1. Do you use a standardized tool to assess the social, emotional, or behavioral development of infants and young children (age birth to five years)?
   □ Yes □ No

2. What standardized tool(s) do you use? (Please check all that apply.)
   □ ASQ
   □ ASQ:SE
   □ PEDS
   □ TABS
   □ Other (please specify): ________________________________

3. How satisfied are you with your current method of identifying children with possible social, emotional, or behavioral concerns?
   □ Very satisfied □ Somewhat satisfied □ Not at all satisfied

4. When you identify a child with what you believe to be minor social, emotional, or behavioral concerns, what do you do? (Please check all that apply.)
   □ Do “watchful waiting” until next well-child visit
   □ Counsel parent(s)
   □ Provide anticipatory guidance materials
   □ Refer child for services

5. Where would you refer a child with social, emotional, or behavioral concerns that you did not feel comfortable addressing in your office? (Please check all that apply.)
   □ Community Mental Health Center (e.g., Valley Mental Health)
   □ Early Intervention
   □ Early Head Start
   □ Children with Special Health Care Needs
   □ Private family therapist or social worker
   □ Private psychiatrist or psychologist
   □ Primary Children’s Medical Center
   □ Other (please specify): ________________________________

6. If you have referred a child for social, emotional, or behavioral concerns in the past, how satisfied were you with the ease of getting a referral?
   □ Very satisfied □ Somewhat satisfied □ Not at all satisfied

7. How satisfied were you with the exchange of information between the referral agency(ies) and your office?
   □ Very satisfied □ Somewhat satisfied □ Not at all satisfied

8. Finally, what do you hope to gain from your participation in this project? (You can use additional pages if you wish – just send them with the rest of the assessment.)
1. Child’s age (in completed months) at the visit: ________________ months

2. Type of Health Coverage:
   - [ ] Private Insurance
   - [ ] Medicaid
   - [ ] Self Pay
   - [ ] CHIP

3. How many well child visits has the child had? (total since birth) ________________ visits?

4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used?
   - [ ] Yes (Go to Question 5)
   - [ ] No (Continue with next chart)

5. Screening tool(s) used: ___________________________________________

6. Did the screening tool indicate a need for follow-up or referral?
   - [ ] Yes (Go to Question 7)
   - [ ] No (Continue with next chart)

7. If the answer to question 6 was yes, did any of the following take place:
   - [ ] Scheduled a follow-up visit.
   - [ ] The child was referred for further assessment.
   - [ ] The child was referred for treatment.
   - [ ] The parent was counseled.
   - [ ] The issue was dealt with at this appointment:
     - [ ] Parent given activity sheets
     - [ ] Anticipatory guidance brochures
     - [ ] Ongoing in-office treatment plan
     - [ ] Other (please list)
   - [ ] None of the above.

8. Due to concerns about possible social-emotional development, the infant was referred to:
   - [ ] Local Mental Health Agency (i.e. Valley Mental Health)
   - [ ] Early Intervention
   - [ ] Early Head Start
   - [ ] Children with Special Health Care Needs
   - [ ] Other: (please list all that apply) ________________________________

9. Did you receive information from the referral agency? (Please mark all that apply)
   - [ ] Yes
     - [ ] Received assessment report
     - [ ] Received treatment report
     - [ ] Not eligible for services
   - [ ] No