Appendix 3

The Promoting Healthy Development Survey (PHDS)
(Full-Length Version)

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Your Voice Counts!

We need your help on a very important project!

We want to improve the care we provide your child.
Please help us learn more about the care we provide by
filling out the following survey. Your feedback is very important to us!

By completing this survey, you are indicating that you have given your consent to participate. Your name will not be recorded. Results will be kept completely confidential. If you choose to not answer the survey, the decision will have no effect on the care your child receives. If you begin to answer the questions, and then change your mind you may stop at any time. Also, if there are particular questions that you don't want to answer, you may skip them.

Instructions

1. In this survey, the word child is used to refer to the child or foster child **noted in the letter that came with this survey**. Answer all the questions in the survey for only that child.

2. Answer all the questions by filling in the circle completely. See the example below for how the circle should be filled in.

   ❑ Yes ❑ No

3. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow and then a note that tells you what question to answer next, like this:

   ❑ Yes 🡻 ❑ No → **(Go to page 8 and continue with question 12)**

   So, if you choose to answer "No" to this question, then you will go to page 8 of this survey and continue the survey with question #12.

BEFORE you begin, please answer this question:

Do you have a child that is between the ages of 3 month and 50 months old?

1❑ Yes → **(Go to page 2 and continue with question 1)**

2❑ No → **(Please STOP NOW and RETURN this survey)**

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SECTION I: GENERAL INFORMATION YOUR CHILD'S HEALTH CARE

1. In the **last 12 months**, how many times did your child go to an emergency room?

- 1❑ **0** times
- 2❑ **1** time
- 3❑ **2-3** times
- 4❑ **4-5** times
- 5❑ **6-10** times
- 6❑ **10** or more times

2. In the **last 12 months** (not counting times your child went to an emergency room) how many times did your child go to a doctor's office or clinic?

- 1❑ **0** times
- 2❑ **1** time
- 3❑ **2-3** times
- 4❑ **4-5** times
- 5❑ **6-10** times
- 6❑ **10** or more times

3. In the **last 12 months**, how many times was your child a patient in a hospital overnight or longer?

- 1❑ **0** times
- 2❑ **1** time
- 3❑ **2-3** times
- 4❑ **4-5** times
- 5❑ **6-10** times
- 6❑ **10** or more times

4. In the **last 12 months**, has your child needed care right away for an illness or injury?

- 1❑ Yes
- 2❑ No → **Go to Question 5**

4a. When your child needed care right away for an illness or injury, **how often** did your child get this care as soon as you wanted?

- 1❑ Never
- 2❑ Sometimes
- 3❑ Usually
- 4❑ Always

5. In the **last 12 months**, did your child get care from more than one kind of health care provider or use more than one kind of health service?

- 1❑ Yes
- 2❑ No → **Go to Question 6**

5a. In the **last 12 months**, did anyone from your child's doctor's office or clinic help coordinate your child's care among these different providers or services?

- 1❑ Yes
- 2❑ No
- 3❑ My child did not get care from different providers or use more than one service

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6. How old is your child?

