**A Pre-implementation SURVEY FOR PARENTS**

 **“Learn thE signs. Act Early.”**

Pre-Implementation Parent Survey

Thank you again for agreeing to complete this survey. Completing this survey is completely voluntary. Please do not put your name anywhere on the survey because your answers are anonymous. You may skip any question that you do not feel comfortable answering.

**1. How many children 5 years old or younger do you have? \_\_\_\_\_\_\_\_\_**

**2. As of today, how old is your youngest child? \_\_\_\_\_\_\_\_\_**

**Note:** Some of the following questions may require you to think about the last 6 months. That would be between today and [ENHANCED CAMPAIGN LAUNCH DATE. *This will be replaced by the specific date based on the date when the enhanced campaign was launched*]. Think about what was happening around [ENHANCED CAMPAIGN LAUNCH DATE]. It may be a birthday, family activity, holiday, change in employment, or other event. For the next few questions, I would like you to think about what has happened since these events.

**3a. Did you hear of the “Learn the Sign. Act Early.” campaign BEFORE [ENHANCED CAMPAIGN LAUNCH DATE]?**

⬜ Yes ⬜ No

**3b. Have you heard of the “Learn the Signs. Act Early.” Campaign SINCE [ENHANCED CAMPAIGN LAUNCH DATE]?**

⬜ Yes ⬜ No

**(If your answer is No to Questions 3a and 3b, please go directly to Question 6)**

**4. The “Learn the Signs. Act Early” campaign is about which one of the following topics?** *[select only one*]

⬜ Breast Cancer

⬜ Child Development

⬜ Stroke

⬜ HIV/AIDS

⬜ Type II Diabetes

⬜ Autism

**5a. Where did you see/hear about the “Learn the Signs. Act Early.” campaign BEFORE [ENHANCED CAMPAIGN LAUNCH DATE**]**?** *[select all that apply*]

⬜ TV

⬜ Radio

⬜ Internet/Online

⬜ Doctor’s Office

⬜ My Child’s Teacher or Child care Provider

⬜ Family Member/Friend

* A Program in My Community (e.g. WIC office, library, community center, health fair)
* Magazine
* Newspaper
* Advertising
* I don’t remember
* Other (Please specify\_\_\_\_\_\_\_\_\_)

**5b. Where did you see/hear about the “Learn the Signs. Act Early.” Campaign AFTER [ENHANCED CAMPAIGN LAUNCH DATE**]**?** *[select all that apply*]

⬜ TV

⬜ Radio

⬜ Internet/Online

⬜ Doctor’s Office

⬜ My Child’s Teacher or Child care Provider

⬜ Family Member/Friend

* A Program in My Community (e.g. WIC office, library, community center, health fair)
* Magazine
* Newspaper
* Advertising
* I don’t remember

⬜ Other (Please specify\_\_\_\_\_\_\_\_\_)

**6a. Have you seen or heard anything about developmental milestones (things to look for in your child to tell if he is on track for his age?) BEFORE [ENHANCED CAMPAIGN LAUNCH DATE**]**?**

⬜ Yes ⬜ No (If No, please go directly to Question 8)

**6b. Have you seen or heard anything about developmental milestones (things to look for in your child to tell if he is on track for his age?) SINCE [ENHANCED CAMPAIGN LAUNCH DATE**]**?**

⬜ Yes ⬜ No (If No, please go directly to Question 8)

**7a. Where did you see/hear about developmental milestones BEFORE [ENHANCED CAMPAIGN LAUNCH DATE]? (things to look for in your child to tell if he is on track for his age?) *[select all that apply*]**

⬜ TV

⬜ Radio

⬜ Internet/Online

⬜ Doctor’s Office

⬜ My Child’s Teacher or Child care Provider

⬜ Family Member/Friend

* A Program in My Community (e.g. WIC office, library, community center, health fair)
* Magazine
* Newspaper
* Advertising
* I don’t remember

⬜ Other (Please specify\_\_\_\_\_\_\_\_\_)

**7b.** **Where did you see/hear about developmental milestones AFTER [ENHANCED**

 **CAMPAIGN LAUNCH DATE]? (things to look for in your child to tell if he is on track for**

 **his age?) *[select all that apply*]**

⬜ TV

⬜ Radio

⬜ Internet/Online

⬜ Doctor’s Office

⬜ My Child’s Teacher or Child care Provider

⬜ Family Member/Friend

* A Program in My Community (e.g. WIC office, library, community center, health fair)
* Magazine
* Newspaper
* Advertising
* I don’t remember
* Other (Please specify\_\_\_\_\_\_\_\_\_)

**8. What is your zip code?** \_ \_ \_ \_ \_

**9. How old are you?**

⬜ Under 21 years old

* 21 – 34
* 35 – 45
* 46 or older

**10. Do you identify yourself as Hispanic or Latino?**

⬜ Yes

⬜ No

**11. Which one of these groups would you say best represents your race? (Please select one)**

* White
* Black or African American
* Asian
* Native Hawaiian or other Pacific Islander
* American Indian or Alaska Native

**12. What is the highest level of education you have completed?**

* Less than high school, no diploma
* High school diploma or GED
* Associate degree or some college (for example: AA, AS)
* Bachelor’s degree or more (for example: BA, BS, MPH, PhD)

**13. What is your annual household income before taxes?**

* Less than $15,080
* $15,081 - $20,080
* $20,081 - $31,200
* $31,201 - $41,600
* $41,601 and above
* Unemployed

 ***Administrator’s Note: Each grantee site might also choose to incorporate some or all of the following questions into their survey.***

**(Questions 14-18) If you became concerned about your child’s development (how your child plays, learns, speaks, or acts), how likely would you be to do each of the following?**(Circle one number for each statement)

**14. Wait for a few (1–3) months to see if your concerns are resolved.**

Not at all likely 1 2 3 4 Extremely likely

**15. Wait for 6 months or more to see if your concerns are resolved.**

Not at all likely 1 2 3 4 Extremely likely

**16. Talk with your child’s doctor about your concerns as soon as possible.**

Not at all likely 1 2 3 4 Extremely likely

**17. Talk with your child’s teacher or child care provider as soon as possible.**

Not at all likely 1 2 3 4 Extremely likely

* Not applicable (if your child does NOT have a teacher or child care provider)

**18. Contact your local intervention program, school, or another local organization as soon as possible.**

* Not at all likely 1 2 3 4 Extremely likely

**19. If you became concerned about your child’s development (how your child plays, learns, speaks, or acts), when would you contact your child’s doctor to discuss your concern?***[select only one]*

* I would not contact my child’s doctor about these concerns.
* I would continue to watch my child’s development for a few months before contacting my child’s doctor.
* I would discuss my concern at my child’s next regularly scheduled doctor appointment.
* I would make a special appointment to talk with my child’s doctor if my child’s next regularly scheduled appointment was more than a month away.

**20. Have you looked somewhere (for example, in a book, at a fact sheet, or on a website) to make sure your child’s development (how your child plays, learns, speaks, and acts) is on track for his or her age?**

⬜ Yes ⬜ No

**21. Do you talk to your child’s doctor or nurse about your child’s development (how your child plays, learns, speaks, and acts)? (Circle one number)**

Strongly disagree 1 2 3 4 Strongly Agree

Thank you for your time!