

Online Reduced-Item Promoting Healthy Development Survey (Online Pro-PHDS)



The Online Pro-PHDS is available at www.yourchildshealthcare.org. This online survey is a reduced-item version of the Promoting Healthy Development Survey (PHDS). It takes approximately 10 minutes for the parent to complete. Parents who complete the survey receive a customized feedback report and suggestions for questions and issues he/she should bring up with their child's health care provider. Health systems can customize their online PHDS to meet their measurement needs. They can also specify the type of reports they receive (e.g. office level vs. provider-level). This document provides a high-level summary of the questions asked in the survey. Information about the PHDS, online tools and resources can be found on the CAHMI website at www.cahmi.org.

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Section 1: General Information About Child's Health Care

In the last 12 months:

1. How many times did your child go to an emergency room? ①
2. 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
3. How many times was your child a patient in a hospital overnight or longer? ①
4. Has your child needed care right away for an illness or injury? ②
 - 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? ③
5. Did your child get care from more than one kind of health care provider or use more than one kind of health service? ②
 - 5a. Did anyone from your child's doctor's office or clinic help coordinate your child's care among these different providers or services? ②

Section 2: Anticipatory Guidance and Parental Education

Note: This section of the online PHDS is specific to the age of the child.

For parents responding about children 3-8 months old.

Since your child was born, did your child's doctors or other health provider talk with you about the following:

1. Breastfeeding? ④
2. Issues related to food such as the introduction of solid foods? ④
3. Your child's sleep positions and where your child sleeps? ④
4. Whether and how much television or videos your child watches? ④
5. Issues related to childcare? ④
6. Fluoride for your child's teeth? ④

7. Kinds of behaviors you can expect to see in your child as he/she gets older? ④
8. Night waking and fussing? ④
9. How your child communicates his/her needs? ④
10. What your child is able to understand? ④
11. How your child responds to you, other adults, and caregivers? ④
12. Importance of showing a picture book to or reading with your child? ④
13. How to make your house safe? ④
14. Using a car-seat? ④
15. How to keep your child from getting burned, such as changing the hot water temperature in your home? ④

Response Code Legend

- ① Open Ended
- ② Yes, No
- ③ Never, Sometimes, Usually, Always
- ④ 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 on this topic

Section 2: Anticipatory Guidance & Parental Education Continued

For parents responding about children 9-17 months.

In the last 12 months, did your child's doctors or other health providers talk with you about the following:

1. Issues related to feeding your child? ④
2. Bed and naptime routines and good sleep habits? ④
3. Whether your child uses a bottle? ④
4. Whether and how much television or videos your child watches? ④
5. Issues related to childcare? ④
6. Fluoride for your child's teeth? ④
7. Kinds of behaviors you can expect to see in your child as he/she gets older? ④
8. Night waking and fussing? ④
9. How your child may start to explore away from you? ④
10. Whether your child points? ④
11. Words and phrases your child uses and understands? ④
12. Ways to guide and discipline your child? ④
13. Importance of reading with your child? ④
14. How to make your house safe? ④
15. Using a car seat? ④
16. What to do if your child swallows poison and when to call the poison control center? ④

For parents responding about children 18-47 months.

In the last 12 months, did your child's doctors or other health providers talk with you about the following:

1. Issues related to feeding (child)? ④
2. Bedtime routines and good sleep habits? ④
3. Whether and how much television or videos your child watches? ④
4. Issues related to preschool? ④
5. Dental care for your child? ④
7. The kinds of behaviors you can expect to see as your child gets older? ④
8. Things your child may start to do for himself/herself such as washing and dressing? ④
9. Toilet training? ④
10. Words and phrases your child uses and understands? ④
11. How your child gets along with others? ④
12. Ways to guide and discipline your child? ④
13. Importance of reading with your child? ④

Response Code Legend

④ 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 on this topic

Section 2: Anticipatory Guidance & Parental Education Continued

For parents responding about children 18-47 months.

14. How to make your house safe? ④
15. Using a car-seat? ④
16. Teaching your child to avoid dangerous situations, places, and object such as electrical sockets, the stove, or running into the street? ④
17. What to do if your child swallows poisons and when to call the poison control center? ④

Section 3: Information about Resources in the Community

In the last 12 months, did your child's doctors or other health providers talk with you about:

1. Resources for parents and families in your community? ④
2. Issues in your community that may affect your child's health and development (*such as lead poisoning, pool safety, community violence and gun safety*)? ④

Response Code Legend

- ③ Never, Sometimes, Usually, Always
- ④ 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 on this topic
- ⑤ Yes, A little, Not at all

Section 4: Family-Centered Care

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

In the last 12 months, how often did your child's doctors or other health providers:

1. Take time to understand the specific needs of your child? ③
2. Respect you as an expert about your child? ③
3. Help you feel like a partner in your child's care? ③
4. Explain things in a way that was easy understand? ③
5. Show respect for your family's values, customs, and how you prefer to raise your child? ③

Section 5: Parental Concerns about Child's Learning, Development and Behavior

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

Do you have any concerns about:

1. Your child's learning, development or behavior? ⑤
2. How your child talks and makes speech sounds? ⑤
3. How your child understands what you say? ⑤
4. How your child uses his or her arms and legs? ⑤
5. How your child behaves? ⑤
6. How your child gets along with others? ⑤

Section 6: Ask About and Address Parental Concerns (Developmental Surveillance)

The next few questions ask about concerns parents or guardians may have been asked about by their child's doctors or other health providers.

