Center for
Autism and
Developmental
Disabilities
Research and
Epidemiology

Form Approved
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Study to Explore Early Development

Services and Treatments Questionnaire

Study ID #: ______________
Date of Completion:________

SECTION A: Classroom programs

Many children participate in classroom-based preschool programs.

A1. Has your child ever attended a classroom program?

YES	NO	DON'T KNOW
☐	☐	☐
Go to question A2	*Go to Section B*	*Go to question A3*

A2. When did he or she begin attending a classroom program?

__ __ /__ __ __ __ (MM/YYYY)

A3. Does your child currently attend a classroom program?

YES	NO	DON'T KNOW
☐	☐	☐
Go to question A5	*Go to question A4*	*Go to Section B*

A4. When did he or she stop attending the classroom program?

__ __/ __ __ __ __ (MM/YYYY)   If your child is not currently attending a program, skip to Section B

A5. How many children are in your child's current class?

____ children

A6. Does your child have a 1:1 aide or a shadow or an aide full-time or part-time?

NO	YES – FULL-TIME	YES – PART-TIME	DON'T KNOW
☐	☐	☐	☐

Public Reporting Burden Statement
Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0741)

A7. How many days per week does your child attend this classroom program?
____ days

A8. How many hours per day does your child attend this classroom program?

____ hours

A9. Is this a special program that is related to your child's disability?

YES	NO	DON'T KNOW
☐	☐	☐

SECTION B: Professional Individual and Group Services

B1. Has your child ever used any of the following services to meet his or her developmental needs?
Note: services can be received anytime, either in or outside of school.

Services	YES	NO	DON'T KNOW
Behavior modification	☐	☐	☐
Occupational therapy	☐	☐	☐
Physical therapy	☐	☐	☐
Respite care	☐	☐	☐
Sensory integration therapy	☐	☐	☐
Social skills training	☐	☐	☐
Speech therapy	☐	☐	☐
Vision services	☐	☐	☐
Other (specify and rate)	☐	☐	☐
______________________________	☐	☐	☐
______________________________	☐	☐	☐
	If YES to any of the above, go to question B2	*If NO or DON'T KNOW for all the above services, go to question B3.*	

B2. How many service hours does your child currently receive per week?

____ Hours per week

B3. Has your child ever seen any of the following service providers for his or her developmental needs?
Note: Providers can be either in school or outside of school.

Service Providers	YES	NO	DON'T KNOW
Audiologist	☐	☐	☐
Developmental pediatrician	☐	☐	☐
Case manager	☐	☐	☐
Chiropractor	☐	☐	☐
Neurologist	☐	☐	☐
Nutritionist	☐	☐	☐
Nurse (home/long-term care)	☐	☐	☐
Paraprofessional Indicate type:__________________	☐	☐	☐
Psychiatrist	☐	☐	☐
Psychologist	☐	☐	☐
Social worker	☐	☐	☐
Other (specify and rate)	☐	☐	☐
______________________________	☐	☐	☐
______________________________	☐	☐	☐
	If YES to any of the above, go to question B4	*If NO or DON'T KNOW for all the above service providers, go to Section C*	

B4. How many hours per week does your child currently work with these service providers?
____ Hours per week

SECTION C: Complementary and Alternative Medicines (CAM), Therapies, Interventions

C1. What special diets, vitamins, food supplements, alternative treatments (including over-the-counter medications, prescriptions, or special injections to treat your child's developmental problems), or interventions has your child ever received that were not previously reported?

See lists on pages 5-6 for examples of CAM, therapies, and interventions and lists on page 6 for over-the-counter medications.

Medicine/Treatment 1: ____

Medicine/Treatment 2: ____

Medicine/Treatment 3: ____

Medicine/Treatment 4: ____

Medicine/Treatment 5: ____

Medicine/Treatment 6: ____

Medicine/Treatment 7: ____

Medicine/Treatment 8: ____

Medicine/Treatment 9: ____

Medicine/Treatment 10: ____

C2. What special diets, vitamins, food supplements, alternative treatments (including over-the-counter medications, prescriptions, or special injections to treat your child's developmental problems), or interventions is your child currently receiving that were not previously reported?

