

# Developmental, Behavioral and Psychosocial Screening Tool Assessment Survey

Group Name: Click or tap here to enter text.

Organization: Click or tap here to enter text.

TIN/NPI: Click or tap here to enter text.

Wisconsin Department of Healthcare Services is requesting an annual report on the specific tools and/or protocols used by primary care providers when screening children for the following behavioral health areas:

- a. General development;
- b. Autism spectrum disorder;
- c. Tobacco, alcohol or drug use;
- d. Depression;
- e. Any additional areas/tools.

Please complete the following survey to validate appropriate screening tools are utilized.

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## **Maternal Depression:**

Do you utilize any of the following to assessment for Maternal Depression? (Check All that Apply)

- The Edinburgh Postpartum Depression Scale (EPDS)
- The Survey of Well-being of Young Child (SWYC)
- Patient Health Questionnaires (PHQ-9)
- Patient Health Questionnaires (PHQ-2)
- Other Click or tap here to enter text.

## **Child Development:**

Do you utilize any of the following to assess a child's development? (Check All that Apply)

- AAP Developmental Screening Tools table
- Ages & Stages Questionnaires, Third Edition (ASQ-3)
- Parents Evaluation of Developmental Status (PEDS)
- Survey of Well-Being of Young Children (SWYC)(milestones)
- Other Click or tap here to enter text.

**Autism Spectrum Disorder:**

Do you utilize any of the following to assess Autism Spectrum Disorder? (Check All that Apply)

- Modified Checklist for Autism in Toddlers, Revised with Follow-up (M-Chart-R/F)
- Survey of Well-Being of Young Children (SWYC)
- Other Click or tap here to enter text.

**Depression- ages 12-21:**

Do you utilize any of the following to assess Children for Depression? (Check All that Apply)

- PHQ-9 for Teens in the Guidelines for Adolescent Depression
- PHQ-9 for Teen through Community Care of North Carolina
- PHQ-2
- Ask Suicide-Screening Questions (ASQ)
- Columbia -Suicide Severity Rating Scale (C-SSRS)
- Patient Safety Screener (PSS-3)
- Other Click or tap here to enter text.

**Tobacco, Alcohol or Drug Use:**

Do you utilize any of the following to assess Children for Tobacco, Alcohol or Drug use? (Check All that Apply)

- Alcohol screening and Brief Intervention for Youth: A Practitioner's Guide
- Brief Screener for Alcohol, Tobacco and other Drugs (BSTAD)
- Car, Relax, Alone, Forget, Friends, Trouble (CRSFFT)
- Screening to Brief Intervention (S2BI)
- Other Click or tap here to enter text.

**Parent and Family Assessment:**

Do you utilize any of the following to assess Parent and/or Family?

- Safe Environment for Every Kid (SEEK) Parent Questionnaire
- Other Click or tap here to enter text.

### **Psychological and Behavioral Assessments:**

Do you utilize any of the following to assess a Child's Psychological and Behavioral Health? (Check All that Apply)

- Pediatric Symptom Checklist (PSC)
- Strengths and Difficulties Questionnaires (SDQ)
- Baby Pediatric symptom checklist
- Preschool Pediatric symptom checklist
- Ages & Stages Questionnaires Second Edition
- Other [Click or tap here to enter text.](#)

### **Social Determinants of Health**

Do you utilize any of the following to assess a Child's or Families Social Determinants of Health? (Check All that Apply)

- Accountable Health Communities Health-Related Social Needs Screening Tool
- Center for Youth Wellness ACE Questionnaire
- The EveryONE Project Social Needs Screening Tool (American Academy of Family Physicians)
- Health Leads Social Needs Screening Toolkit
- Hunger Vital Sign
- IHELLP (Income, Housing, Education, Legal Status, Literacy, and Personal Safety) Social History Questions
- Pediatric ACEs and Related Life-Events (PEARLS) Screener
- Protocol for Responding to and Assessing Parents Assets, Risks, and Experience (PRAPARE)
- Survey of Well-Being of Young Children (SWYC) (Family Questions)
- Well Child Care, Evaluation, Community Resources, Advocacy, Referral Education (WE CARE) Survey
- Other [Click or tap here to enter text.](#)

**Crosscutting:**

Do you utilize any of the following to assess a Child for Crosscutting? (Check All that Apply)

- Survey of Well-Being of Young children (SWYC)
- AAP Screening Tool Finderb
- DSM-5 Parent/Guardian-Rated Level 1 Cross-Cutting Symptom Measure - Child Age 6-17
- DSM-5 Self-Rated level 1 Cross-Cutting Symptom Measure - Child Age 11-17
- Other [Click or tap here to enter text.](#)