❑❑ ❑❑

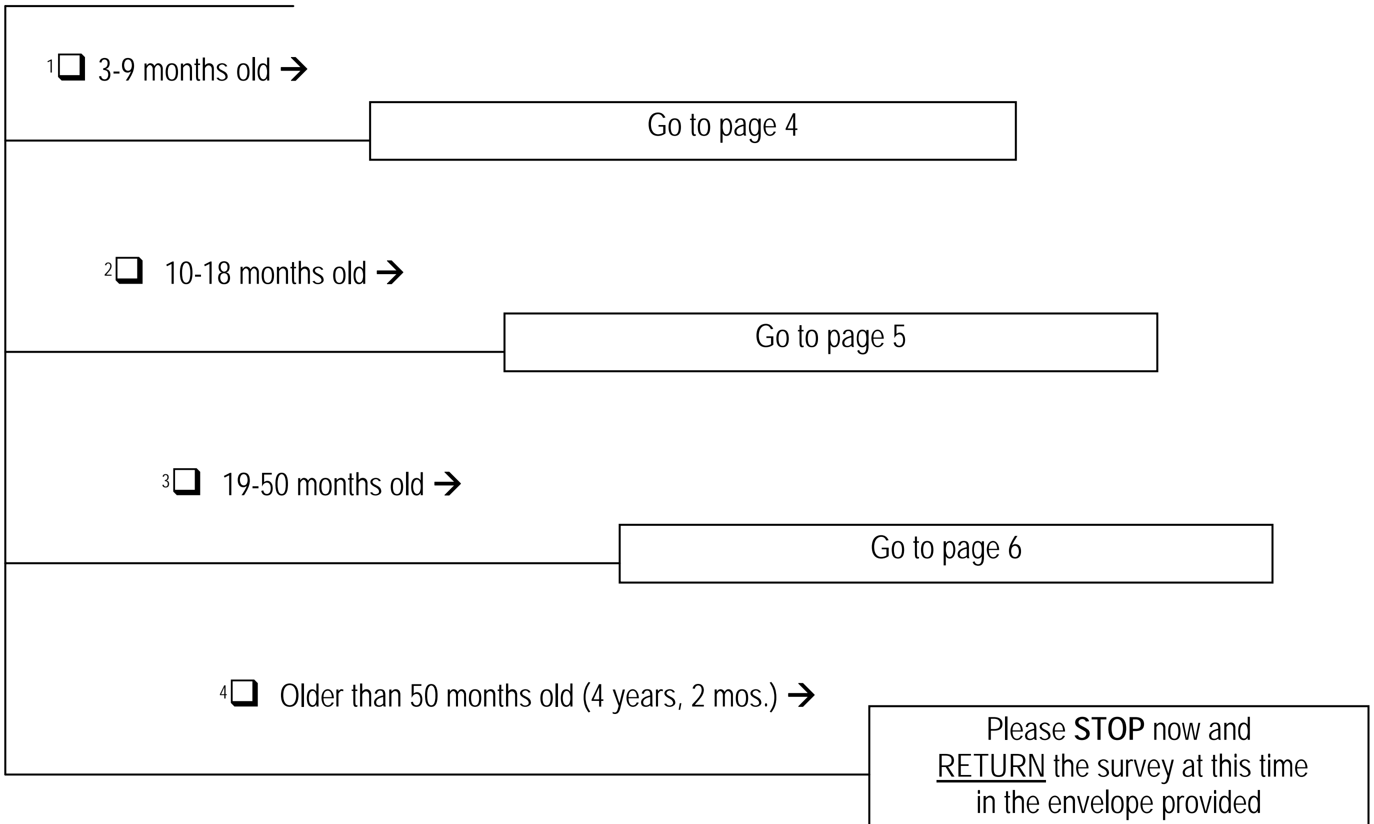
Years *Months*

A doctor or other health provider could be a general doctor, a specialist doctor, a pediatrician, a nurse practitioner, a physician assistant, a nurse or any one else you would see for health care.

Your child´s doctors or other health providers may talk with you about certain topics that are important for your child´s development and growth. Some topics are specific to your child´s age. The next questions ask you about these age-specific topics and whether your child´s doctors or other health providers talked about them.

NOTE: Use the diagram below and please find the page that matches the age of your child. Turn to this page and answer **ONLY** the questions found on this page. Then continue with the rest of the survey on page 7.

How old is your child?



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Answer if child is 3-9 months old

SECTION II: DISCUSSIONS WITH YOUR CHILD'S DOCTORS OR OTHER HEALTH PROVIDERS

7. Since your child was born, did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Things you can do to help your child grow and learn	1❑	2❑	3❑	4❑
b) The kinds of behaviors you can expect to see in your child as he/she gets older	1❑	2❑	3❑	4❑
c) Breastfeeding	1❑	2❑	3❑	4❑
d) Issues related to food such as the introduction of solid foods	1❑	2❑	3❑	4❑
e) The importance of placing your child on his or her back when going to sleep	1❑	2❑	3❑	4❑
f) Where your child sleeps (such as the location and type of crib of your child may sleep in)	1❑	2❑	3❑	4❑
g) Night waking and fussing	1❑	2❑	3❑	4❑
h) How your child communicates his/her needs	1❑	2❑	3❑	4❑

8. Since your child was born, did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) What your child is able to understand	1❑	2❑	3❑	4❑
b) How your child responds to you, other adults, and caregivers	1❑	2❑	3❑	4❑
c) How to avoid burns to your child, such as changing the hot water temperature in your home	1❑	2❑	3❑	4❑
d) Using a car-seat	1❑	2❑	3❑	4❑
e) How to make your house safe	1❑	2❑	3❑	4❑
f) Importance of showing a picture book to or reading with your child	1❑	2❑	3❑	4❑
g) Whether your child watches television (TV)	1❑	2❑	3❑	4❑
h) Issues related to childcare	1❑	2❑	3❑	4❑
i) Resources for parents and families in your community	1❑	2❑	3❑	4❑

Now go to question 13 on page 7.

