

Thank you for your interest in this study and your willingness to participate. Your privacy is very important to us. Your responses to all questions will be kept secure. You will not be asked to provide any personal identifying information. Only people working on this study will have access to your survey responses. Your participation is completely voluntary, but your participation is important and will help the Centers for Disease Control and Prevention (CDC) in their efforts to develop educational materials for parents. The survey will take less than 15 minutes and you will receive a \$10 gift card to Target as a token of appreciation for your participation once the survey is complete. You may choose to exit the survey at any time.

***10. I have read and understand this information and agree to participate:**

- Yes, I would like to participate in the survey.
- No. I do not want to participate at this time.

Public reporting burden of this collection of information is estimated to average 15 minutes, 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: OMB (0920-XXXX)

The first few questions are about things you might do if you had a concern about how your child is developing— that is, how your child plays, learns, speaks, acts or moves for his/her age.

11. How confident are you that you would know what to do if you had a concern about your child's development (how your child plays, learns, speaks, acts or moves for his/her age)?

- Not Confident
- Somewhat Confident
- Very Confident

12. If you had concerns about your child's development, how **LIKELY would you be to do the following?**

| | Very Unlikely | Somewhat Unlikely | Somewhat Likely | Very Likely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Talk with your child's doctor about the concern. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

13. If you or the doctor is concerned, how likely are you to:

| | Very Unlikely | Somewhat Unlikely | Somewhat Likely | Very Likely |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Ask your doctor for a referral to a specialist for further screening. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Call your state's local early intervention program to have your child evaluated for services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. If you had concerns about your child's development, how **COMFORTABLE would you feel doing the following?**

| | Very Uncomfortable | Somewhat Uncomfortable | Somewhat Comfortable | Very Comfortable |
|---|-----------------------|------------------------|-----------------------|-----------------------|
| Talking with your child's doctor about the concern. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. If you or the doctor is concerned, how comfortable would you feel:

| | Very Uncomfortable | Somewhat Uncomfortable | Somewhat Comfortable | Very Comfortable |
|--|-----------------------|------------------------|-----------------------|-----------------------|
| Asking your doctor for a referral to a specialist for further screening. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Calling your state's local early intervention program to have your child evaluated for services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. Which of the following are reasons you might not talk to a doctor or you might wait to talk to a doctor, if you had concerns about how your child is developing? Choose all that apply.

- Fear or nervousness about talking to a doctor
- Feeling rushed, like there's no time to raise these concerns
- Doctor is not helpful
- Doctor would tell me if there was a problem
- Doctor is usually too busy
- Being a first-time parent
- Worried about receiving bad news
- Waiting to see if things get better (child "catches up" or "outgrows" the problem)
- Doctor hasn't taken my concerns seriously
- Doctors have previously dismissed my concerns about my child's development
- Doctors are not the right people to talk to about my child's development
- None of these responses apply to me - I would always talk to my doctor about my concerns
- Something else/other reason (Please Specify)

Let the interviewer know that you've reached this screen. Do not press "Continue" until you've received instructions from the interviewer.

Now you will be asked some questions about the booklet specifically.

17. Did you notice a message about acting early (similar to the one pictured below) on the bottom of many pages throughout the booklet you just reviewed?

- Yes
- No

Act early by talking to your child's doctor if your child:

- Doesn't crawl
- Can't stand when supported
- Doesn't search for things that she sees you hide
- Doesn't point to things
- Doesn't learn gestures like waving or shaking head
- Doesn't say single words like "mama" or "dada"
- Loses skills he once had

Tell your child's doctor or nurse if you see possible developmental delay for this child. Contact your local health department or community who is familiar with services such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned.

18. Thinking about the message about acting early you read in the booklet, please indicate how much you agree or disagree with the following statements.

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| After reading the message, I feel confident that I know what to do if I ever have a concern about my child's development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There is something I didn't like about the message. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I didn't understand some of the message. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I did not learn anything new from this message. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The message encouraged me to take action if I ever had a concern about my child's development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| The information in the message is helpful. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

19. After reviewing this booklet, how LIKELY are you to do the following?

| | More likely | Less likely | No change from before |
|---|-----------------------|-----------------------|-----------------------|
| Talk to my child's doctor, if I had a concern about my child's development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20. After reviewing this booklet, if you or the doctor is concerned, how likely are you to:

| | More likely | Less likely | No change from before |
|---|-----------------------|-----------------------|-----------------------|
| Ask the doctor for a referral to a specialist for further screening. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Call your state's local early intervention program to have your child evaluated for services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. After reviewing this booklet, how COMFORTABLE are you doing the following?

| | More comfortable | Less comfortable | No change from before |
|--|-----------------------|-----------------------|-----------------------|
| Talking to my child's doctor, if I had a concern about my child's development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

22. After reviewing this booklet, if you or the doctor is concerned, how comfortable would you feel:

| | More comfortable | Less comfortable | No change from before |
|--|-----------------------|-----------------------|-----------------------|
| Asking your doctor for a referral to a specialist for further screening. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Calling your state's local early intervention program to have your child evaluated for services. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

23. Does the booklet encourage parents to:

| | No | Yes |
|--|-----------------------|-----------------------|
| Talk to their doctor right away about their concerns and not wait. | <input type="radio"/> | <input type="radio"/> |
| Look for their child's milestones. | <input type="radio"/> | <input type="radio"/> |
| Take action if they have a concern. | <input type="radio"/> | <input type="radio"/> |

24. After reading the booklet, which of the following best describes you?

- The booklet made me less likely to act early, if I had a concern about my child's development.
- The booklet made me more likely to act early, if I had a concern about my child's development.
- The booklet had no effect on how I would act early, if I had a concern about my child's development.

25. What is your age range?

- 20 or under
- 21-30
- 31-40
- 41-50
- 50+

26. How many children do you have?

27. What is the age of your youngest child (in years)?

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

- Less than high school
- High school diploma or GED
- Technical college/Associates degree
- Some college
- College degree
- Graduate degree

29. Are you of Hispanic or Latino origin?

- Yes
- No

30. How would you describe your race? (Select all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Decline to answer