

## Multimedia Appendix 2

### Parent Quantitative Survey

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#### Start of Block: Screeners

Intro) Thanks for choosing to share your experiences as a parent about important developmental and behavioral topics. Your answers will help us develop a website that shares information and strategies around these issues.

Providing feedback here will not automatically give you access to the materials once they are developed. At the end of the survey, please let us know if you would like to be considered for a user test group once the materials are developed.

Your responses will be kept entirely confidential. Please click the orange arrow below to begin the survey.

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Q1) Are you a parent or guardian of a child 18 years of age or younger?

Yes (1)

No (2)

*Skip To: End of Survey If Q1 = No*

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Q2) How many children 18 years of age or younger do you have?

1 (1)

2 (2)

3 (3)

4 (4)

More than 4 (5)

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Q3) Please indicate the age(s) of your children.

0-5 (1)

6-12 (2)

13-18 (3)

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Q4) Please rate your level of interest in using online resources to research issues and concerns you may have about children and parenting.

- Not at all interested (1)
- Somewhat interested (2)
- Very interested (3)

*Skip To: End of Survey If Q4 = Not at all interested*

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Q5) Which of the following parenting topics would you be most interested in receiving information about? Select up to three.

- Anxiety in Children (1)
- Nutrition/Eating (2)
- Child Safety (3)
- Behavioral Challenges (4)
- Speech/Language Skills (5)
- Mood or Depression in Children (6)
- Academic Skills and/or Intelligence (7)
- The Internet and Social Media (8)
- Parenting Stress (9)
- Family Communication (10)
- Social Skills (11)
- Drugs and Substance Abuse (12)
- Sex and Sexual Development (13)
- Motor Skills (14)
- Independence and Activities of Daily Living (15)

Sleep/Bedtime Routine (16)

Toileting (17)

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### Start of Block: Anxiety in Children

Anxiety\_Q1) You indicated that "Anxiety in Children" is a topic you would be interested in. Which of the following statements is true?

- "Anxiety in Children" has been or is currently a challenging topic for me as a parent. (1)
- "Anxiety in Children" is not a current challenge, but I would like more information. (2)

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Anxiety\_Q2) Please indicate your interest in learning about each of the following topics pertaining to anxiety in children.

	Yes (1)	No (2)
Frequent worries (1)	<input type="radio"/>	<input type="radio"/>
Difficulty separating from parents/caregivers (2)	<input type="radio"/>	<input type="radio"/>
Complaining about physical symptoms (e.g., upset stomach, headaches, etc.) (3)	<input type="radio"/>	<input type="radio"/>
Fears of very specific things (e.g., spiders, snakes, heights, etc.) (4)	<input type="radio"/>	<input type="radio"/>
Avoiding going to school (5)	<input type="radio"/>	<input type="radio"/>
Panic attacks (6)	<input type="radio"/>	<input type="radio"/>
Repetitive thoughts and/or behaviors (7)	<input type="radio"/>	<input type="radio"/>
Worrying about social situations (8)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If Anxiety\_Q2 = Difficulty separating from parents/caregivers*

Page Break



Anxiety\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) cope with their anxiety.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Relaxation strategies (e.g., deep breathing, muscle relaxation, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expose child to things they fear (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage child to try new things (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort child when they're afraid (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take child to the doctor for medication (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage child to stay at home when you're away (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give child reassurance that everything is okay (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take child for therapy/counseling (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit opportunities for separation (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell child about how emotions are connected to their bodies (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage child to think differently (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage child to stop repetitive habits or rituals (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Anxiety in Children

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Start of Block: Nutrition/Eating

Nutrition\_Q1) You indicated that "Nutrition/Eating" is a topic you would be interested in. Which of the following statements is true?

- "Nutrition/Eating" has been or is currently a challenging topic for me as a parent. (1)
- "Nutrition/Eating" is not a current challenge, but I would like more information. (2)

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Page Break

Nutrition\_Q2) Please indicate your interest in learning about each of the following topics pertaining to nutrition/eating.