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SECTION II: DISCUSSIONS WITH YOUR CHILD'S DOCTORS OR OTHER HEALTH PROVIDERS

9. In the last 12 months, did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Things you can do to help your child grow and learn	1❑	2❑	3❑	4❑
b) The kinds of behaviors you can expect to see in your child as he/she gets older	1❑	2❑	3❑	4❑
c) Vitamins and foods your child should eat	1❑	2❑	3❑	4❑
d) Bed and naptime routines	1❑	2❑	3❑	4❑
e) Words and phrases your child uses and understands	1❑	2❑	3❑	4❑
f) Night waking and fussing	1❑	2❑	3❑	4❑
g) Whether your child uses a bottle	1❑	2❑	3❑	4❑
h) How your child may start to explore away from you	1❑	2❑	3❑	4❑

10. In the last 12 months, did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Guidance and discipline techniques to use with your child	1❑	2❑	3❑	4❑
b) Toilet training	1❑	2❑	3❑	4❑
c) What you should do if your child swallows certain kinds of poisons	1❑	2❑	3❑	4❑
d) Using a car-seat	1❑	2❑	3❑	4❑
e) How to make your house safe	1❑	2❑	3❑	4❑
f) Importance of reading with your child	1❑	2❑	3❑	4❑
g) Whether your child watches television (TV)	1❑	2❑	3❑	4❑
h) Issues related to childcare	1❑	2❑	3❑	4❑
i) Resources for parents and families in your community	1❑	2❑	3❑	4❑

Now go to question 13 on page 7.

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SECTION II: DISCUSSIONS WITH YOUR CHILD'S DOCTORS OR OTHER HEALTH PROVIDERS

11. In the last 12 months, did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Things you can do to help your child grow and learn	1☐	2☐	3☐	4☐
b) The kinds of behaviors you can expect to see in your child as he/she gets older	1☐	2☐	3☐	4☐
c) Issues related to food and feeding	1☐	2☐	3☐	4☐
d) Bedtime routines and how many hours of sleep your child needs	1☐	2☐	3☐	4☐
e) Toilet training	1☐	2☐	3☐	4☐
f) Words and phrases your child uses and understands	1☐	2☐	3☐	4☐
g) How your child is learning to get along with other children	1☐	2☐	3☐	4☐
h) Guidance and discipline techniques to use with your child	1☐	2☐	3☐	4☐

12. In the last 12 months, did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Ways to teach your child about dangerous situations, places and objects	1☐	2☐	3☐	4☐
b) Using a car-seat	1☐	2☐	3☐	4☐
c) How to make your house safe	1☐	2☐	3☐	4☐
d) What you should do if your child swallows certain kinds of poisons	1☐	2☐	3☐	4☐
e) Importance of reading with your child	1☐	2☐	3☐	4☐
f) Whether your child watches television (TV)	1☐	2☐	3☐	4☐
g) Issues related to childcare	1☐	2☐	3☐	4☐
i) Resources for parents and families in your community	1☐	2☐	3☐	4☐

Now go to question 13 on page 7.

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SECTION III: HEALTH COMMUNICATION AND INFORMATION

The next questions ask about your overall experiences with the health care your child has received from his or her doctor or other health providers in the last 12 months.

13. In the <u>last 12 months</u>, how often did your child's doctors or other health providers. . .	Never	Sometimes	Usually	Always
a) Take time to understand the specific needs of your child	1❑	2❑	3❑	4❑
b) Listen carefully to you	1❑	2❑	3❑	4❑
c) Respect you as an expert about your child	1❑	2❑	3❑	4❑
d) Build your confidence as a parent	1❑	2❑	3❑	4❑
e) Help you feel like a partner in your child's care	1❑	2❑	3❑	4❑

14. In the <u>last 12 months</u>, how often did your child's doctors or other health providers. . .	Never	Sometimes	Usually	Always
a) Explain things in a way that you can understand	1❑	2❑	3❑	4❑
b) Ask you about how you are feeling as a parent	1❑	2❑	3❑	4❑
c) Show respect for your family's values, customs and how you prefer to raise your child	1❑	2❑	3❑	4❑
d) Talk to you about resources for parents and families in your community	1❑	2❑	3❑	4❑
e) Talk to you about issues in your community that may affect your child's health and development (such as lead poisoning, pool safety, community violence and gun safety)	1❑	2❑	3❑	4❑

