Form Approved OMB Number: 0920-xxxx Expiration Date: xx/xx/20xx

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:

0	Yes,	l would	like to	participa	ate in	the sur	vey.
•	1 C 3,	i would	IIVE 10	particip	ate III	tile sui	vсy

O 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)

e first few questions are about things you rns, speaks, acts or moves for his/her age. 1. How confident are you 1	inight do il you had a conc	em about now your crint	is developing— that is, not	w your criffu plays,
1. How confident are vou t				
	that you would k	now <u>what to do</u>	if you had a cond	cern about
our child's development (h	now your child pl	ays, learns, spe	eaks, acts or mov	es for his/her
ge)?				
Not Confident				
Somewhat Confident				
Very Confident				
2. If you had concerns abo	out vour child's d	evelopment. h	ow LIKELY would	l vou be to do
ne following?				•
_	Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely
alk with your child's doctor about the oncern.	O	O	0	О
3. If you or the doctor is co	oncerned, how lil	kely are you to:		
•	Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely
sk your doctor for a referral to a specialist or further screening.	O	0	O	O
all your state's local early intervention rogram to have your child evaluated for ervices.	O	0	O	0
rogram to have your child evaluated for ervices. 4. If you had concerns about				
rogram to have your child evaluated for ervices. 4. If you had concerns above doing the following?	out your child's d	levelopment, h		LE would you
rogram to have your child evaluated for ervices. 4. If you had concerns about	out your child's d	levelopment, h	ow COMFORTAB	
4. If you had concerns above el doing the following? Very Uncoalking with your child's cortor about the concern.	out your child's d	t Uncomfortable Som	ow COMFORTAB newhat Comfortable	LE would you Very Comfortable
rogram to have your child evaluated for ervices. 4. If you had concerns above el doing the following? Very Uncoalking with your child's	out your child's d	t Uncomfortable Som	ow COMFORTAB newhat Comfortable	LE would you Very Comfortable
4. If you had concerns above el doing the following? Very Uncoalking with your child's cortor about the concern.	out your child's d	t Uncomfortable Som	newhat Comfortable	LE would you Very Comfortable

	Which of the following are reasons you might <u>not</u> talk to a doctor or you might <u>wait</u> to to a doctor, if you had concerns about how your child is developing? Choose all that
app	oly.
	I would talk with a doctor about my concerns
	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.

			ie rigiit <i>)</i> o	n the inside
C Yes				
O No	_			
YOU KNOW YOUR CHILD BEST.				
If you are concerned about your child's development, talk to your child's doctor.				
If you or the doctor is still concerned, ask the doctor for a referral to a specialist and call 1-800-CDC-INFO to learn how to get connected with your state's early childhood system to get the help your child might need.				
DON'T WAIT.				
Acting early can make a real difference!				
18. Thinking about the message about acting	early you rea	d in the br	ochure, p	lease
indicate how much you agree or disagree with				
	Strongly Disagree	Disagree	Agree	Strongly Agree
	0	0	0	0
There is something I didn't like about the message.		\circ	0	O
There is something I didn't like about the message. The message encouraged me to take action if I ever had a concern abou my child's development.	t ©			
The message encouraged me to take action if I ever had a concern about	т ©	O	O	0
The message encouraged me to take action if I ever had a concern abou my child's development.	0	0	0	0
The message encouraged me to take action if I ever had a concern about my child's development. I didn't understand some of the message. After reading the message, I feel confident that I know what to do if I ever	0			

	More likely	Less likely	No change from before
alk to my child's doctor, if I had a concern about my hild's development.	0	O	O
0. After reviewing this brochure, if yo		s concerned, how	likely are you to:
	More likely	Less likely	No change from before
sk the doctor for a referral to a specialist for further creening.	O	O	О
all your state's local early intervention program to have our child evaluated for services.	O	0	O
1. After reviewing this brochure, hov	w COMFORTABLE	E are you doing th	ne following?
	More comfortable	Less comfortable	No change from before
alking to my child's doctor, if I had a concern about my hild's development.	O	0	О
2. After reviewing this brochure, if yo ould you feel:	More comfortable	Less comfortable	No change from before
sking your doctor for a referral to a specialist for further creening.	О	O	O
alling your state's local early intervention program to ave your child evaluated for services.	O	0	О

B. Does the	brochure enco	ourage parents t	o:		
		-		No	Yes
alk to their doctor	right away about their co	oncerns and not wait.		О	0
ook for their child'	s milestones.			С	0
ake action if they	have a concern.			0	O
l. After rea	ding the broch	ure, which of the	following bes	t describes yo	u?
The brochure	made me <u>less likely</u> to a	act early, if I had a concer	n about my child's dev	elopment.	
The brochure	made me more likely to	act early, if I had a conce	ern about my child's de	velopment.	
The brochure	had no effect on how I v	would act early, if I had a	concern about my child	d's development.	

25.	What is your age range?
0	20 or under
0	21-30
0	31-40
0	41-50
0	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?
0	Less than high school
0	High school diploma or GED
0	Technical college/Associates degree
0	Some college
0	College degree
0	Graduate degree
29.	Are you of Hispanic or Latino origin?
0	Yes
0	No
30	How would you describe your race? (Select all that apply.)
JU.	
	American Indian or Alaska Native Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
П	White
	Decline to answer