

# Supplemental Information

## SURVEY: ASD DIAGNOSIS IN LATINO CHILDREN

### Autism Spectrum Disorder Diagnosis in Latino Children

Thank you for your help! Please select the option that best answers each question. This survey should take approximately 10-15 minutes to complete.

#### Diagnosis and Treatment of Autism Spectrum Disorders in Your Practice

1. How knowledgeable are each of the following about autism spectrum disorders (ASDs)? Check one box next to each person or group of people.

Person or Group of People	How Knowledgeable?				
	Not At All	Not Very	Somewhat	Very	Don't Know
Yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most Pediatricians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents of non-Latino white children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents of Latino children in primarily English-speaking families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents of Latino children in primarily Spanish-speaking families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents of African-American children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. For each of the following groups, indicate how **difficult** it is for you to **recognize the signs and symptoms of an autism spectrum disorder (ASD)**.

Groups of Children	How Difficult?				
	Not at All	Not Very	Somewhat	Very	Don't Know
Non-Latino white children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino children in primarily English-speaking families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino children in primarily Spanish-speaking families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African-American children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you use general developmental screening tools (ASQ, PEDS, Denver, or a screening tool developed or adapted by your clinic) at one or more well child visits for patients under age three? Please select one answer.

- No, I do not use general developmental screening tools (IF YOU SELECTED THIS ANSWER, **SKIP TO QUESTION #6**)
- Yes, I use general developmental screening tools for **all children**. Please indicate at which visits you use general developmental screening tools:  
 9 months    12 months    18 months    24 months    30 months
- Yes, I use general developmental screening tools, but **only for children I think are at risk for a developmental delay or disorder**
- Other (Please Explain): \_\_\_\_\_

4. Which general developmental screening tool do you use **most often**? Please select one answer.

- Ages and Stages Questionnaire (ASQ)
- Parents Evaluation of Developmental Status (PEDS)
- Denver Developmental Screening Test or Denver-II
- Child Development Inventory (CDI)
- Screening tool developed or adapted by your own practice

Please Explain: \_\_\_\_\_

- Other (Please List) \_\_\_\_\_

Participant ID # \_\_\_\_\_

5. If you do regularly use general developmental screening tools, does your clinic use a **Spanish version** of the tool for children/families with a Spanish language preference? Please select either No or Yes.

- No, we do not** regularly use general developmental screening tools **in Spanish**
- Yes, we do** regularly use general developmental screening tools **in Spanish**

6. Do you use a screening tool specifically to assess for autism spectrum disorders (e.g. MCHAT) at one or more well child visits for patients under age three? Please select one answer.

- No, I do not use autism spectrum disorder screening tools (IF YOU SELECTED THIS ANSWER, **SKIP TO QUESTION #9**)
- Yes, I use ASD screening tools for **all children**. Please indicate at which of the following visits you use ASD screening tools:
  - 12 months     18 months     24 months     30 months
- Yes, I use ASD screening tools, but **only for children who I think are at risk for ASDs**
- Other (Please Explain): \_\_\_\_\_

7. If you do use an ASD-specific screening tool, which tool do you use most often? Please select one answer.

- Modified Checklist for Autism in Toddlers (MCHAT)
- Autism Spectrum Screening Questionnaire (ASSQ)
- Social Communication Questionnaire (SCQ)
- Other (Please List) \_\_\_\_\_

8. If you do regularly use an ASD-specific screening tool, does your clinic use a **Spanish version** of the tool for children/families with a Spanish language preference? Please select either No or Yes.

- No, we do not** regularly use ASD screening tools **in Spanish**
- Yes, we do** regularly use ASD screening tools **in Spanish**

9. In your experience, **how important are each of the following factors** in assessing for signs and symptoms of an ASD? **Select one option** from not at all important to very important.

Factors	How Important?			
	Not at All	Not Very	Somewhat	Very
Results of screening tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own clinical observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports from developmental centers, educational facilities, or other health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Think about how you assess for signs and symptoms of an ASD in Latino children compared to white non-Latino children. Do the following factors have less, equal, or more influence on how you identify the signs and symptoms of an ASD in Latino children compared to white non-Latino children?

