



6. I think my patients will use this guide.

- 1-Strongly Agree       2-Agree       3-Disagree       4-Strongly Disagree

7. I believe this guide makes it easier for me to help my patients.

- 1-Strongly Agree       2-Agree       3-Disagree       4-Strongly Disagree

8. I feel this guide will change the way I discuss problems with mothers.

- 1-Strongly Agree       2-Agree       3-Disagree       4-Strongly Disagree

A. If disagree, why not? Please specify. \_\_\_\_\_

9. In the future, I would give this guide to mothers and mothers-to-be.

- 1-Strongly Agree       2-Agree       3-Disagree       4-Strongly Disagree

10. Are there any other topics or resources that would be helpful to mothers or mothers-to-be?

11. Do you have any other comments about the guide and how it might help mothers or mothers-to-be?

12. Overall, the quality of this guide is:

- 1-Excellent       3-Fair  
 2-Good       4-Poor

**Finally, some questions that describe you and your practice:**

13. Sex:       1-Male       2-Female

14. How old are you? \_\_\_\_\_ Years

15. Do you consider yourself (please choose one):

- 1-Hispanic or Latino       2-Not Hispanic or Latino

16. Do you consider yourself:

- 1-Black       4-Asian/Pacific Islander  
 2-Hispanic       5-Native American Indian or Eskimo  
 3-White       6-Other (please specify) \_\_\_\_\_

17. How many years have you been practicing in your field of training?

- 1- <2     2- 2 –5 years     3- 6 – 10 years     4- 11 – 20 years     5- >20 years

18. What type of professional are you?

- 1-Social worker       5-Program Administrator  
 2-Nurse practitioner (CNP, PNP)       6-Mental health provider  
 3-Physician (MD, DO)       7-Nurse (RN, LPN)  
 4- Midwife (CNN)       8-Other \_\_\_\_\_

19. Which of the following best describes your clinical practice?

- 1-Pediatrics
- 2-Family Medicine
- 3-Internal Medicine
- 4-Psychiatry
- 5-OB/GYN
- 6-Other\_\_\_\_\_

20. Which of the follow best describes the clinical setting in which you practice?

- 1-Self/solo & two Physicians
- 2-Pediatrician Group
- 3-Multispeciality Group
- 4-Public Health Center
- 5-Health Maintenance Organization (HMO)
- 6- Community Mental Health Center
- 7-Hospital-Based Practice
- 8-Other\_\_\_\_\_

21. During a typical work week, approximately how many ambulatory visits do you provide? \_\_\_\_\_  
(number)

22. During a typical complete work week, how many hours per week do you spend in the following professional activities? If you **do not** spend any time in a particular activity, please indicate this by entering zero (0) hours in the appropriate space.

<u>Activity:</u>	<u>Hours:</u>		
Direct patient care (DPC)	_____	→	22a.
Administration.....	_____		About how many of these DPC hours per week are spent delivering:
Academic medicine.....	_____		Outpatient care..... _____
Research.....	_____		(number)
Fellowship training.....	_____		Inpatient care..... _____
Other (specify)_____	_____		(number)
TOTAL HOURS/WEEK (sum) _____			

22b. Are you currently in a pediatric residency training program?

- 1-Yes → 22c. In what year will you complete your residency training? \_\_\_\_\_
- 2-No

23. Please describe the community in which your primary practice/position is located.

- 1-Urban, inner city
- 2-Suburban
- 3-Urban, not inner city
- 4- Rural

24. Are you a member of a Practice-Based Research Network (PBRN)?

- 1-Yes → 24a. Which one?
  - 1-The Cincinnati Pediatric Research Group (CPRG)
  - 2-The Columbus Group-Pediatric Research in Office Based Environments (PROBE)
  - 3-The Dayton Primary Care Practice-Based Research Network (PCPBRN)
  - 4- The Northwest Ohio Primary Care Research Network (Toledo)
  - 5- The Rainbow Office-Based Clinical Research Network (RRN)
- 2-No
- 3-Don't Know

25. In your practice, how frequently do you inquire about, treat, and refer each of these problems/conditions?  
 For **EACH** problem/condition, please circle the number that comes closest to how often you inquire, treat and refer.

How frequently do you: →	Inquire about this problem/condition in your practice?			Refer those identified with this problem/condition to other providers?			Treat or manage this problem/condition in your practice?		
Problem/condition:	Never	Sometimes	Usually	Never	Sometimes	Usually	Never	Sometimes	Usually
Parenting support	1	2	3	1	2	3	1	2	3
Parenting Stress and Depression	1	2	3	1	2	3	1	2	3
Food and Shelter	1	2	3	1	2	3	1	2	3
Employment issues/Money	1	2	3	1	2	3	1	2	3
Legal assistance	1	2	3	1	2	3	1	2	3
Learning Disabilities	1	2	3	1	2	3	1	2	3
Children with special healthcare needs	1	2	3	1	2	3	1	2	3
Child substance abuse	1	2	3	1	2	3	1	2	3
Maternal substance abuse	1	2	3	1	2	3	1	2	3
Domestic Violence/Abuse	1	2	3	1	2	3	1	2	3

26. How often do you use the following methods to identify depression in mothers?  
 Check **ONE** response for **EACH** item

	Usually	Sometimes	Never
Observation/overall impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history-taking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquire about symptoms/contributing factors as part of routine discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inquire about symptoms as a result of patient presenting with problem associated with maternal depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening instrument or checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother inquires about depression or volunteers information about symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How many mothers with depression do you think you have identified in the past **month**? \_\_\_\_\_  
 (number)

28. How many mothers with depression do you think you have identified in the past **year**? \_\_\_\_\_  
 (number)

29. How often do you refer mothers with depression to the following? Check **ONE** response for **EACH** item

	Usually	Sometimes	Never
Mental health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's primary care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-line or print resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thanks! That's all!**