

Tell us more on this NEW follow-up survey!

This short survey will take about 5 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 your child's missed milestones and/or developmental concerns with? *Select all that apply.*

- 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
- Did not share missed milestones or concerns
- 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.

Did your child's doctor or health care provider do any of the following after you shared your child's missed milestones and/or developmental concerns? *Select all that apply.*

- Perform a developmental screening (completed a list of questions about the child's skills and abilities)
- Refer you to another professional, provider, program
- Refer you to intervention services (e.g., speech or another type of therapy)
- Discuss your child's development and next steps
- Recommend you "wait and see"
- Doctor said that everything was fine
- Something else

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)

What did your child's doctor or health care provider do after you shared your child's missed milestones and/or developmental concerns?

Which of the following professionals, providers, or programs did your doctor or health care provider send you to? *Select all that apply.*

- State's Early Intervention program
- Local public school (special education preschool program/teacher)
- Speech, occupational, physical, or other therapist
- Specialist (e.g., developmental pediatrician, neurologist, psychologist)
- Head Start or other childcare professional
- Home Visitor
- Other professional, provider, or program

Please list the type(s) of professional, provider, or program that your doctor or health care provider sent you to.

Did your child's teacher or childcare provider do any of the following after you shared your child's missed milestones and/or developmental concerns? *Select all that apply.*

- Perform a developmental screening (completed a list of questions about the child's skills and abilities or got the child a brief test)
- Referred you to your child's doctor or healthcare provider
- Referred you to your state's Early Intervention services
- Referred you to a local public school (special education preschool program)
- Discussed your child's development and next steps
- Recommend you "wait and see"
- Something else

What else did your child's teacher or childcare provider do after you shared your child's missed milestones and/or developmental concerns? _____

Who did your child receive services from to support their development? *Select all that apply.*

- State's Early Intervention program
- Local public school (special education preschool program/teacher)
- Speech, occupational, physical, or other therapy that is not provided by a state Early Intervention program
- Head Start or other early childcare program
- Home Visiting program
- Not yet received services, my child is being tested for services
- My child did not qualify for services, but needed services
- My child did not qualify, and I don't believe my child needed services
- I do not believe my child needed services
- Other

Please share what types of other services your child received to support their development.

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 Tracker* app?

- Daily
- 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 that have developmental concerns and/or missing milestones?
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