Factors	Influence in Latino compared to non-Latino children					
	Much Less in Latino	Somewhat Less	Equal	Somewhat More	Much More in Latino	Don't Know
Results of screening tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your own clinical observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports from developmental centers, educational facilities, or other health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Identifying Barriers to Autism Spectrum Disorder Assessment and Diagnosis

11. Based on your experience, how frequently do each of the following possible barriers affect ASD diagnosis in Latino children?

Possible Barriers	How frequently is this a barrier?					
	Never	Rarely	Sometimes	Often	Frequently	Don't Know
Limited access to primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited access to ASD or developmental specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language differences between providers and patients/families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural differences between providers and patients/families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited availability of reliable screening tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited availability of interpreter services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited parent trust in or willingness to communicate with the provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent beliefs about normal child development and behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent understanding of the importance of early ASD diagnosis and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logistical issues, such as location of services or clinic hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Based on your experience, at what point in the ASD screening and diagnosis process are Latino children most likely to experience a delay or interruption in care? **Please select one.**

- Accessing primary care
- Being identified as at risk for an ASD through screening, physician observations, and/or parent reports and concerns
- Accessing ASD diagnostic services (such as developmental pediatrician, psychologist, specialty autism clinic)
- Accessing Early Intervention or other developmental therapy services
- I do not know

13. Based on your experience, which three (3) of the following are the most important for **improving early diagnosis** of ASDs in Latino children? **Please write the letters of the three (3) most important in the boxes below.**

- First Most Important
  Second Most Important
  Third Most Important

- A. Improved access to primary care
- B. Increased availability of ASD or developmental specialists
- C. More Spanish-speaking primary care providers
- D. More effective screening tools for use in Spanish-speaking populations
- E. Increased use of screening tools
- F. Increased availability of interpreters
- G. Improved parent knowledge and awareness of ASDs, such as symptoms and importance of early diagnosis and treatment
- H. Better provider consideration of and follow-up with parent concerns
- I. A process for tracking and monitoring referrals to ASD specialists and services
- J. I do not know
- K. Other (Please Specify) \_\_\_\_\_

Participant ID # \_\_\_\_\_

## Language Interpretation and Services

14. How would you rate your own level of fluency in **speaking** Spanish?

- None       Poor       Fair       Good       Excellent

15. In your clinic, what is the **primary** way you communicate with parents and children who have a Spanish language preference? If you use more than one method of communication, please select the one you use **most often**.

- Direct face-to-face communication in Spanish  
 In-person interpretation with a professional medical interpreter  
 Telephone or other technology-assisted professional medical interpreters  
 Volunteer interpreters that are not professionally trained  
 Other clinic staff (nurses, medical assistants, other physicians, etc.) serve as interpreters  
 Family members  
 No access to interpreter services

16. Considering your answer above, how satisfied are you with the system of communication you use to communicate with parents and children who have a Spanish language preference?

- Not at All       Not Very       Somewhat       Very       Not Applicable

## Information About You and Your Practice

17. How many primary care **providers** (physicians, nurse practitioners, physician assistants) are associated with you at your main practice site? **Please write in a whole number.** If you are unsure, please estimate using a whole number. \_\_\_\_\_

18. How many of the primary care **providers** (physicians, nurse practitioners, and physician assistants) in your clinic are Latino? **Please write in a whole number.** If you are unsure, please estimate using a whole number. \_\_\_\_\_

19. How many of the primary care **providers in your clinic** speak Spanish with their patients? **Please write in a whole number.** If you are unsure, please estimate using a whole number. \_\_\_\_\_

20. Approximately what percentage of your **patients** are Latino?

- Less than 10%       10% to 25%       26% to 50%       51% to 75%       More than 75%

21. Approximately what percentage of the **Latino families** that you interact with use **Spanish as their primary language**?

- Less than 10%       10% to 25%       26% to 50%       51% to 75%       More than 75%

Thank you for taking the time to complete this survey! **Please return this survey by mailing it in the envelope provided.** This survey and the envelope do not contain any identifying information, so please be reassured that your responses are confidential.