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15. In the <u>last 12 months</u>, how *helpful* were your **discussions** with your child's doctors or other health providers in:	Very Helpful	Helpful	Somewhat Helpful	Not at all helpful	We did not discuss
a) Helping you understand your child's behavior	1❑	2❑	3❑	4❑	5❑
b) Learning how to protect your child from injuries	1❑	2❑	3❑	4❑	5❑
c) Giving you the information you needed <u>when</u> you needed it	1❑	2❑	3❑	4❑	5❑
d) Helping you learn how to meet your own needs while caring for your child	1❑	2❑	3❑	4❑	5❑

16. Overall, do you feel *more or less confident* in doing the following things <u>because</u> of the information or guidance you received from your child's doctors or other health providers?	I feel a lot more confident	I feel a little more confident	I do not feel more or less confident	I feel less confident
a) Doing things for your child that help him or her grow and learn	1❑	2❑	3❑	4❑
b) Protecting your child from injury and accidents	1❑	2❑	3❑	4❑
c) Addressing any special concerns you have about your child's development and behavior	1❑	2❑	3❑	4❑
d) Managing your parenting responsibilities	1❑	2❑	3❑	4❑

Health information can include written pamphlets, videos you could have seen in the waiting room, recorded information over the telephone while waiting to make an appointment or information on the Internet. You could have seen or heard this information inside or outside your doctor's office.

17. In the <u>last 12 months</u>, did you see or hear any information about:	Yes	No
a) **Safety Tips:** How to make your house and car safe for your child	1❑	2❑
b) **Health Care Tips:** When and how often your child should see the doctor, immunization reminders, information about other health care services available for your child	1❑	2❑
c) **Developmental Information:** Information about your child's development and how you can help your child grow and learn	1❑	2❑
d) **Child Care Tips:** Helpful tips about how to care for your child and issues related to childcare.	1❑	2❑

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SECTION IV: HEALTH CONCERNS ABOUT YOUR CHILD

The next few questions ask about concerns parents or guardians sometimes have about their child.

18. * Do you have any **concerns** about . . .	Yes	A little	Not at all
a) Your child's learning, development or behavior	1❑	2❑	3❑
b) How your child talks and makes speech sounds	1❑	2❑	3❑
c) How your child understands what you say	1❑	2❑	3❑

19. * Do you have any **concerns** about . . .	Yes	A little	Not at all
a) How your child uses his or her hands and fingers to do things	1❑	2❑	3❑
b) How your child uses his or her arms and legs	1❑	2❑	3❑
c) How your child behaves	1❑	2❑	3❑

20. * Do you have any **concerns** about …	Yes	A little	Not at all
a) How your child gets along with others	1❑	2❑	3❑
b) How your child is learning to do things for himself/herself	1❑	2❑	3❑
c) How your child is learning pre-school skills	1❑	2❑	3❑

21. In the last 12 months, did your child's doctors or other health providers ask if you have concerns about your child's learning, development and behavior?

1❑ Yes 2❑ No 3❑ I don't remember

22. In the last 12 months, did your child's doctors or other health providers give you specific information to address your concerns?

1❑ Yes 2❑ No 3❑ I don't remember 4❑ I did not have any concerns

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23	Did your child's doctors or other health providers ever:	Yes	No
	a) Refer your child to another doctor or other health provider	1❑	2❑
	b) Test your child's learning and behavior	1❑	2❑
	c) Note a concern about your child that should be watched carefully	1❑	2❑
	d) Refer your child for speech-language or hearing testing	1❑	2❑

24. In the <u>last 12 months</u>, did your child's doctors or other health providers tell you that they were doing an assessment or test of your child's development?

1❑ Yes 2❑ No 3❑ I don't remember

25. In the <u>last 12 months</u>, did your child's doctors or other health providers have your child pick up small objects, stack blocks, throw a ball or recognize different colors?

1❑ Yes 2❑ No 3❑ I don't remember 4❑ My child is too young to do these kind of activities

26. In the <u>last 12 months</u>, did your child's doctor or other health care provider have you fill out a questionnaire about <u>specific concerns</u> or <u>observations</u> you may have about your child's physical ability, communication or social behaviors?

1❑ Yes → **Go to Question 26a** 2❑ No → **Go to Question 27**

26a. Did this questionnaire ask about your <u>concerns or observations</u> about how your child **talks or makes speech sounds**?

1❑ Yes 2❑ No

26b. Did this questionnaire ask about your <u>concerns or observations</u> about how your **child behaves and gets along with you and others**?