	Yes (1)	No (2)
Picky/selective eating (1)	<input type="radio"/>	<input type="radio"/>
Eating too much unhealthy food (2)	<input type="radio"/>	<input type="radio"/>
Unhealthy weight management (e.g., food restriction, throwing up after eating, excessive exercise, etc.) (3)	<input type="radio"/>	<input type="radio"/>
Maintaining a healthy weight (4)	<input type="radio"/>	<input type="radio"/>
Refusing to eat (e.g., throwing a tantrum) (5)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If Nutrition\_Q2 = Eating too much unhealthy food*

Nutrition\_Q3 Please select the response that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) with their nutrition/eating.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Punish child for not eating (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow child to eat what they want after taking at least one bite of healthy food (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Praise child for eating (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give a child a reward for eating (e.g., extra TV time, staying up late, etc.) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Let child choose food options (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make separate meals for my child (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do not keep unhealthy foods in the house (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portion control of unhealthy foods (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intensive interventions (e.g., bariatric surgery, low-calorie diet, residential camp, etc.) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strictly monitor food intake/output (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ignore inappropriate mealtime behaviors (e.g., tantrums) (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to health care provider about medical concerns (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow my child to eat whatever they want (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give medication to my child for weight gain/loss (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide nutrition supplements (e.g., PediaSure) (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep a set meal/snack schedule (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer new foods frequently, even if my child hasn't liked them before (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Limit high calorie drinks (e.g., juice, soda, etc.) (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Nutrition/Eating

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Start of Block: Behavior Challenges

Behavior\_Q1) You indicated that "Behavioral Challenges" is a topic you would be interested in. Which of the following statements is true?

- "Behavioral Challenges" has been or is currently a challenging topic for me as a parent. (1)
- "Behavioral Challenges" is not a current challenge, but I would like more information. (2)

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Page Break

Behavior\_Q2) Please indicate your interest in learning about each of the following topics pertaining to behavioral challenges.

	Yes (1)	No (2)
Not following instructions (1)	<input type="radio"/>	<input type="radio"/>
Breaking house rules (2)	<input type="radio"/>	<input type="radio"/>
Aggression toward others (e.g., hitting, kicking, throwing things, etc.) (3)	<input type="radio"/>	<input type="radio"/>
Frequent tantrums, meltdowns, or angry outbursts (4)	<input type="radio"/>	<input type="radio"/>
Not completing responsibilities (e.g., homework, chores, daily routine, etc.) (5)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If Behavior\_Q2 = Breaking house rules*

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Behavior\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) with behavioral challenges.



	Tried and was helpful (1)	Tried and was not helpful (2)	Did not try (3)	N/A (4)
Repeat directions (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give child time-out/send to their room (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Count to three or give a series of warnings (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spanking or other form of physical punishment (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer child a reward or incentive if expectations are met (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raise my voice (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ignore child's misbehavior (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ground child from privileges (e.g., no going out, no electronics, etc.) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threaten child with punishments if behavior does not improve (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a regular reward program with daily/weekly rewards (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physically restrain my child (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Talk about why it is important to meet expectations (12)

Help child to complete responsibilities (13)

**End of Block: Behavior Challenges**

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**Start of Block: Speech/Language Skills**

Speech\_Q1) You indicated that "Speech/Language Skills" is a topic you would be interested in. Which of the following statements is true?

"Speech/Language/Skills" has been or is currently a challenging topic for me as a parent. (1)

"Speech/Language Skills" is not a current challenge, but I would like more information. (2)

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Speech\_Q2) Please indicate your interest in learning about each of the following topics pertaining to speech/language.

	Yes (1)	No (2)
Pronouncing words (e.g., saying words clearly) (1)	<input type="radio"/>	<input type="radio"/>
Understanding what others say (2)	<input type="radio"/>	<input type="radio"/>
Frequent grammatical errors (3)	<input type="radio"/>	<input type="radio"/>
Mixing up words (4)	<input type="radio"/>	<input type="radio"/>
Difficulty learning new words (5)	<input type="radio"/>	<input type="radio"/>
Stuttering/false starts (6)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If Speech\_Q2 = Understanding what others say*

Page Break

Speech\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) with their speech/language skills.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Talk for my child so that others can understand them (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive services from a speech/language therapist (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correct speech and have my child repeat it (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Praise child when speech improves (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to a health care provider about my concerns (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use visuals to communicate (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use a pointing system to communicate (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use visual pictures of a task to complete (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice vocabulary with my child (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk with my child to provide them with more vocabulary (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Praise my child's vocabulary (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read to my child regularly using books with new vocabulary (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell my child to stop/slow down when stuttering (13)

Play turn-taking games (e.g., peek-a-boo) (14)

Teach my child sign language (15)

### End of Block: Speech/Language Skills

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### Start of Block: Mood or Depression in Children

Mood\_Q1) You indicated that "Mood or Depression in Children" is a topic you would be interested in. Which of the following statements is true?

