

ABCD *Healthy Beginnings*
 Pediatric Practice Social/Emotional (S/E) & Maternal Depression Questionnaire

1. How prepared is/are:

| | Not at all prepared 1 | 2 | Somewhat prepared 3 | 4 | Very prepared 5 |
|--|--------------------------|---|------------------------|---|--------------------|
| <u>you</u> to address to the social/emotional needs of children under 3? | | | | | |
| <u>your practice</u> to address to the social/emotional needs of children under 3 | | | | | |
| <u>you</u> are address to the mental health needs of mothers with new babies under 1? | | | | | |
| <u>your practice</u> to address to the mental health needs of mothers with new babies under 1? | | | | | |

2. How do you assess children 0-3's S/E development?

- | | |
|--|---|
| <input type="checkbox"/> Monitor development | <input type="checkbox"/> Use a questionnaire/checklist |
| <input type="checkbox"/> Use a standardized tool (_____) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Do not conduct S/E screenings | <input type="checkbox"/> Question is not applicable to me |

3. When do you assess children 0-3's S/E development?

- | | |
|--|---|
| <input type="checkbox"/> At every well-baby visit | <input type="checkbox"/> When there is a concern |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Do not conduct S/E screenings | <input type="checkbox"/> Question is not applicable to me |

4. If a child 0-3 does not pass the screening, what do you typically do? *Check all that apply*

- | | |
|---|---|
| <input type="checkbox"/> Discuss concern with family | <input type="checkbox"/> Monitor the child |
| <input type="checkbox"/> Make external referral to: <input type="checkbox"/> CFC/EI <input type="checkbox"/> Hospital/therapist <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Rescreen the child | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Do not conduct S/E screenings | <input type="checkbox"/> Question is not applicable to me |

5. Approximately how many children 0-3 and their families have you referred to for:

| | Developmental Concerns | | Social/Emotional Concerns | |
|--|------------------------|-------------------|---------------------------|-------------------|
| | In the past year | In the past month | In the past year | In the past month |
| Child & Family Connections (CFC)/Early Intervention (EI) | | | | |
| Hospital/therapist | | | | |

Other: _____

- Question is not applicable to me

6. How do you assess the mental health of a mother with a baby under 12 months?

- | | |
|---|---|
| <input type="checkbox"/> Monitor her mental state | <input type="checkbox"/> Use a questionnaire/checklist |
| <input type="checkbox"/> Use a standardized tool (_____) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Do not assess mother's mental health | <input type="checkbox"/> Question is not applicable to me |

7. When do you assess the mental health of a mother with a baby under 12 months?

- At every visit
- When there is a concern
- Other _____
- Do not assess mother's mental health
- Question is not applicable to me

8. If a mother is judged to be depressed or at risk for depression, what do you typically do?
- Discuss concern with mother
 - Monitor the mother
 - Make external referral to: Her physician Hospital/therapist Mom is my patient too Other: _____
 - Give community resources/hotline number
 - Other _____
 - Do not assess mother's mental health
 - Question is not applicable to me

9. When you have concerns about children 0-3 under your care, do you have access to social emotional consultation? Yes No Question is not applicable to me
- If yes, is the amount of consultation that you have access to:*
- too much
 - about right
 - too little
- How beneficial is the mental health consultation to your work?
- Not at all
 - Somewhat beneficial
 - Very beneficial

10. What do you or would you want to discuss with a mental health consultant?

11. To what extent do you currently feel knowledgeable about the following:

| | Not at all 1 | 2 | Somewhat 3 | 4 | Very much 5 | Question is not applicable to me |
|--|-----------------|---|---------------|---|----------------|----------------------------------|
| Social emotional (S/E) development | | | | | | |
| Signs of a healthy parent/child relationship | | | | | | |
| S/E problems in first 3 years of life | | | | | | |
| How to support parent/child relationships | | | | | | |
| Community mental health resources | | | | | | |
| Identifying signs of maternal depression | | | | | | |

12. To what extent do you currently feel comfortable and skilled in :

| | Not at all 1 | 2 | Somewhat 3 | 4 | Very much 5 | Question is not applicable to me |
|--|-----------------|---|---------------|---|----------------|----------------------------------|
| Conducting a S/E screening | | | | | | |
| Initiating discussions with parents about relationship and behavioral concerns | | | | | | |
| Helping parents observe their child's cues and preferences to develop supportive approaches to caregiving and discipline | | | | | | |
| Helping parents observe their child's cues and preferences to develop supportive approaches to caregiving and discipline | | | | | | |
| Conducting a screening for maternal depression | | | | | | |
| Knowing when/how to make a referral for S/E or mental health concerns | | | | | | |

13. What is your role?

Practice ID: _____
Date: _____

Physician Physician Assistant Nurse Practitioner Nurse Administrative Other: _____

14. How many years have you been in this role? _____

15. Is there anything else you would like to share?

Thank you!