

# Prloritizing Outcomes, Needs, ExpEctations and Recovery (PIONEER) Study



**A Survey for Caregivers** 

## What Outcomes Are Most Important to You?

When selecting a treatment for children, caregivers often are faced with a difficult decision. There may be many outcomes that you like and others you want to avoid. Below we list some outcomes that people may think about when choosing a treatment for their child.

For each question,

- A) Select the box for the **ONE** that is **MOST IMPORTANT**,
- B) Select the box for the **ONE** that is **LEAST IMPORTANT.**

### **CHOOSE ONLY 1 MOST AND 1 LEAST IMPORTANT**

### Here is an **EXAMPLE** to get you going:

Most		Least
Important		Important
	The child is not behaving in ways that could hurt him/her.	
	The child is not behaving in ways that can hurt other children.	
X	The child gets an IEP.	
	The caregiver is able to bring the child to social events.	X
	The child is able to stay in school all day with no problems.	
	The child gets good grades in school.	

Most		Least Important
Important		
	The child is not behaving in ways that could hurt him/her.	
	The child is not behaving in ways that can hurt other children.	
	The child gets an IEP.	
	The caregiver is able to bring the child to social events.	
	The child is able to stay in school all day with no problems.	
	The child gets good grades in school.	

2) When you think about choosing a treatment for your child, of the 6 items shown here, which is the **MOST** and **LEAST IMPORTANT**?

Most		Least
Important		Important
	The child is able to keep friends for a long time.	
	The child is able to manage his/her money as an adult.	
	The child is able to stay in school all day with no problems.	
	The child is in a school for children with special needs.	
	Family supports the caregiver's treatment decisions.	
	The caregiver is able to bring the child to social events.	

Most Important		Least Important
•	Family outings are not cancelled because of the child's behavior.	·
	The caregiver is able to bring the child to social events.	
	The child is able to hold a paying job as an adult.	
	The child is able to keep friends for a long time.	
	The child gets an IEP.	
	Friends going through the same thing support the caregiver.	

Most		Least
Important		Important
	The child is able to live on his/her own as an adult.	
	The child gets an IEP.	
	The child is able to manage healthcare decisions in the future.	
	The child is able to stay in school all day with no problems.	
	The child is able to keep friends for a long time.	
	The child is not a risk to the safety of siblings at home.	

5) When you think about choosing a treatment for your child, of the 6 items shown here, which is the **MOST** and **LEAST IMPORTANT**?

Most Important		Least Important
	The child gets good grades in school.	
	The child is able to keep friends for a long time.	
	The child is not behaving in ways that can hurt other children.	
	The child is able to live on his/her own as an adult.	
	Friends going through the same thing support the caregiver.	
	The child is able to manage his/her money as an adult.	

Most		Least
Important		Important
	Friends going through the same thing support the caregiver.	
	The child is not behaving in ways that could hurt him/her.	
	The child is in a school for children with special needs.	
	Family supports the caregiver's treatment decisions.	
	The child is able to live on his/her own as an adult.	
	The child gets an IEP.	

Most		Least
Important		Important
	The child is able to manage his/her money as an adult.	
	The child is able to stay in school all day with no problems.	
	The child is able to live on his/her own as an adult.	
	The child is able to hold a paying job as an adult.	
	Family outings are not cancelled because of the child's behavior.	
	The child is not behaving in ways that could hurt him/her.	

8) When you think about choosing a treatment for your child, of the 6 items shown here, which is the **MOST** and **LEAST IMPORTANT**?

Most		Least
Important		Important
	The caregiver is able to bring the child to social events.	
	The child is not a risk to the safety of siblings at home.	
	Friends going through the same thing support the caregiver.	
	The child is able to manage his/her money as an adult.	
	The child is not behaving in ways that could hurt him/her.	
	The child is able to manage healthcare decisions in the future.	

Most Important		Least Important
IIIIportant		iiiiportaiit
	The child is in a school for children with special needs.	
	The child gets good grades in school.	
	The child is able to keep friends for a long time.	
	The child is not behaving in ways that could hurt him/her.	
	The child is not a risk to the safety of siblings at home.	
	Family outings are not cancelled because of the child's behavior.	

Most		Least
Important		Important
	The child is not a risk to the safety of siblings at home.	
	Family supports the caregiver's treatment decisions.	
	Family outings are not cancelled because of the child's behavior.	
	The child gets an IEP.	
	The child is able to manage his/her money as an adult.	
	The child is not behaving in ways that can hurt other children.	

11) When you think about choosing a treatment for your child, of the 6 items shown here, which is the **MOST** and **LEAST IMPORTANT**?

Most Important		Least Important
	Family supports the caregiver's treatment decisions.	
	The child is able to hold a paying job as an adult.	
	The child is not behaving in ways that could hurt him/her.	
	The child is able to manage healthcare decisions in the future.	
	The child is not behaving in ways that can hurt other children.	
	The child is able to keep friends for a long time.	

Most	Most		
Important		Important	
	The child is able to stay in school all day with no problems.		
	Friends going through the same thing support the caregiver.		
The child is not a risk to the safety of siblings at home.			
	The child is not behaving in ways that can hurt other children.		
	The child is in a school for children with special needs.		
	The child is able to hold a paying job as an adult.		

