

## Default Question Block



The Illinois LEND (Leadership and Education in Neurodevelopmental Disabilities, [www.illinoislend.org](http://www.illinoislend.org)) is partnering with key stakeholders in Central Illinois to deliver needed information and supports to children with Autism Spectrum Disorders (ASD) and their families. We would appreciate your input so that we can plan trainings and potential solutions that will be helpful for primary care providers and general pediatricians in Central Illinois to improve access to clinical and educational support.

Please take a few minutes to answer the following questions. Feel free to write in any additional comments that might help us understand what sorts of trainings or resources regarding ASD could be helpful to your practice. We appreciate your input!

Q1. How would you characterize your current practice environment?

Solo practice

Small group (5 or fewer physicians)

Large group (6 or more physicians)

Multispecialty group

Hospital based practice

Other (please specify):

Q2. How would you define your practice?

Primary care

Specialty care (please specify):

Other (please specify):

Q3. Based on your current patient panel, what is the payment source composition of your patients (total must sum to 100%)?

Medicaid	<input type="text" value="0"/>	%
Medicare	<input type="text" value="0"/>	%
Self Pay	<input type="text" value="0"/>	%
Private Insurance	<input type="text" value="0"/>	%
HMO	<input type="text" value="0"/>	%
Other	<input type="text" value="0"/>	%
Total	<input type="text" value="0"/>	%

Q4. Based on your current patient panel, what is the demographic composition of your patients (total must sum to 100%)?

White/Caucasian	<input type="text" value="0"/>	%
Black/African American	<input type="text" value="0"/>	%
Hispanic/Latino	<input type="text" value="0"/>	%
Asian	<input type="text" value="0"/>	%
Other	<input type="text" value="0"/>	%
Total	<input type="text" value="0"/>	%

Q5. Based on your current patient panel, what are the languages spoken by patients you see in your practice (Please select all that apply)?

English	Arabic
Spanish	Urdu
Polish	Russian
Chinese (Mandarin, Cantonese)	Gujarati
Tagalog	Greek
German	Hindi
Korean	Other (please specify):

Q6. What aspects of ASD training would benefit your practice (please rank in order of importance, 1 = High Importance, etc.)?

Screening and early identification

Help with supporting a family with a diagnosis (acceptance)

Educational information (advocacy and special education service options)

Evidence based treatments (including Applied Behavior Analysis)

Insurance coverage for treatment

Counseling about genetic testing and interpretation of results

Mental health and behavioral issues

Other (please specify):

Q7. I currently have time in my practice for \_\_\_\_\_. Please check all actions that you are currently able to routinely do.

Routine ASD screening of all toddlers

Reviewing diagnostic reports and recommendations with families

Discussing school services with families

Reviewing Individualized Education Programs (IEPs)

Discussing evidence based treatments with families

Referring families to support groups

Other (please specify):

Q8. Which **developmental screening tools** do you currently use in your practice? Please select all that apply.

Ages and Stages Questionnaire (ASQ)

Battelle Developmental Inventory Screening Tool (BDI-ST)

Bayley Infant Neurodevelopmental Screen (BINS)

Brief-Infant-Toddler Social-Emotional Assessment (BITSEA)

Brigance Screens-II

Child Behavior Checklist (CBCL)

Child Development Inventory (CDI)

Communication and Symbolic Behavior Scales - Developmental Profile; Infant Toddler Checklist (CSBS-DP)

Denver Developmental Screening Test

Infant Development Inventory

Parents' Evaluation of Developmental Status (PEDS)

Other (please specify):

Q9. Which **ASD-specific screening tools** do you currently use in your practice? Please select all that apply.

Autism Behavior Checklist

Childhood Autism Rating Scale (CARS)

Gilliam Asperger's Disorder Scale (GADS)

Gilliam Autism Rating Scale (GARS)

Modified Checklist for Autism in Toddlers (M-CHAT)

M-CHAT Revised with Follow Up Questions

Pervasive Developmental Disorders Screening Test-II (PDDST-II)

Screening Tool for Autism in Two-Year-Olds (STAT)

Social Communication Questionnaire (SCQ)

Other (please specify):

Q10. What is your greatest challenge in supporting your patients with ASD and their families?

Q11. How likely would you be to participate in regularly scheduled telemedicine-enabled case conference or other training for **discussion of challenging clinical issues**?

Very Unlikely

Unlikely

Undecided

Likely

Very Likely

Q12. How likely would you be to participate in regularly scheduled telemedicine-enabled case conference or other training for **clinical consultation about specific patient issues**?

Very Unlikely

Unlikely

Undecided

Likely

Very Likely

Q13. What would be your preferred method to learn more about ASD supports and services?  
Please select top 2 choices.

Office based consultation that could include key personnel

Webinars at a specified time

Self-paced web module available at any time

Other (please specify):

Q14. Would you be more likely to participate if CME (continuing medical education) credits were made available for trainings?

Yes

No

Q15. What would you be willing to pay for CME credits?

Q16. What type of technology do you have available at your practice for training and support services (please select all that apply)?

Telephone conferencing (synchronous)

Live video conferencing (synchronous)

Store-and-forward (asynchronous; transmission of electronic, visual, or auditory information via secure email transmission)

Remote patient monitoring (RMP; transmission of electronic healthcare data via data processing service)

Mobile health (mobile communication devices, e.g., cell phones, tablet computers, PDAs)

Q17. What is the availability of you and/or your practice to participate in trainings and consultative services (please check all that apply)?

	Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Sa
Early Morning (6am-9am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late Morning (9am-12pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Afternoon (12pm-3pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Late Afternoon (3pm-6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings (6pm-9pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18. Are you interested in participating in the pilot testing of the training materials?

Yes (please provide email address):

No

Q19. If you have any additional comments or suggestions regarding ASD trainings and supports, please let us know.



**Thank you for your input!**

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