- "Mood or Depression in Children" has been or is currently a challenging topic for me as a parent. (1)
- "Mood or Depression in Children" is not a current challenge, but I would like more information. (2)

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Page Break

Mood\_Q2) Please indicate your interest in learning about each of the following topics pertaining to mood or depression in children.

	Yes (1)	No (2)
Irritability/anger (1)	<input type="radio"/>	<input type="radio"/>
Loss of interest in activities child used to enjoy (2)	<input type="radio"/>	<input type="radio"/>
Seeming down or lonely (3)	<input type="radio"/>	<input type="radio"/>
Sleeping too much/too little (4)	<input type="radio"/>	<input type="radio"/>
Low self-esteem/negative self-talk (5)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If Mood\_Q2 = Loss of interest in activities child used to enjoy*

Page Break

Mood\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) cope with their mood or depression.



	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Tell child to stop doing things that make them irritated (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punish child (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to child about why they're upset (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take child to a mental health professional (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take child to a doctor for assessment and/or medication (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage child to engage in fun activities (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teach child how to relax before bedtime (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell child to go to bed earlier (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow child to take naps or sleep in on weekends (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give child reasons to be happy (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give child examples of how they're supported (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell child to stop judging themselves harshly (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Encourage child to speak positively about their strengths (13)

Identify a mentor for my child to talk to (e.g., coach, teacher, family member, etc.) (14)

**End of Block: Mood or Depression in Children**

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**Start of Block: Academic Skills and/or Intelligence**

Academic\_Q1) You indicated that "Academic Skills and/or Intelligence" is a topic you would be interested in. Which of the following statements is true?

- "Academic Skills and/or Intelligence" has been or is currently a challenging topic for me as a parent. (1)
  
- "Academic Skills and/or Intelligence" is not a current challenge, but I would like more information. (2)

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Academic\_Q2) Please indicate your interest in learning about each of the following topics pertaining to academic skills and/or intelligence.

	Yes (1)	No (2)
Focus (1)	<input type="radio"/>	<input type="radio"/>
Finishing tasks (2)	<input type="radio"/>	<input type="radio"/>
Organization (3)	<input type="radio"/>	<input type="radio"/>
Planning (4)	<input type="radio"/>	<input type="radio"/>
Learning new skills (e.g., ABCs, counting, reading, etc.) (5)	<input type="radio"/>	<input type="radio"/>
Understanding numbers and/or math (6)	<input type="radio"/>	<input type="radio"/>
Learning the alphabet and/or reading (7)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If Academic\_Q2 = Finishing tasks*

Page Break

Academic\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) with their academic skills and/or intelligence.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Limit distractions (e.g., turn off TV, take away toys, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally praise child (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give reward to child (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to a health care provider about the concerns (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to my child's teacher about the concerns (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive early intervention/Special Education services (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punish child when things are not done right (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rehearse information with my child to help them remember (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice math or reading with my child at home (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punishment for not understanding numbers and/or math (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Let my child learn on their own (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create a visual schedule/reminder for my child to complete personal care tasks (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Complete self-help  
tasks for my child  
(13)



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End of Block: Academic Skills and/or Intelligence

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Start of Block: The Internet and social media

Internet\_Q1) You indicated that "the Internet and Social Media" is a topic you would be interested in. Which of the following statements is true?

- "The Internet and Social Media" has been or is currently a challenging topic for me as a parent. (1)
- "The Internet and Social Media" is not a current challenge, but I would like more information. (2)

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Internet\_Q2 Please indicate your interest in learning about each of the following topics pertaining to the Internet and social media.

	Yes (1)	No (2)
Setting limits around social media use (1)	<input type="radio"/>	<input type="radio"/>
Cyber bullying (2)	<input type="radio"/>	<input type="radio"/>
Online safety (3)	<input type="radio"/>	<input type="radio"/>
Sending and/or receiving inappropriate content online (4)	<input type="radio"/>	<input type="radio"/>
Protecting the privacy of personal information on social media (5)	<input type="radio"/>	<input type="radio"/>

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*Skip To: End of Block If Internet\_Q2 = Cyber bullying*



Internet\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for monitoring your child(ren)'s Internet and/or social media use.



