Dear Parent/Guardian,

Thank you for your participation in the **“Ages & Stages (ASQ) Developmental Screening Project.”** You are receiving this survey because you completed the ASQ sometime in the last year. Please help us to better understand the impact of this project by completing this short survey. It should take a few minutes of your time to complete the survey.

**Your Satisfaction with the Great Start ASQ and ASQ:SE Developmental Screening**

**Instructions:**

Based on your experience completing the online or paper ASQ and ASQ:SE questionnaires, how satisfied were you with each of the following areas?

Please circle the number of the response that best represents your experience.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **Extremely** **Easy** | **Very**  **Easy** | **Somewhat**  **Easy** | **Slightly**  **Easy** | **Not at all**  **Easy** | **Not Applicable** |
| 1. How easy was it for you to complete the ASQ and ASQ:SE screening tools?
 | 5 | 4 | 3 | 2 | 1 | NA |
| 1. How easy was it to respond to the questions on the ASQ and ASQ:SE?
 | 5 | 4 | 3 | 2 | 1 | NA |
| 1. How easy was it for you to understand the results of the ASQ and the ASQ:SE?
 | 5 | 4 | 3 | 2 | 1 | NA |
| 1. How easy was it to call a staff person if you had a question about the questionnaire or the results?
 | 5 | 4 | 3 | 2 | 1 | NA |
| 1. How easy, helpful and effective were the activities you received to use with your child?
 | 5 | 4 | 3 | 2 | 1 | NA |
| 1. If you were provided with a referral, how easy was it to contact the program?
 | 5 | 4 | 3 | 2 | 1 | NA |

For these next questions, think about the **quality of the information** you received about your child’s development. Please circle the number of the response that best represents your experience.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **The quality of the information** | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| 1. I feel that I can play, talk and interact in a more meaningful way with my child now.
 | 5 | 4 | 3 | 2 | 1 |
| 1. I have a better understanding of my child’s development after completing the ASQ or ASQ:SE.
 | 5 | 4 | 3 | 2 | 1 |
| 1. Using the developmental screening tools has helped me to talk with others about my child’s development.
 | 5 | 4 | 3 | 2 | 1 |
| 1. I feel I have people that can provide me with assistance when I need it.
 | 5 | 4 | 3 | 2 | 1 |
|  | **Very likely** | **Likely** | **Not sure** | **Unlikely** | **Very unlikely** |
| 1. How likely are you to complete the ASQ or ASQ:SE tools again?
 | 5 | 4 | 3 | 2 | 1 |
| 1. How likely are you to recommend the screening to a friend?
 | 5 | 4 | 3 | 2 | 1 |
| 1. How often have you used the ASQ or ASQ:SE screening tool? (Please circle how often)
 | Only 1 time | 2-3 times | 4-5 times | More than 5 times |

For these next questions, we would appreciate any thoughts you have about using the developmental tools. This information will help us to improve.

14*.* If you were provided with a referral to help you and your child, did you follow up on this referral?

❑ YES

 ❑ NO

 If you answered “yes” who were you referred to?

 Did you qualify for their support?

 If you answered “no” please explain.

15. If you talked to a staff person, how helpful was it to you? Please **circle your response.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Veryhelpful | Somewhat helpful | Average | Somewhat unhelpful | VeryUnhelpful |

 What was the nature of your question/support needed?

1. We would love to hear additional comments about your experiences with this project and the process. Please share your story with us.