Form Approved OMB No. 0920-0919 Exp.: 01/31/2018



# Centers for Disease Control and Prevention

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." Materials customization 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).

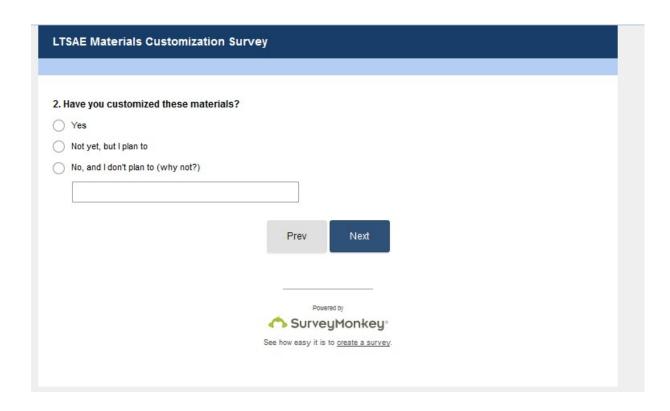
Next

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



- O Yes
- O No





#### 3. Which material(s) did you customize? (Select all that apply)





Milestones Moments Booklet



Amazing Me!/Soy Maravilloso



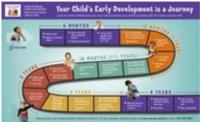
Checklists



Growth Chart



Game Board Poster



Other (please specify)

	Yes	No
Conference exhibit	0	0
Please describe, if applicable.		
Conference session	0	0
Please describe, if applicable.		
Veloiner	0	0
Resse describe, if applicable.		
irrael	0	0
Yesse describe, if applicable.		
Colleague	0	0
Pesse describe, if applicable.		
ct Early Ambassador	0	0
Pesse describe, if applicable.	<del></del>	
Veb search Pease describe, if applicable.	0	O .
bevasietter	0	0
Vesse describe, if applicable.		
Netch Mel Training	0	0
Pesse describe, if applicable.		
uttam Case Training	0	0
Resse describe, if applicable.		
		V
Other training	0	0
Nesse describe, if applicable.	1	
		^
lon't remember	O	0

se describe, if applicable.		
How did you find out that these materials	were available for customization?	
n which of the following ways did you c	ustomize the materials (select all that	apply)?
Add your organization's logo		
Add local contact information		
Change or add Images		
Add content		
Revise content		
Delete content		
Take content to create new product/material (please descr	lbe)	
f you added, changed, or revised image	s and/or content, please describe the	se changes below:
,00 00000, 0		- changes selecti
Pid	-th	
Did you customize the material(s) in any	other ways than listed above?	
No Yes (please describe):		
res (piesse describe).		
Were there any customizations you were	unable to make?	
No	unable to make:	
Yes (what was it and why couldn't you do it?)		
res (was was it allo wily codollit you do it:)		
). How difficult or easy was it to customiz	o ITSAE materials?	
Very difficult	e Li one materials:	
Somewhat difficult		
Compulsed once		
Somewhat easy		
) Somewhat easy ) Very easy		
	Prev Next	
	Prev Next	

Ø 853

11. We're sorry it was difficult to customize L and to offer assistance if needed?	TSAE materials. M	ay we contact you to	learn more about the challen	ges
○ No				
Yes (please provide your email address)				
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	87			
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	SurveyM	onkey®		
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12. 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?)
13. Did you use the materials in any way other than described above?
14. Have you ordered or printed these or other LTSAE materials without customizing them?
Yes
○ No
I don't remember
Tubil traileliber
15. What did you do to make your customized materials available to your target audience? (Select all that apply)
Printed them
Sent in email(s)
Put online
None
Other (please specify):
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LTSAE Materials Customization Survey	
16. About how many total copies did you print of all customized materials?	
Total boar now many total copies and you print of an electronized materials.	
17. Were you able to print enough materials to serve your needs?	
Yes	
No ( why not?)	
18. Do you plan to continue printing the materials you customized?	
Yes, all of them	
Yes, some of them	
No (why not?)	
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19. Do you plan on customizing different LTSAI	E materials?		
No			
Maybe			
Yes (which ones?)			
20. Is there anything else you'd like to tell us?			
20. Is there anything else you a like to tell us:			
21. If you would like help in using CDC LTSAE n	naterials pleas	e enter your email addr	ess:
	Prev	Next	
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# LTSAE Materials Customization Survey We'd like to know a little bit more about you and your organization. This information is completely optional 22. Name of organization or agency where you work: 23. In which state or territory are you located? 24. Current role or job title: 25. 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) 26. 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

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Parents of young children	our organization and only dorror toolor	or an enar approx
Childcare/Early Education prof	essionals	
Healthcare professionals		
Family service professionals		
Parents of children with disabi	lition	
	illes	
Other (please specify)		
26. Which best describes the	primary ethnicity or ethnicities of the	populations that your organization serves? (check all
that apply)	, many cumons, or cumonacc or and p	, , , , , , , , , , , , , , , , , , , ,
Hispanic or Latino		
Not Hispanic or Latino		
27. Which best describes the	primary race(s) of the populations tha	t your organization serves? (check all that apply)
American Indian or Alaska Nat	ive	
Asian		
Black or African American		
Native Hawaiian or Other Paci	fic Islander	
White		
28. Which best describes the that apply)	other primary demographics of the po	opulations that your organization serves? (check all
Immigrants	High-income	Mostly English Speakers
Refugees	Rural	Mostly Spanish Speakers
Low-income	Urban	Mostly Speakers of Other Languages
Middle-income	Suburban	
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