Appendix 4

Promoting Healthy Development Survey - Reduced-item Version (ProPHDS)

Version for Parents of Children 3 to 9 Months Old

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(3 – 9 months)

Your Child's Health Care

- This survey is about discussions you may have had with your child's doctors or other health providers since your child was born.
- By completing this survey, you are indicating that you have given your consent to participate.
- This survey is confidential. Do not write your name or your child's name on this survey.
- If you choose to not answer the survey, the decision will have no effect on the health care you or your child receive or on your health care benefits.
- 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. If you choose to skip or not answer any questions it will have no effect on the health care you or your child receive or on your health care benefits

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Instructions

1. Please use a BLUE or BLACK ink pen to complete this survey.
2. Answer all the questions by checking the box on top of your answer like this:

☑ Yes ☐ No

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

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

1. 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❑

2. 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❑

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SECTION II: EXPERIENCE OF CARE

The next questions ask about your overall experiences with the health care your child has received from his or her doctors or other health providers since your child was born.

3. Since your child was born, 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) Respect you as an expert about your child	1❑	2❑	3❑	4❑
c) Help you feel like a partner in your child's care	1❑	2❑	3❑	4❑
d) Explain things in a way that you can understand	1❑	2❑	3❑	4❑
e) Show respect for your family's values, customs and how you prefer to raise your child	1❑	2❑	3❑	4❑

SECTION III: HEALTH CONCERNS ABOUT YOUR CHILD

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

4.* 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❑
d) How your child uses his or her arms and legs	1❑	2❑	3❑
e) How your child behaves	1❑	2❑	3❑
f) How your child gets along with others	1❑	2❑	3❑

5. Since your child was born, did your child's doctors or other health providers ask if you have concerns about you child's learning, development or behavior?

1❑	2❑	3❑
Yes	No	I don't remember

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6. Since your child was born, 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

7. Since your child was born, did your child's doctors or other health providers:	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❑

8. Since your child was born, 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

9. Since your child was born, did your child's doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about your child's physical abilities, communication or social behaviors?

1❑ Yes →Go to Question 9a 2❑ No →Go to question 10

9a. Did this questionnaire ask about your concerns or observations about how your child talks or makes speech sounds?

1❑ Yes 2❑ No

9b. Did this questionnaire ask about your concerns or observations about how your child interacts with you and others?

1❑ Yes 2❑ No

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SECTION IV: QUESTIONS ABOUT 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.

10. Since your child was born, did your child's doctors or other health providers ask you:		Yes	No
a)	If you or someone in your household drinks alcohol or uses other substances	1❑	2❑
b)	If you ever feel depressed, sad or have crying spells	1❑	2❑
c)	If you have someone to turn to for emotional support	1❑	2❑
d)	To talk about any changes or stressors in your family or home	1❑	2❑
e)	If you have any firearms in your home	1❑	2❑

SECTION V: YOUR CHILD'S PERSONAL DOCTOR OR NURSE

11. 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 or more person(s) you think of as your child's personal doctor or nurse?

1❑ Yes 2❑ No → Go to Question 12

11a. Which of these people do you think of as your child's personal doctor or nurse? Please mark one or more.

1❑ Name #1 2❑ Name 2 3❑ Name 3 4❑ Name 4 5❑ Name 5 6❑ Other Person

SECTION VI: YOUR CHILD, YOU, AND YOUR FAMILY

These last questions are about your child, you, and your family. 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.

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

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

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

1❑ Hispanic or Latino 2❑ NOT Hispanic or Latino

14. 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 6❑ Other

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15. How long did you breastfeed your child?

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

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

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

17. How many **hours** in a typical day does your child watch TV or watch videos?

1❑	2❑	3❑	4❑	5❑
0 hours	Less then 1 hour	1 –2 hours	More than 2 hours	We don't own a TV

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

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

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

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

20. 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❑	2❑
Yes	No

21. How much trouble have you had paying for. . .

		A Lot of Trouble	Some Trouble	No Trouble
a)	Child's health and medical expenses	1❑	2❑	3❑
b)	Supplies like formula, food, diapers, clothes and shoes	1❑	2❑	3❑
c)	Healthcare for yourself	1❑	2❑	3❑

YOU'RE DONE!!

Thank you for completing the survey. Please put the survey in the envelope provided and drop it off in the "completed survey" box before you leave.

You have helped make a difference.