Most	Least	
Important	portant	
	The child is not behaving in ways that can hurt other children.	
	The child is in a school for children with special needs.	
	The caregiver is able to bring the child to social events.	
	Family outings are not cancelled because of the child's behavior.	
	The child is able to manage healthcare decisions in the future.	
	The child is able to live on his/her own as an adult.	

14) When you think about choosing a treatment for your child, of the 6 items shown here, which is the **MOST** and **LEAST IMPORTANT**?

Most Important	Least Importar	
	The child gets an IEP.	
The child is able to manage healthcare decisions in the future.		
	The child is able to manage his/her money as an adult.	
	The child gets good grades in school.	
	The child is able to hold a paying job as an adult.	
	The child is in a school for children with special needs.	

Most	Least	
Important		Important
	The child is able to manage healthcare decisions in the future.	
Family outings are not cancelled because of the child's behavior.		
	Family supports the caregiver's treatment decisions.	
	Friends going through the same thing support the caregiver.	
	The child gets good grades in school.	
	The child is able to stay in school all day with no problems.	

Most Important		Least
Important		Important
	The child is able to hold a paying job as an adult.	
	The child is able to live on his/her own as an adult.	
The child gets good grades in school.		
	The child is not a risk to the safety of siblings at home.	
	The caregiver is able to bring the child to social events.	
	Family supports the caregiver's treatment decisions.	

# The next questions are to learn a little about **YOU**.



1) How are you related to your child?	
Mother	Uncle/Aunt
☐ Father	Foster Parent
Grandparent	Other, please specify:
<b>2</b> ) What is your age? (years)	
<b>3</b> ) What is your gender?	
☐ Male	Female
<b>4</b> ) What is your race?	
☐ White, not of Hispanic origin	Hispanic
☐ Black, not of Hispanic origin	☐ Native American/Alaskan Native
Black, of Hispanic origin	Other, please specify:
Asian/Pacific Islander	
5) What is your marital status?	
Married	Widowed
Never married	Other. Please specify:
☐ Divorced/Separated	☐ Don't know

<b>6</b> ) What is the highest grade of school that YC	OU have completed?
Less than high school	Postgraduate
High school	☐ Don't know
College	
<b>7</b> ) Are you working now?	
Working, please specify:	Retired, please specify former job:
☐ Not working	
8) What is your family's yearly household inco	ome?
\$7,500 or less	\$35,001 to \$50,000
57,501 to \$15,000	\$50,001 to \$75,000
\$15,001 to \$25,000	\$75,001 or over
\$25,001 to \$35,000	☐ Don't know
<b>9)</b> Which state are you currently residing in?	
10) Which type of community do you live in?	
Urban	Suburban Rural

# The next questions are to learn a little about your **CHILD**.



1) What is your child's age? (years)	
2) What is your child's gender?	
☐ Male	Female
3) What race is your child?	
White, not of Hispanic origin	Hispanic
Black, not of Hispanic origin	Native American/Alaskan Native
Black, of Hispanic origin	Other, please specify:
Asian/Pacific Islander	
<b>4</b> ) What grade is your child currently in (if your chattained)? Grade	nild is no longer in school specify highest grade
5) What developmental disorder(s) does your ch	ild have? Please check all that apply.
☐ Intellectual Disability (e.g.,	Autism Spectrum Disorder
problems with reasoning)	Specific Learning Disorder
<ul><li>Communication Disorder (e.g., muffled speech, cannot hold a</li></ul>	Motor Disorder
conversation)	Other developmental disorder. please specify:

<b>6</b> ) Whic	h of the following describes your child?	
	Verbal	Non-Verbal
<b>7</b> ) What	mental health diagnoses does your child have	? Please check all that apply.
	Anxiety Disorder	Conduct Disorder
	Bipolar Disorder	Schizophrenia/Psychoses
	Depression	Oppositional Defiant Disorder
	Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder	Other mental health diagnoses. please specify:
8) What apply.	mental health services or treatment does you	r child currently receive? Please check all that
	Medication	Other, please specify:
	Counseling	
Beha	avior management therapy	
<b>9</b> ) Has y mood)?	our child been hospitalized for a mental health-	related condition (e.g., aggressive behavior,
•	Yes, please state the reason for hospitaliza	tion:
		spitalized (ex: yesterday, 1 month, 3 years, 10
	··•	
<b>10</b> ) Whi apply.	ch of the following types of aggressive behavior	rs have you seen in your child? Check all that
	Aggression towards self (e.g., self-	Aggression towards others
	injury)	Aggression towards property

My child does not have aggressive behavior	
11) Who is the main caregiver of your child, i.e. the personal transfer of the personal transfer	son responsible for making health care decisions?
Mother	Uncle/Aunt
☐ Father	Foster Parent
Grandparent	Other, please specify:
12) How many people are living in the same house with	your child, including yourself?
13) Who lives in the same house with your child? Please	e check all that apply.
☐ Yourself	Step-mother or father's significant other
Mother	Step-father or mother's significant other
☐ Father	Other, please specify:
Siblings, how many	☐ Don't know
14) What type of health insurance do you have for your	child? Check all that apply.
Public (e.g., Medical assistance)	None
Private (e.g., Blue Cross Blue Shield)	Other, please specify:
15) Does anyone help you manage your child's healthca	re needs?
Yes, please specify:	□ No
<b>16</b> ) Does your child need 24-hour supervision or care?	
Yes	□ No
17) Do you get any financial or other support for health	care services for your child?
Yes, please specify:	

No	Don't know

# **THANK YOU!**