	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Punishment for inappropriate online behavior (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take away devices used for access (e.g., tablet, laptop, smart phone, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Set daily screen time limits (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased monitoring of social media use (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage child to spend time doing non-social media activities (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact the cyber bully or family of the cyber bully (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact my child's school to address the cyber bullying (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teach child how to communicate safely online (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepare child for how to respond appropriately to cyber bullies/other online predators (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Contact  
police/local  
authorities about  
the cyber  
bullying/online  
harassment (10)

End of Block: The Internet and social media

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Start of Block: Parenting Stress

ParentStress\_Q1) You indicated that "Parenting Stress" is a topic you would be interested in. Which of the following statements is true?

- "Parenting Stress" has been or is currently a challenging topic for me as a parent. (1)
- "Parenting Stress" is not a current challenge, but I would like more information. (2)

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ParentStress\_Q2) Please indicate your interest in learning about each of the following topics pertaining to parenting stress.

	Yes (1)	No (2)
Coping with difficult emotions or thoughts (1)	<input type="radio"/>	<input type="radio"/>
Balancing self-care with other responsibilities (2)	<input type="radio"/>	<input type="radio"/>
Dealing with self-criticism (3)	<input type="radio"/>	<input type="radio"/>
Dealing with criticism from others/society (4)	<input type="radio"/>	<input type="radio"/>
Getting support from the community (5)	<input type="radio"/>	<input type="radio"/>
Getting support from other caregivers (6)	<input type="radio"/>	<input type="radio"/>

Skip To: End of Block If ParentStress\_Q2 = Balancing self-care with other responsibilities

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ParentStress\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping you cope with parenting stress.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Reach out to loved ones (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase engagement in activities I enjoy (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell myself that these feelings are normal (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tell myself that these feelings will go away (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opt out of situations/activities where difficult thoughts/emotions are likely to occur (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distract myself (e.g., TV, Internet, phone, etc.) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use strategies to alleviate the thoughts/emotions (e.g., overeating, oversleeping, substance use, etc.) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Try to keep difficult thoughts/emotions out of my mind (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take medication to improve my mood (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take time away from responsibilities to de-stress (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in therapy/counseling (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Parenting Stress

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Start of Block: Family Communication

FamilyCx\_Q1) You indicated that "Family Communication" is a topic you would be interested in. Which of the following statements is true?

- "Family Communication" has been or is currently a challenging topic for me as a parent. (1)
- "Family Communication" is not a current challenge, but I would like more information. (2)

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Page Break

FamilyCx\_Q2 Please indicate your interest in learning about each of the following topics pertaining to family communication.

	Yes (1)	No (2)
Frequent arguments/conflict (1)	<input type="radio"/>	<input type="radio"/>
Lack of open communication (2)	<input type="radio"/>	<input type="radio"/>
Toxic communication (e.g., yelling, saying hateful things, threatening, etc. (3)	<input type="radio"/>	<input type="radio"/>
Protecting children from parental conflict (4)	<input type="radio"/>	<input type="radio"/>
Finding common ground with other caregivers on parenting strategies (5)	<input type="radio"/>	<input type="radio"/>
Effective strategies for co-parenting (6)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If FamilyCx\_Q2 = Lack of open communication*

FamilyCx\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) with family communication.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Avoid correcting my child to avoid arguments (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid criticizing my child to avoid arguments (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Count to 3 or give a series of warnings (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give my child a time-out or equivalent (e.g., grounding child from privileges) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe to my child how I feel about the situation (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spank my child's bottom (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consult a professional (e.g., doctor, therapist, etc.) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raise my voice/yell at my child (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk calmly with my child about the situation (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use ultimatums with my child (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threaten my child with punishments (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Talk regularly with my child about positive things (12)

Tell my child why they have to do things (13)

Talk to my child about what we value as parents (14)

Talk to my child about what we as parents want for their future (15)

**End of Block: Family Communication**

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**Start of Block: Social Skills**

SocialSkills\_Q1) You indicated that "Social Skills" is a topic you would be interested in. Which of the following statements is true?