1❑ Yes 2❑ No

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SECTION V: YOUR FAMILY

A child's doctors or other health providers sometimes ask questions about a child's family. These questions help them provide the best care possible for your child. These questions can be asked in a survey that you fill out before the visit, in the waiting room or when you talked with your child's doctor or other health provider during your child's visit.

27. In the last 12 months, did your child's doctors or other health providers ask you:	Yes	No
a) If you or someone in your household smokes	1❑	2❑
b) If you or someone in your household drinks alcohol or uses other substances	1❑	2❑
c) If you ever feel depressed, sad or have crying spells	1❑	2❑
d) If you have someone to turn to for emotional support	1❑	2❑

28. In the last 12 months, did your child's doctors or other health providers ask you:	Yes	No
a) If you feel safe at home	1❑	2❑
b) If you have any firearms in your home	1❑	2❑
c) To talk about any changes or stressors in your family or home	1❑	2❑
d) How parenting works into your daily activities and future plans in life	1❑	2❑

SECTION VI: YOUR CHILD'S HEALTH

The next questions are about your child's health.

29. Overall, how would you rate **your child's health** in the last 12 months?

1❑ Excellent　2❑ Very Good　3❑ Good　4❑ Fair　5❑ Poor

30. Was your child **born prematurely**, that is, more than 4 weeks early?

1❑ Yes　2❑ No

31. In the **last 12 months**, have night waking and fussing been an issue with your child?

1❑ Yes　2❑ No

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32. Does your child currently need or use **medicine prescribed by a doctor** (other than vitamins)?

1❑ Yes → **Go to Question 32a** 2❑ No → **Go to Question 33**

32a. Is this because of ANY medical, behavioral or other health condition?

1❑ Yes → **Go to Question 32b** 2❑ No → **Go to Question 33**

32b. Is this a condition that has lasted or is expected to last for *at least* 12 months?

1❑ Yes 2❑ No

33. Does your child need or use more **medical care, mental health or educational services** than is usual for most children of the same age?

1❑ Yes → **Go to Question 33a** 2❑ No → **Go to Question 34**

33a. Is this because of ANY medical, behavioral or other health condition?

1❑ Yes → **Go to Question 33b** 2❑ No → **Go to Question 34**

33b. Is this a condition that has lasted or is expected to last for *at least* 12 months?

1❑ Yes 2❑ No

34. Is your child **limited or prevented** in any way in his or her ability to do the things most children of the same age can do?

1❑ Yes → **Go to Question 34a** 2❑ No → **Go to Question 35**

34a. Is this because of ANY medical, behavioral or other health condition?

1❑ Yes → **Go to Question 34b** 2❑ No → **Go to Question 35**

34b. Is this a condition that has lasted or is expected to last for *at least* 12 months?

1❑ Yes 2❑ No

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35. Does your child need or get **special therapy**, such as physical, occupational or speech therapy?

1❑ Yes → Go to Question 35a   2❑ No → Go to Question 36

35a. Is this because of ANY medical, behavioral or other health condition?

1❑ Yes → Go to Question 35b   2❑ No → Go to Question 36

35b. Is this a condition that has lasted or is expected to last for *at least* 12 months?

1❑ Yes   2❑ No

36. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets **treatment or counseling**?

1❑ Yes → Go to Question 36a   2❑ No → Go to Question 37

36a. Has this problem lasted or is it expected to last for *at least* 12 months?

1❑ Yes   2❑ No

SECTION VII: YOUR CHILD'S PERSONAL DOCTOR OR NURSE

37. A **personal doctor or nurse** is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner or a physician assistant. Do you have one person you think of as your child's personal doctor or nurse?

1❑ Yes   2❑ No → Go to Question 38

37a. Do you have more than one person you think of as your child's personal doctor or nurse?

1❑ Yes   2❑ No

37b. In the **last 12 months**, have you needed to call your child's personal doctor's or nurse's office or clinic for help or advice over the phone?

1❑ Yes   2❑ No → Go to Question 38

37c. In the **last 12 months**, when you called your child's personal doctor or nurse for help or advice over the phone, how often were you able to get the help or advice you needed for your child?

1❑ Never   2❑ Sometimes   3❑ Usually   4❑ Always

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SECTION VIII: YOU AND YOUR HEALTH

The next questions are about you and your health. We are asking these questions to better understand the children and families we care for so that we can improve our services. Remember this survey is **confidential** and results will be kept completely anonymous.

