



## Centers for Disease Control and Prevention

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[www.cdc.gov/actearly](http://www.cdc.gov/actearly)  
1-800-CDC-INFO

Thank you for taking the time to complete a survey on the CDC's "Learn the Signs. Act Early." Bulk Order process.

The public reporting burden of this collection of information is estimated to average 2 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 (0920-0919).

## L TSAE Bulk Order Survey

1. Did you place a bulk order (a large order that required a special request) for any *Learn the Signs. Act Early.* materials, like the examples below?



- Yes
- No

Prev

Next

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2. For which material(s) did you place a bulk order?

English

Spanish

Brochure





Milestones Moments Booklet





Amazing Me/Soy Maravillosa





Flyer





Growth Chart





Materials Disk





Parent Kit





Other (please specify)



3. How did you find out about LT&AE materials? (select that apply)

	Yes	No
Conference exhibit	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Conference session	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Webinar	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Email	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Colleague	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Ad. Early Ambassador	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Web search	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Newsletter	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Watch /Self Training	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Autism Case Training	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Other training	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Something else	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		
Don't remember	<input type="radio"/>	<input type="radio"/>
Please describe, if applicable		
<input type="text"/>		

4. How did you find out that these materials could be ordered in bulk?

5. How difficult or easy was it to order LTSAE materials in bulk?

- Very difficult
- Somewhat difficult
- Somewhat easy
- Very easy

Prev

Next

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## LTSAE Bulk Order Survey

6. We're sorry it was difficult to order LTSAE materials in bulk. May we contact you to learn more about the challenges and to offer assistance if needed?

- No
- Yes (please provide your email address)

Prev

Next

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## LTSAE Bulk Order Survey

### 7. In which of the following ways were the materials used (select all that apply)?

- Distributed at Health fairs or community events
- Given directly to parents of young children
- Distributed to early care and education providers
- Distributed to healthcare providers
- Used for teaching High School or post-secondary (e.g. given to students for a course on early child development)
- Not yet used.
- Used for trainings (who was the training audience?)

### 8. Did you use the materials in any way other than described above?

### 9. Did you get the number of materials that you initially requested?

- Yes
- I don't remember
- No (Why not?)

### 10. Did you distribute all of the materials?

- Yes
- No, but I plan to.
- No, and I don't plan to (why not?)

### 11. How useful, if at all, were the LTSAE materials that you ordered?

- Not at all useful
- Somewhat useful
- Very useful

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- Not at all useful
  - Somewhat useful
  - Very useful

**12. Do you plan to order more LTSAE materials in bulk (select all that apply)?**

- Yes, the same item(s)
- Yes, different item(s)
- No (why not?)

**13. Why did you choose to order these materials instead of printing them?**

- Don't have the ability to print
- Don't have the funds to print the quantities I need
- Did not know that was an option
- Other (please specify)

**14. Is there anything else you'd like to tell us?**

**15. If you would like help in using CDC LTSAE materials please enter your email address:**

Prev

Next

## LTSAE Bulk Order Survey

We'd like to know a little bit more about you and your organization. This information is completely optional

**16. Name of organization or agency where you work:**

**17. In which state or territory are you located?**

**18. Current role or job title:**

**19. What population(s) does your organization directly serve? (Select all that apply)**

- Parents of young children
- Childcare/Early Education professionals
- Healthcare professionals
- Family service professionals
- Parents of children with disabilities
- Other (please specify)

**20. Which best describes the primary ethnicity or ethnicities of the populations that your organization serves? (check all that apply)**

- Hispanic or Latino
- Not Hispanic or Latino

20. Which best describes the primary ethnicity or ethnicities of the populations that your organization serves? (check all that apply)

- Hispanic or Latino
- Not Hispanic or Latino

21. Which best describes the primary race(s) of the populations that your organization serves? (check all that apply)

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

22. Which best describes the other primary demographics of the populations that your organization serves? (check all that apply)

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> Immigrants    | <input type="checkbox"/> High-income | <input type="checkbox"/> Mostly English Speakers            |
| <input type="checkbox"/> Refugees      | <input type="checkbox"/> Rural       | <input type="checkbox"/> Mostly Spanish Speakers            |
| <input type="checkbox"/> Low-income    | <input type="checkbox"/> Urban       | <input type="checkbox"/> Mostly Speakers of Other Languages |
| <input type="checkbox"/> Middle-income | <input type="checkbox"/> Suburban    |   |

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