- "Social Skills" has been or is currently a challenging topic for me as a parent. (1)
- "Social Skills" is not a current challenge, but I would like more information. (2)

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Page Break

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SocialSkills\_Q2) Please indicate your interest in learning about each of the following topics pertaining to social skills.

	Yes (1)	No (2)
Communicating with others (1)	<input type="radio"/>	<input type="radio"/>
Sharing/taking turns (2)	<input type="radio"/>	<input type="radio"/>
Understanding how others feel (i.e., empathy) (3)	<input type="radio"/>	<input type="radio"/>
Playing with other children (4)	<input type="radio"/>	<input type="radio"/>
Aggression during social interactions (5)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If SocialSkills\_Q2 = Sharing/taking turns*

Page Break

SocialSkills\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) with their social skills.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Talk for my child when introducing them to others (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to a therapist or other health care professional about my child's social skills (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally praise my child for good social skills (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give my child a reward for good social skills (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punish my child for aggression in social situations (e.g., hitting or kicking others) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punish my child for poor social skills (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Model/show my child what to do in social situations (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take my child to public places to interact with others (e.g., park, library, etc.) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play turn-taking games with my child to practice social skills (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Talk to my child's teacher about my concerns (10)

Describe emotions in other people to my child (11)

Remove distractions so my child can focus on playing with others (e.g., electronics) (12)

End of Block: Social Skills

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Start of Block: Drugs and Substance Abuse

Drugs\_Q1) You indicated that "Drugs and Substance Abuse" is a topic you would be interested in. Which of the following statements is true?

- "Drugs and Substance Abuse" has been or is currently a challenging topic for me as a parent. (1)
- "Drugs and Substance Abuse" is not a current challenge, but I would like more information. (2)

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Page Break

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Drugs\_Q2) Please indicate your interest in learning about each of the following topics pertaining to drugs and substance abuse.

	Yes (1)	No (2)
Tobacco products (e.g., nicotine, electronic cigarettes, vaping, etc.) (1)	<input type="radio"/>	<input type="radio"/>
Marijuana (e.g., THC, edibles, CBD products, etc.) (2)	<input type="radio"/>	<input type="radio"/>
Alcohol (3)	<input type="radio"/>	<input type="radio"/>
Opiates (e.g., heroin, Oxycontin, etc.) (4)	<input type="radio"/>	<input type="radio"/>
Amphetamines (e.g., cocaine, crystal meth, stimulant medications such as Adderall that are not prescribed by a doctor, etc.) (5)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If Drugs\_Q2 = Marijuana (e.g., THC, edibles, CBD products, etc.)*

Page Break

Drugs\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) with drugs and substance abuse.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Talk to my child about negative consequences of using the substance (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take the substance away from my child (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punish my child for using the substance (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take my child to a mental health professional (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow use of substances under supervision (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give child a urine or blood test to check for substances (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Drugs and Substance Abuse

Start of Block: Sex and Sexual Development

Sex\_Q1 You indicated that "Sex and Sexual Development" is a topic you would be interested in. Which of the following statements is true?

- "Sex and Sexual Development" has been or is currently a challenging topic for me as a parent. (1)
- "Sex and Sexual Development" is not a current challenge, but I would like more information. (2)

Sex\_Q2) Please indicate your level of interest in learning about each of the following topics pertaining to sex and sexual development.

	Yes (1)	No (2)
Understanding bodily changes that come with puberty (1)	<input type="radio"/>	<input type="radio"/>
Gender identity (2)	<input type="radio"/>	<input type="radio"/>
Sexual orientation (3)	<input type="radio"/>	<input type="radio"/>
Teaching healthy sexual development (4)	<input type="radio"/>	<input type="radio"/>
Teaching social norms around sex (5)	<input type="radio"/>	<input type="radio"/>
Teaching privacy regarding sex (6)	<input type="radio"/>	<input type="radio"/>
Safe sex (7)	<input type="radio"/>	<input type="radio"/>
Family planning (8)	<input type="radio"/>	<input type="radio"/>
Healthy romantic relationships (9)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If Sex\_Q2 = Gender identity*