38. Are you male or female?

1☐ Male 2☐ Female

39. What is **your age** right now?

1☐ Under 18 2☐ 18 to 24 3☐ 25-34 4☐ 35-44 5☐ 45-54 6☐ 55-64 7☐ 65-74 8☐ 75 or older

40. Overall, how would you rate your health in the **last 12 months**?

1☐ Excellent 2☐ Very Good 3☐ Good 4☐ Fair 5☐ Poor

41. How many days in the **last week** have you felt depressed?

1☐ **0** days 2☐ **1** day 3☐ **2** days 4☐ **3** days 5☐ **4** days 6☐ **5** days 7☐ **6** days 8☐ All **7** days

42. In the **last 12 months,** have you had two weeks or more during which you felt sad, blue, depressed or lost pleasure in things you usually cared about or enjoyed?

1☐ Yes 2☐ No

43. Have you had **two or more years** in your life when you felt depressed or sad most days, even if you felt okay sometimes?

1☐ Yes 2☐ No

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SECTION IX: HOUSEHOLD ACTIVITIES AND INFORMATION

The next questions ask about some of the activities in your family.

44. When laying your child down to sleep at night or for a nap, in what position do you usually place your child ?

1❑ On Back
2❑ On Stomach
3❑ On Side
4❑ No Special Position
5❑ My child is too old to place in any specific sleeping position

45. How many days in **a typical week** do you or other family members read a book with your child?

1❑ Everyday (7 days)
2❑ 5-6 days
3❑ 3-4 days
4❑ 1-2 days
5❑ No Days (0 days)

46. Have you ….

		Yes	No
a)	Put locks on cabinets where things such as cleaning agents or medicines are kept	1❑	2❑
b)	Put padding around hard surfaces or sharp edges	1❑	2❑
c)	Put stoppers or plugs in electrical outlets	1❑	2❑
d)	Turned down the hot water temperature on your hot water heater	1❑	2❑
e)	Kept the Poison Control Center phone number on or near your phone	1❑	2❑
f)	Kept Syrup of Ipecac in your home	1❑	2❑

47. How long did you breastfeed your child?

1❑ My child was not breastfed
2❑ Less than a month
3❑ A month or more
4❑ I am still breastfeeding

48. In the **last 12 months** has your child drank from a bottle?

1❑ Yes
2❑ No

49. Does anyone living in your household smoke?

1❑ Yes
2❑ No

YOUR VOICE COUNTS!

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These questions are general questions about your child, you and your family. They are being asked for grouping purposes only so that we can understand who answered this survey.

50. Is your child a male or a female?

1❑ Male   2❑ Female

51. Is your child of Hispanic or Latino origin or descent?

1❑ Hispanic or Latino   2❑ NOT Hispanic or Latino

52. What is your child's race? **Please mark one or more.**

1❑ White   2❑ Black or African American   3❑ Asian   4❑ American Indian or Alaskan Native   5❑ Native Hawaiian or Other Pacific Islander

53. Is the child named in this survey your first child?

1❑ Yes   2❑ No   3❑ The question does not apply to me

54. How many children under the age of 18 are living in your household (including the child named in this survey)?

1❑ 1   2❑ 2   3❑ 3   4❑ 4   5❑ 5 or more

55. How are you related to the child named in this survey?

1❑ Mother   2❑ Father   3❑ Aunt or uncle   4❑ Older brother or sister   5❑ Grandmother or grandfather   6❑ Guardian   7❑ Other relative

56. What is the highest grade or level of school that you have completed?

1❑ 8th grade or less   2❑ Some high school, but did not graduate   3❑ High school graduate or GED   4❑ Some college or 2-year degree   5❑ 4 year college graduate   6❑ More than a 4 year college degree

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57. What is your current marital status?

1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑
I have never been married	Married	Living with significant other	Widowed	Divorced	Separated

These last questions ask how much trouble you have had paying for particular kinds of expenses.

58. How much trouble have you had paying for…		A Lot of Trouble	Some Trouble	No Trouble
a)	Prenatal care during pregnancy	1 ❑	2 ❑	3 ❑
b)	Medical expenses for child's birth	1 ❑	2 ❑	3 ❑
c)	Child's health and medical expenses	1 ❑	2 ❑	3 ❑
d)	Supplies like formula, food, diapers, clothes and shoes	1 ❑	2 ❑	3 ❑
e)	Healthcare for yourself	1 ❑	2 ❑	3 ❑

YOU'RE DONE!!

Thank you for completing the survey.
You have helped to make a difference

Please return the completed survey
in the envelope provided.