**Appendix A: Developmental Surveillance and Screening Practices Survey**

Please help us by completing the following short survey on your developmental surveillance and/or screening practices.   
Surveillance is the process of recognizing children who may be at risk of developmental delays (taking a developmental history, asking questions about attainment of milestones or key behaviors or observing them in the child).  
Screening involves use of standardized tools to assess risk in social, mental, and emotional development.

Before we begin, please tell us a little about your practice.

You are a:

1. Pediatrician
2. Pediatric Nurse Practitioner
3. Family Practice Physician
4. Family Nurse Practitioner
5. Physician Assistant
6. Office Manager
7. Nurse Assistant

Is this a:

1. Private Practice
2. Clinic
3. Federally Qualified Health Center
4. Community Health Center
5. School based clinic

An estimated number of children under 5 seen monthly for well child care

1. 50
2. 50-100
3. 100-150
4. 150-200
5. 200 or more

Is the population you serve primarily?

1. Non-Minority
2. Minority- predominantly African American or Black
3. Diverse including several minorities and non-minorities
4. Minority- predominantly Hispanic or Spanish speaking
5. Minority- other than African American or Hispanic

When do you first start developmental surveillance of a child?

1. Between 3 to 5 days of birth
2. 1 month
3. 2 months
4. 4 months
5. 6 months
6. 9 months
7. 12 months
8. 15 months
9. 18 months
10. 24 months
11. 30 months
12. 36 months
13. do not perform surveillance

At what ages do you perform developmental screening? Please check all that apply:

1. Between 3 to 5 days of birth
2. 1 month
3. 2 months
4. 4 months
5. 6 months
6. 9 months
7. 12 months
8. 15 months
9. 18 months
10. 24 months
11. 30 months
12. 36 months
13. 48 months
14. do not perform surveillance

When do you screen/surveillance for developmental disorders?

1. Well visit
2. Sick visit
3. All encounters

Who performs the surveillance/screening in your practice? Check all that apply.

1. Physician
2. Advanced Practice Nurse
3. Nurse
4. Medical Assistant
5. Physician Assistant
6. Parent
7. Other. Please specify:

If you do not routinely perform surveillance or screening please indicate why. Please check all that apply.

1. Do not have enough time
2. No reimbursement
3. Not enough reimbursement
4. Not a requirement at this office
5. Other. Please specify.

Which of the following areas of development do you routinely do surveillance for?

1. Social
2. Emotional
3. Mental
4. Physical
5. Behavioral
6. Cognitive
7. Socio-economic

Do you use a formal developmental screening tool?

1. Yes
2. No

If you use a developmental screening tool please tell us which one in the space below.

If you suspect a child is at risk of developmental delay which of the following intervention strategies do you use?

1. Referral to a neurodevelopmental evaluation
2. Referral to early intervention
3. Follow up visit sooner than typical
4. Parent education
5. Other. Please specify.

In your surveillance of children younger than 36 months, which of the following do you regularly do?

1. Elicit and attend to parental concerns
2. Maintain a developmental history
3. Perform physical, social, emotional and behavioral developmental exam

Do you bill for surveillance and screening?

1. Yes
2. No

What type of insurance do your patients have?

1. Mostly private
2. Mix of private and public
3. Mostly public