Page Break



Sex\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) cope with their sexual development and/or learn about sex.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Talk to my child about puberty (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to my child about sex (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage child to ask questions about puberty (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage child to ask questions about sex (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to my health care provider (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide an open space for my child to talk to family members without fear of judgment/punishment (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have my child talk to community leaders for guidance (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punish my child for inappropriate behavior (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to my child's teacher (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to my child about who may see their "private areas" (e.g., medical provider) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ignore my child when they show their "private areas" to others inappropriately (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punish my child for having sex (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Punish my child for not practicing safe sex (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage safe sex practices (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide my child with condoms/other birth control methods (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to my child about when/where it's appropriate to masturbate (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide my child with health literature about masturbating in private (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to my child about healthy boundaries with a romantic partner (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to my child about how to deal with romantic partner violence (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrict my child's ability to date (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss risky sexual behaviors with my child (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**End of Block: Sex and Sexual Development**

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**Start of Block: Motor Skills**

MotorSkills\_Q1) You indicated that "Motor Skills" is a topic you would be interested in. Which of the following statements is true?

- "Motor Skills" has been or is currently a challenging topic for me as a parent. (1)
- "Motor Skills" is not a current challenge, but I would like more information. (2)

Page Break

MotorSkills\_Q2) Please indicate your interest in learning about each of the following topics pertaining to motor skills.

	Yes (1)	No (2)
Walking on their own (1)	<input type="radio"/>	<input type="radio"/>
Handwriting (2)	<input type="radio"/>	<input type="radio"/>
Walking on their toes (3)	<input type="radio"/>	<input type="radio"/>
Fine motor skills (e.g., buttons, zippers, picking up objects, etc.) (4)	<input type="radio"/>	<input type="radio"/>
Dominant hand (e.g., still using both hands, not clearly right- or left-handed, etc.) (5)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If MotorSkills\_Q2 = Handwriting*

Page Break

MotorSkills\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) with their motor skills.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Limit distractions to help child pay attention (e.g., turn off TV, take away toys, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Show excitement/praise child when they do something right (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to my child's health care provider about the concerns (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to my child's teacher about the concerns (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use standing toys or walkers to strengthen walking (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receive occupational therapy (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give child a time-out when something is not done right (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take away child's toys when something is not done right (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Put my hand over my child's hand while they write (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrate how to do a skill (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Practice skills with my child (11)

Play games with my child to help them walk on the whole foot (12)

Do things requiring fine motor skills for my child (e.g., help them write, dress, button, etc.) (13)

Play games with my child to help them practice fine motor skills (14)

**End of Block: Motor Skills**

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**Start of Block: Independence and Activities of Daily Living**

Independence\_Q1) You indicated that "Independence and Activities of Daily Living" is a topic you would be interested in. Which of the following statements is true?

- "Independence and Activities of Daily Living" has been or is currently a challenging topic for me as a parent. (1)
  
- "Independence and Activities of Daily Living" is not a current challenge, but I would like more information. (2)

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Page Break

Independence\_Q2) Please indicate your interest in learning about each of the following topics pertaining to independence and activities of daily living.

	Yes (1)	No (2)
Requesting or describing needs (e.g., asking for snacks, to go to the bathroom/have diaper changed, etc.) (1)	<input type="radio"/>	<input type="radio"/>
Independence with self-help tasks (e.g., dressing, bathing, going to the bathroom, etc.) (2)	<input type="radio"/>	<input type="radio"/>
What to do in an emergency (e.g., get help, call 911, etc.) (3)	<input type="radio"/>	<input type="radio"/>
Solving everyday problems independently (e.g., when something doesn't go right, when they run out of something, etc.) (4)	<input type="radio"/>	<input type="radio"/>
Understanding money (e.g., needing money to buy things, how to save money, etc.) (5)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If Independence\_Q2 = Independence with self-help tasks (e.g., dressing, bathing, going to the bathroom, etc.)*

Page Break



Independence\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) with independence and the activities of daily living.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Coach/talk to my child about learning how to be independent (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Show excitement/praise my child when they complete tasks independently (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Show my child how to do things (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice how to do things repetitively with my child (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consult with my pediatrician/other medical provider (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make a home emergency safety plan that's posted somewhere my child can see it (e.g., refrigerator) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop a reward system/behavior chart to motivate my child to complete tasks independently (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Teach my child how to manage finances (e.g., balancing a checkbook, using a credit/debit card appropriately, etc.) (8)

Have my child help me with household tasks (e.g., grocery shopping) (9)

Let my child complete tasks at their own pace (10)

Complete self-help tasks for my child (e.g., dressing, bathing, etc.) (11)

### End of Block: Independence and Activities of Daily Living

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### Start of Block: Sleep/Bedtime Routine

Sleep\_Q1) You indicated that "Sleep/Bedtime Routine" is a topic you would be interested in. Which of the following statements is true?

