

Survey for LTSAE Materials Customization Requesters

[Customer Satisfaction Survey Items]

1. Did you request to customize *Learn the Signs. Act Early.* materials, like the examples below?



- a. Yes  
b. No [end survey]
2. Have you customized these materials?
- a. Yes  
b. Not yet, but I plan to [end survey]  
c. No, and I don't plan to. If no, why not? \_\_\_\_\_ [end survey]
3. Which materials did you (or do you plan to) customize?
- a. Brochure [image]  
b. Booklet [image]  
c. Checklist [image]  
d. Game Board Poster [image]  
e. Amazing Me! [image]  
f. Other: \_\_\_\_\_
4. How did you find out about LTSAE materials (select that apply)?

	Yes	No
Conference exhibit (please describe, if applicable: _____)		
Conference session (please describe, if applicable: _____)		
Webinar (please describe, if applicable: _____)		
Email (please describe, if applicable: _____)		
Colleague (please describe, if applicable: _____)		
Act Early Ambassador (please describe, if applicable: _____)		

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Web search (please describe, if applicable: _____)		
Newsletter (please describe, if applicable: _____)		
Watch Me! Training (please describe, if applicable: _____)		
Autism Case Training (please describe, if applicable: _____)		
Other training (please describe, if applicable: _____)		
Other (please describe, if applicable: _____)		

5. How did you find out that these materials were available for customization? [open-ended]
6. In which of the following ways did you to customize the materials (select all that apply)?
  - a. Add your organization's logo
  - b. Add local contact information
  - c. Change or add images
  - d. Add content
  - e. Revise content
  - f. Delete content
  - g. Take content to create new product/material (please describe):  
\_\_\_\_\_
7. If you added, changed, or revised images and/or content, please describe these changes below: [open-ended]
8. Did you customize the material(s) in any other ways than listed above?
  - a. No
  - b. Yes (please describe: \_\_\_\_\_)
9. Were there any customizations you were unable to make?
  - a. No
  - b. Yes (What was it and why couldn't you do it?: \_\_\_\_\_)
10. How difficult or easy was it to customize LTSAE materials?
  - a. Very difficult
  - b. Somewhat difficult
  - c. Somewhat easy [skip Q11]
  - d. Very easy [skip Q11]
11. We're sorry it was difficult to customize LTSAE materials. May we contact you to learn more about the challenges and to offer assistance if needed?
  - a. No
  - b. Yes (email address: \_\_\_\_\_)
12. In which of the following ways were the customized materials used (select all that apply)?
  - a. Distributed at Health fairs or community events
  - b. Given directly to parents of young children
  - c. Distributed to early care and education providers
  - d. Distributed to healthcare providers
  - e. Used for teaching High School or post-secondary (e.g. given to students for a course on early child development)

- f. Not yet used.
  - g. Used for trainings (who was the training audience? \_\_\_\_\_)
13. Did you use the materials in any way other than described above? [open-ended]
  14. Have you ordered or printed these or other LTSAE materials without customizing them?
    - a. Yes
    - b. No
    - c. I don't remember
  15. What did you do to make your customized materials available to your target audience? (Select all that apply)
    - a. Printed them
    - b. Sent in email(s) [skip Q16-18]
    - c. Put online [skip Q16-18]
    - d. None [skip Q16-18]
    - e. Other (please specify: \_\_\_\_\_) [skip Q16-18]
  16. **About** how many total copies did you print of all customized materials? [open-ended]
  17. Were you able to print enough materials to serve your needs?
    - a. Yes
    - b. No ( why not? \_\_\_\_\_)
  18. Do you plan to continue printing the customized materials?
    - a. Yes, all of them
    - b. Yes, some of them
    - c. No (why not?: \_\_\_\_\_)
  19. Do you plan on customizing different LTSAE materials?
    - a. Yes (which? \_\_\_\_\_)
    - b. No
    - c. Maybe
  20. Is there anything else you'd like to tell us? [open-ended]
  21. If you would like help in using CDC LTSAE materials please enter your email address: \_\_\_\_\_

[Demographic survey items]

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

1. Name of organization or agency where you work
  - a. [open-ended]
2. In which state or territory are you located?
  - a. [open-ended]
3. Current role or job title:
  - a. [open-ended]
4. What population(s) does your organization directly serve? (Select all that apply)
  - a. Parents of young children
  - b. Childcare/Early Education professionals
  - c. Healthcare professionals
  - d. Family service professionals
  - e. Parents of children with disabilities
  - f. Other (please specify:\_\_\_\_\_)
5. Which best describes the primary ethnicity or ethnicities of the populations that your organization serves? (check all that apply)
  - a. Hispanic or Latino
  - b. Not Hispanic or Latino
6. Which best describes the primary race(s) of the populations that your organization serves? (check all that apply)
  - a. American Indian or Alaska Native
  - b. Asian
  - c. Black or African American

- d. Native Hawaiian or Other Pacific Islander
  - e. White
7. Which best describes the other primary demographics of the populations that your organization serves?  
(check all that apply)
- a. Immigrants
  - b. Refugees
  - c. Low-income
  - d. Middle-income
  - e. High-income
  - f. Rural
  - g. Urban
  - h. Suburban
  - i. Mostly English Speakers
  - j. Mostly Spanish Speakers
  - k. Mostly Speakers of Other Languages