



**DEPARTMENT OF HEALTH AND FAMILY SERVICES**  
*Promoting and Protecting the Health and Safety of all people in Wisconsin*

**This survey is intended to collect information on the use of developmental screening in clinical practice by Wisconsin primary care providers.** All responses are confidential and only aggregated results will be shared.

**Developmental Screening:**

1. Do you provide primary care to pediatric patients? YES NO

***If NO, then survey is complete and we thank you for your time.***

2. Do you have fellowship training in behavior/development or neurology? YES NO

***If YES, then survey is complete and we thank you for your time.***

The American Academy of Pediatrics now recommends routine developmental screening with a validated screening tool at 9 18 and 30 (or 24) months of age in addition to developmental surveillance at every well child visit. How often do you or your staff use the following tools to identify children age 0-35 months with developmental delays? (Please mark all that apply.)

	Always/ Almost Always	Some- times	Never
a. Clinical impression (history and physical exam) without the use of a screening instrument/checklist	1	2	3
b. Clinical impression guided by a screening tool	1	2	3
c. Age appropriate checklist of developmental milestones	1	2	3
d. Formal developmental screening tool:			
Ages and Stages Questionnaire	1	2	3
Ages and Stages Socio-emotional Questionnaire	1	2	3
Parents Evaluation of Developmental Status (PEDS)	1	2	3
Bayley Neurodevelopmental Screen	1	2	3
Denver II Developmental Screen	1	2	3
Other	1	2	3

3. Approximately what percentage of your patients 0-35 months have had a possible developmental delay detected through assessments/screens performed in your office?

*(Please enter a number or "0" if none.)*

\_\_\_\_\_ %

4. Approximately what percentage of your patients 0-35 months have you referred to a development specialist or therapist for further evaluation?

*(Please enter a number or "0" if none.)*

\_\_\_\_\_ %



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5. How strongly do you agree or disagree that these are barriers to providing high quality developmental screening in your office?

	Strongly Agree			Strongly Disagree	
a. Lack of training on use of a validated screening tool	5	4	3	2	1
b. Lack of consensus among providers in practice on how to screen for delays	5	4	3	2	1
c. Lack of time for developmental screening	5	4	3	2	1
d. Lack of office staff to perform the screen	5	4	3	2	1
e. Language barriers (staff cannot speak the family's language)	5	4	3	2	1
f. Inadequate reimbursement for conducting a formal developmental screen	5	4	3	2	1
g. Lack of confidence in the validity of screening instruments	5	4	3	2	1
h. Lack of treatment options for children with positive screens	5	4	3	2	1
i. Developmental screening is not an appropriate role for the pediatrician	5	4	3	2	
j. Standardized survey tools are not designed to be implemented directly in electronic medical records	5	4	3	2	1

6. What is your profession:

- a. Pediatrician
- b. Family Practice Physician
- c. Nurse Practitioner
- d. Other (specify): \_\_\_\_\_

7. What is your practice setting?

*(Please mark choice that reflects where you spend the most time.)*

- a. Solo/2 physician practice
- b. Group/HMO practice
- c. University hospital/Clinic practice
- d. Non-university hospital/Clinic practice
- e. Community health center
- f. Other (specify): \_\_\_\_\_

8. In what community setting do you practice?

*(Please mark choice that reflects where you spend the most time.)*

- a. Urban, inner city
- b. Urban, not inner city
- c. Suburban
- d. Rural (population less than 2500 people)
- e. Other (specify): \_\_\_\_\_