- "Sleep/Bedtime Routine" has been or is currently a challenging topic for me as a parent. (1)
- "Sleep/Bedtime Routine" is not a current challenge, but I would like more information. (2)

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Page Break

Sleep\_Q2) Please indicate your interest in learning about each of the following topics pertaining to sleep/bedtime routine.

	Yes (1)	No (2)
Bedtime routine (1)	<input type="radio"/>	<input type="radio"/>
Falling asleep independently at bedtime (2)	<input type="radio"/>	<input type="radio"/>
Sleeping through the night (3)	<input type="radio"/>	<input type="radio"/>
Common sleep problems/resolutions (4)	<input type="radio"/>	<input type="radio"/>
Relationship between sleep and health (5)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Block If Sleep\_Q2 = Falling asleep independently at bedtime*

Page Break

Sleep\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) with their sleep/bedtime routine.

	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Stay in my child's room until they fall asleep (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow my child to sleep in my bed if they don't fall asleep in theirs (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sit on my child's bed until they fall asleep (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give my child an over-the-counter sleep aid (e.g., melatonin, Benadryl, etc.) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow my child to "cry it out" until they fall asleep on their own (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer my child a reward for staying in bed at bedtime/throughout the night (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complete an evaluation with a sleep specialist (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss my child's sleep concerns with a sleep specialist (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immediately take my child back to their room if they get up (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow my child to watch TV or another electronic device until they fall asleep (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Sleep/Bedtime Routine

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Start of Block: Toileting

Toileting\_Q1) You indicated that "Toileting" is a topic you would be interested in. Which of the following statements is true?

- "Toileting" has been or is currently a challenging topic for me as a parent. (1)
- "Toileting" is not a current challenge, but I would like more information. (2)

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Page Break

Toileting\_Q2) Please indicate your interest in learning about each of the following topics pertaining to toileting.

	Yes (1)	No (2)
Toilet training (1)	<input type="radio"/>	<input type="radio"/>
Bedwetting (2)	<input type="radio"/>	<input type="radio"/>
Daytime bowel accidents (3)	<input type="radio"/>	<input type="radio"/>
Daytime bladder accidents (4)	<input type="radio"/>	<input type="radio"/>
Health problems that affect toileting (e.g., constipation, diarrhea, reflux, etc.) (5)	<input type="radio"/>	<input type="radio"/>

*Skip To: End of Survey If Toileting\_Q2 = Bedwetting*

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Page Break

Toileting\_Q3) Please select the response category that best represents your personal experience(s) - if any - with each of the following strategies for helping your child(ren) with toileting.



	Tried and was helpful (1)	Tried but was not helpful (2)	Did not try (3)	N/A (4)
Read books with my child about using the toilet (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch videos with my child about using the toilet (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have my child sit on the toilet for 5-10 minute intervals (e.g., every 2-3 hours) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have my child urinate twice during the same bathroom visit (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbally praise my child when they pee/poop in the toilet (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give my child a reward when they pee/poop in the toilet (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do activities with my child while they're on the toilet (e.g., read stories, play games, etc.) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep my child naked for periods of time (i.e., the bare bottom method) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Permit my child to have only very little or no fluids after dinner to reduce the likelihood of nighttime accidents (9)

Try to ensure my child avoids caffeine (10)

Give my child foods with fiber (11)

Wake my child up to go to the bathroom at night (12)

Reward my child for staying dry at night (13)

Use bedwetting alarms (14)

Have my child drink lots of fluid during the day so they can practice peeing (15)

Give medication to my child (16)

Give laxatives to my child (17)

Talk to a health care provider about my concerns (18)

End of Block: Toileting

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Start of Block: Final Question

FinalQ\_1) Please let us know of any additional topics you'd like to see in a guided self-help resource for parents.

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FinalQ\_2 Would you like to participate in a user test group once the materials have been developed? If yes, you will receive a follow-up email when the time comes.

Yes (1)

No (3)

**End of Block: Final Question**

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