- ☐ I am not familiar with our practice for patients who screen positive for acute stress disorder and/or post-traumatic stress disorder
- ☐ I prefer to not reply

Other (please specify)

7. Personal Beliefs About Screening Pediatric Burn Patients for ASD and/or PTSD

The following questions are about your own personal beliefs regarding the screening of pediatric burn patients for ASD and/or PTSD, and do not necessarily reflect the beliefs or practices of the institution where you are currently employed

* 33. How important is screening **adult burn patients** for stress disorders as part of their burn treatment?

- ☐ not important
- ☐ neutral
- ☐ mildly important
- ☐ moderately important
- ☐ very important
- ☐ I prefer to not reply

* 34. How important is screening **pediatric burn patients** for stress disorders as part of their burn treatment?

- ☐ not important
- ☐ neutral
- ☐ mildly important
- ☐ moderately important
- ☐ very important
- ☐ I prefer to not reply

* 35. Should it be standard of care to screen burn patients for stress disorders during their burn treatment?

- ☐ Yes
- ☐ No
- ☐ I'm not sure
- ☐ I prefer to not reply

* 36. How much personal responsibility do you feel for screening burn patients for stress disorders?

- ☐ Very little personal responsibility
- ☐ Little personal responsibility
- ☐ Neutral
- ☐ Some personal responsibility
- ☐ A lot of personal responsibility
- ☐ I prefer to not reply

* 37. Who do you believe should have the primary responsibility for screening burn patients for stress disorders?

(select all that apply)

- ☐ Attending Surgeon
- ☐ Surgical Trainee (Resident or Fellow)
- ☐ Nurse Practitioner or Physician's Assistant (NP or PA)
- ☐ Nurse/nurse coordinator
- ☐ Social Worker
- ☐ Child Life Specialist
- ☐ Psychologist
- ☐ Another Inpatient Service (Pediatrics, Intensive Care, Adolescent Medicine, Family Medicine)
- ☐ Primary Care Physician
- ☐ I am unsure of who should have the primary responsibility for screening
- ☐ I prefer to not reply

Other (please specify)

* 38. What other psychiatric and psychosocial problems should burn patients be screened for? **(select all that apply)**

☐ Depression

☐ Anxiety

☐ Suicidal Ideation/Self-Harm

☐ Domestic Abuse

☐ Substance Abuse

☐ Food Insecurity

☐ Housing Insecurity

☐ I don't believe burn patients should be screened for any of the above

☐ I prefer to not reply

☐ Other (please specify)

8. Personal Beliefs About Risk Factors for Stress Disorders in Pediatric Burn Patients

The following questions are about your own personal beliefs about the risk factors for developing acute stress disorder and/or post-traumatic stress disorder in burn patients, and do not necessarily reflect the beliefs or practices of the institution where you are currently employed.

* 39. What amount of risk of developing ASD and/or PTSD comes from experiencing moderate to severe **pain during wound care?**

- ☐ No risk
- ☐ Neutral
- ☐ Mild risk
- ☐ Moderate risk
- ☐ Severe risk

* 40. What amount of risk of developing ASD and/or PTSD comes from experiencing moderate to severe **background pain (pain experienced while at rest) ?**

- ☐ No risk
- ☐ Neutral
- ☐ Mild risk
- ☐ Moderate risk
- ☐ Severe risk

* 41. What amount of risk of developing ASD and/or PTSD comes from experiencing moderate to severe **rehabilitation pain (pain experienced during therapy) ?**

- ☐ No risk
- ☐ Neutral
- ☐ Mild Risk
- ☐ Moderate Risk
- ☐ Severe Risk

9. Personal Information

The results of this survey will remain anonymous so please do not report your name or any other identifying information. The following questions are about you personally, and are used to better understand how practice varies among healthcare professionals.

* 42. What is your professional role?

- ☐ Burn Surgeon
- ☐ Plastic Surgeon
- ☐ Trauma Surgeon
- ☐ Intensivist
- ☐ Pediatric Intensivist
- ☐ Pediatrician
- ☐ Anesthesiologist
- ☐ Nurse Practitioner (NP)
- ☐ Physician Assistant (PA)
- ☐ Pharmacist
- ☐ Nurse Coordinator
- ☐ Bedside Nurse
- ☐ Wound Care Nurse
- ☐ Psychologist
- ☐ Psychiatrist
- ☐ Child Life Specialist
- ☐ Social Worker
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ I prefer to not reply
- ☐ Other (please specify)

43. Are you the medical director of your institution?

- ☐ Yes
- ☐ No
- ☐ I prefer to not reply

44. How many years have you worked with burn injured patients?

- ☐ 0-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ More than 15 years
- ☐ I prefer to not reply

* 45. How comfortable are you with screening **pediatric burn patients** for acute stress disorder and/or post-traumatic stress disorder?

- ☐ very uncomfortable
- ☐ uncomfortable
- ☐ neutral
- ☐ comfortable
- ☐ very comfortable
- ☐ I prefer to not reply

* 46. How comfortable are you with screening **adult burn patients** for acute stress disorder and/or post-traumatic stress disorder?

- ☐ very uncomfortable
- ☐ uncomfortable
- ☐ neutral
- ☐ comfortable
- ☐ very comfortable
- ☐ I prefer to not reply

10. Thank you for participating in this survey.

Your responses will be helpful in learning about practice variations across burn centers as well as individual beliefs regarding screening for stress disorders among burn professionals.