1. 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 or behavior? ⑥
2. At the time of your child's visit(s) with his/her doctors or other health providers, did you have concerns about your child's learning, development or behavior? ②
 - 2a. In the last 12 months, did your child's doctors or other health providers give you specific information to address your concerns? ②

Section 7: Follow-Up for Children At-Risk for Developmental, Behavioral and Social Delays

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

In the last 12 months, did your child's doctors or other health providers do the following to address your child's learning, development or behavior:

1. Give you advice about how to help your child? ②
2. Note a concern about your child that should be watched carefully? ②
3. Test your child's learning, development or behavior? ②
4. Refer your child for testing of his/her learning, development or behavior? ②
5. Refer your child for speech-language or hearing testing? ②
6. Refer your child to another doctor or other health provider? ②

Section 8: Standardized Developmental and Behavioral Screening

Sometimes a child's doctors or other health providers will ask a parent to fill out a questionnaire at home or during their child's visit.

1. In the last 12 months, did your child's doctors or other health providers have you fill out a questionnaire about specific concerns or observations you may have about your child's development, communication or social behaviors? ②
 - 1a. Did this questionnaire ask about your concerns or observations about how your child talks or makes speech sounds?
 - 1b. Did this questionnaire ask about your concerns or observations about how your child interacts with you and others? ②

Section 9: Assessment of Substance Abuse, Safety and Firearms in the 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.

In the last 12 months, did your child's doctors or other health providers ask you:

1. If you feel safe at home? ②
2. If anyone in your household drinks alcohol or uses drugs or other substances? ②
3. If you have any firearms in your home? ②

Response Code Legend

- ② Yes, No
- ⑥ Yes, No, I don't remember

Section 10: Assessment of Psychosocial Issues in the 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.

In the last 12 months, did your child's doctors or other health providers ask you:

1. If you ever feel depressed, sad or have crying spells? ②
2. If you have someone to turn to for emotional support? ②
3. About any changes or stressors for you and your family? ②

Section 11: Whether Child has a Personal Doctor or Nurse

1. A personal doctor or nurse is the health professional who knows your child well and is familiar with your child's health history. This can be 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? ②

1a. Do you have more than one person you think of as your child's personal doctor or nurse? ②

Response Code Legend

② Yes, No

Section 12: Whether Child has Special Health Care Needs

The next questions are about your child's health. They will be used to examine whether children with specific needs get different types and levels of care than other children.

1. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)? ②
 - 1a. Is this because of ANY medical, behavioral or other health condition? ②
 - 1b. Is this a condition that has lasted or is expected to last for at least 12 months? ②
2. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age? ②
 - 2a. Is this because of ANY medical, behavioral or other health condition? ②
 - 2b. Is this a condition that has lasted or is expected to last for at least 12 months? ②
3. 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? ②
 - 3a. Is this because of ANY medical, behavioral or other health condition? ②
 - 3b. Is this a condition that has lasted or is expected to last for at least 12 months? ②
4. Does your child need or get special therapy, such as physical, occupational or speech therapy? ②
 - 4a. Is this because of ANY medical, behavioral or other health condition? ②
 - 4b. Is this a condition that has lasted or is expected to last for at least 12 months? ②
5. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling? ②
 - 5a. Has this problem lasted or is it expected to last for at least 12 months? ②

Section 13: Family Behaviors and Respondent Health

These questions are about your child, you, and your family. We are asking these questions to better understand the children and families who complete the survey. Remember this survey is confidential and results will be kept completely anonymous.

1. How long did you breastfeed your child? ①
2. How many days in a typical week do you or other family members read a book with your child? ①
3. How many hours in a typical day does your child watch TV or watch videos? ①
4. How many days in the last week have you felt depressed? ①
5. 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? ②

Section 14: Demographics

These questions are about your child, you, and your family. We are asking these questions to better understand children and families who complete the survey. Remember this survey is confidential and results will be kept completely anonymous.

1. Is the child in this survey your first child? ②
2. Is your child of Hispanic or Latino Origin or descent? ②
3. What is your child's race? (Choose all that apply)
 - 3a. White ②
 - 3b. Black or African American ②
 - 3c. Asian ②
 - 3d. American Indian or Alaskan Native ②
 - 3e. Native Hawaiian or Pacific Islander ②
 - 3f. Other ②

4. What is the highest grade or level of school that you have completed? ①
5. How much trouble have you had paying for:
 - 5a. Child's health and medical expenses? ⑦
 - 5b. Supplies like formula, food, diapers, clothes and shoes? ⑦
 - 5c. Health care for yourself? ⑦

Response Code Legend

- ① Open Ended
- ② Yes, No
- ③ Never, Sometimes, Usually, Always
- ④ 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 on this topic
- ⑤ Yes, A little, Not at all
- ⑥ Yes, No, I don't remember
- ⑦ A Lot of Trouble, Some Trouble, No Trouble