

# We want your feedback to improve this app for professionals!

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.

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In what role do you most often use the *Milestone* provider *Tracker* app?

- Early Head Start/Head Start
- Early Educator or Teacher
- WIC
- provider
- Home
- Visitor
- Healthcare professional
- Other

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Please describe your role

\_\_\_\_\_

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

- Show families how to use the app
- Show families features of the app (e.g., milestone checklists)
- Review milestone checklists families have completed and/or the milestone summary
- Ask families to complete a checklist using the app
- Use the app to track individual children (e.g., in my care or classroom)
- Do not use the app, but distribute materials to promote it (e.g., app flyer)
- Do not use or do not plan to use
- Other

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Please share more about why you do not use or do not plan to use the app.

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

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In general, how often do you use the *Milestone Tracker* app with families and children under your care?

Weekly

Daily

- 
- 
- Monthly
- Yearly
- A few times a year (3-5 times)
- Other

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Please share more about how often you use the app.

\_\_\_\_\_

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)

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

Strongly Agree

Agree

Disagree

Strongly Disagree

I like using this app.

I like sharing this app with families.

I can trust this app to help me identify developmental concerns and/or missed milestones in the children I work with.

This app helps me talk about child development with families.

This app helps me share concerns about a child's development and/or missed milestones with families and/or other providers/professionals.

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Which best describes most families that you typically work with? *Select all that apply.*

Low income  
Middle income  
Upper income



Which best describes the setting that you typically work in? *Select all that apply.*

- Rural  
 Urban  
 Suburban

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Did the Milestone Tracker app help you identify developmental concerns or missed milestones for any

- Yes

No children in your program/practice?

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When you have identified developmental concerns or missed milestones using the app, what actions did you typically take? *Select all that apply.*

- Shared your concerns with the family.  
 Performed or referred families for developmental screening.  
 Referred families to their healthcare provider.  
 Referred families to intervention services/therapy (e.g., private therapy, state/county Early Intervention programs, school district).  
 Recommend that families wait to see if the concerns resolve over time.  
 I did not take any actions.  
 Other

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Please share more about why you did not take any actions.

\_\_\_\_\_

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Please share more about the other actions you took.

\_\_\_\_\_

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Do you plan to use the *Milestone Tracker* app to track child development in the future?

- Yes  
 No

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Have you recommended this app for families to track their child's development?

- Yes  
 No

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Have you recommended this app to other providers/professionals to track children's

Yes

No development?

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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)

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What ethnicity do you identify with?

- Hispanic/Latino
- Not Hispanic/Latino

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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



