We want your feedback to improve this app for families!

This short survey will take about 3 minutes to complete. Your responses are anonymous and you may exit the survey at any time. The purpose of this survey is to help us better understand how the app is being used and if users are satisfied. Thank you for your time.

Who did you share information about your child's developmental milestones or concerns with? *Select all that apply.*

My child did not have missed milestones or concerns My child's doctor or health care provider

My child's teacher or childcare provider My child's Early Intervention Program My family or friends

My child has concerns or missed milestones, but I did not share

Other professional/provider (Therapist, Home Visitor, WIC provider, or Help Me Grow)

Please tell us why you did not share your child's missed milestones and/or developmental concerns.

Please list the other type(s) of professional/provider that you shared your child's missed milestones and/or developmental concerns with.

Public reporting burden of this collection of information is estimated to average 5 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: OMB-PRA (0920-New)

Strongly Agree Agree Disagree Strongly Disagree

I like using this app.

I can trust this app to help me identify my child's

developmental concerns and/or missed milestones.

I would recommend this app to friends and family.

I have learned more about my child's development using this

app.

**Indicate how much you agree or disagree with the following statements.**

Strongly Agree Agree Disagree Strongly Disagree

I plan to use this app to track my child's development in the

future.

I can use this app to help me talk with others (doctor, teacher,

therapist, friends, or family) about my child's development and/or missed milestones.

I can use this app to help me know what to do next if I have

concerns about my child's development and/or missed milestones.

I can use this app to share concerns about my child's

development and/or missed milestones with others (doctor, teacher, therapist, friends, or family).

I can use this app to learn more about tips and activities that can

help my child learn and grow.

In general, how often do you plan to use the *Milestone* Daily *Tracker* app? Weekly

Monthly Yearly

A few times a year (3-5 times) Do not use or do not plan to use

Why do you not use or not plan to use the app?

When do you usually use the *Milestone Tracker* app? *Select all that apply.*

* When I am sent app notifications
* When I have a concern about my child's development When I am preparing for a well-child visit with my child’s doctor
* When I am preparing for a parent-teacher conference When I am discussing my child's development with their therapist (e.g., speech, occupational,
* physical therapist) Other

Please describe other times you typically use the *Milestone Tracker* app.

**The next questions help us understand who is using the app. Your responses will help us improve the app to better serve your needs. If you prefer, you can skip these questions and go right to “Submit”.**

What State/Territory are you located in? Alabama (AL) Alaska (AK) Arizona (AZ) Arkansas (AR) California (CA) Colorado (CO) Connecticut (CT) Delaware (DE)

District of Columbia (DC) Florida (FL)

Georgia (GA) Hawaii (HI) Idaho (ID) Illinois (IL) Indiana (IN) Iowa (IA) Kansas (KS) Kentucky (KY) Louisiana (LA) Maine (ME) Maryland (MD)

Massachusetts (MA) Michigan (MI) Minnesota (MN) Mississippi (MS) Missouri (MO) Montana (MT) Nebraska (NE) Nevada (NV)

New Hampshire (NH) New Jersey (NJ)

New Mexico (NM) New York (NY) North Carolina (NC) North Dakota (ND) Ohio (OH) Oklahoma (OK) Oregon (OR) Pennsylvania (PA) Rhode Island (RI) South Carolina (SC) South Dakota (SD) Tennessee (TN) Texas (TX)

Utah (UT) Vermont (VT) Virginia (VA) Washington (WA) West Virginia (WV) Wisconsin (WI) Wyoming (WY)

American Samoa (AS) Guam (GU)

Northern Mariana Islands (MP) Puerto Rico (PR)

Virgin Islands (VI)

What age is your child/children? *Select all that apply*

0-6 months

7-11 months

1. year
2. years
3. years
4. years
5. years

What ethnicity do you identify with? Hispanic/Latino

Not Hispanic/Latino

What race do you identify with? *Select all that apply.*

American Indian or Alaska Native Asian

Black or African American

Native Hawaiian or Other Pacific Islander White

What is your approximate household income? Less than $20,000 / year

$20,000 - $34,999 / year

$35,000 - 49,999 / year

$50,000 - $74,999/ year

$75,000 - $99,999/ year

$100,000 and over / year

What is your highest level of education? Less than a Highschool diploma Highschool diploma or GED Some College Education Bachelor's Degree (BA, BS) Master's Degree or Higher