See lists on pages 4-5 for examples of CAM, therapies, and interventions and lists on page 5 for over-the-counter medications..

Medicine/Treatment 1: ____

Medicine/Treatment 2: ____

Medicine/Treatment 3: ____

Medicine/Treatment 4: ____

Medicine/Treatment 5: ____

Medicine/Treatment 6: ____

Medicine/Treatment 7: ____

Medicine/Treatment 8: ____

Medicine/Treatment 9: ____

Medicine/Treatment 10: ____

Herbal Medications and Alternative Treatments

Herbal Medications				
Absinthe	Borage	Ephedra	Kava	Saw palmetto
Aloe	Chamomile	Feverwort	Licorice	St. John's Wort
Angelica	Chicory	Frankincense	Ma Huang	Senna
Arnica	Chondroitin	Gingko	Milk Thistle	Southernwood
Belladonna	Dong Quai	Ginseng	Noni	Valerian
Black Cohosh	Echinacea	Glucosamine	Red Clover	Wormwood
Birch	Eucalyptus	Horse Chestnut	Rooibos	Yarrow

Natural and/or vitamin supplements	
B6 and Magnesium (SuperNuThera)	Melatonin
Carnosine	Methyl-B12 (oral or shot)/ Methylcobalamin (concentrated Vitamin B12) injections
Cod Liver Oil	Tryptophan
D-Cycloserine	Tyrosine
DMG (Dimethylglycine)	Vitamin A (as cod liver oil)
Fatty acids (EFA) or Omega 3 Fatty Acids	Vitamin B12
Folic acid	Vitamin C
Grapefruit seed extract	Vitamin Supplements (other)

Gastrointestinal treatments	
Acidophilus/ mixed probiotics	Pepcid
Alkaline salts	Secretin
Bethanecol/ urocholine	Oxidative stress
Epsom salt baths	Glutathione (oral, transdermal, or IV)
Enzyme aide	Thiamine tetrahydrofurfuryl (TTFD); Allithiamine (Transdermal TTFD)
Histamine 2 blockers – Cimetadine (Zantac)	

Anti-infectives or immune	
Antibiotic therapy	Natural anti-virals: Lauricidin, Larch araginogalactins, IP-6 (Inositol hexaphosphate), Myco-Immune
Antifungal (anti-yeast) agents (Nystatin, Diflucan)	Transfer factor
Antiviral: Valtrex (for herpes); Acyclovir, Famvir, Immunovir	Vancomycin
Aqua Flora (anti-yeast)	Withhold immunization(s)
Colustrum	Antibiotic therapy
Immunoglobulins (Intravenous or Oral), BayGam	

Diets	
Gluten free/casein free	Yeast Free
Specific Carbohydrate Free	Other elimination diet (e.g., Finegold, sugar free, others)

Chelation (for mercury)	Other
Chelators: DMSA Natural chelators: alpha lipoic acid	Oxytocin Hyperbaric Oxygen (HBOT) Chiropractic Care

Over-the-Counter Medications

Pain Reliever/Fever Reduction/Cold/Flu/Allergy		
Acetaminophen	Dimetapp	Oxymetazoline
Advil, Children's	Diphenhydramine HCl	Pseudoephedrine HCl
Afrin	Dristan 12-hour nasal spray	Robitussin
Benadryl	Guaifenesin	Sudafed
Chlorpheniramine maleate	Ibuprofen	Triaminic
Chlor-Trimeton	Motrin, Children's	Tylenol, Children's
Cromolyn sodium	Nasal Crom Allergy Prevention	Vicks Sinex 12-hour nasal spray

Constipation	
STIMULANT	**ORAL**
Fleet suppositories	Magnesium citrate
Dulcolax suppositories	Magnesium hydroxide (Phillips' Milk of Magnesia)
Senna (Senkot)	**OTHER**
STOOL SOFTENER (Emollient)	Glycerine suppositories
Children's colace	Lactulose
Mineral oil	