

Parent Help Seeking

Directions: For these questions, think about your preschool-aged child (that is, your child between age 1 ½ and 5). If you have multiple preschool-aged children, think about the one that is the youngest.

1. Do you have regular access to the internet for your personal use (for example, on a personal computer, smartphone, or tablet)?
 - Yes
 - No
 - Choose not to answer

2. In the past 12 months, have you taken your child to get a check-up, evaluation, or treatment at any of the following: (check all that apply)
 - A pediatric or family medicine practice (for example, for a well-child check-up or sick visit)
 - An emergency room or emergency department in a hospital
 - A mental health professional (for example, a psychologist, clinical social worker, or counselor)
 - A child psychiatrist
 - None of the above
 - Choose not to answer

3. Have you ever talked to your child's pediatrician or family medicine doctor about any of the following regarding your preschool-aged child? (check all that apply)
 - Temper tantrums
 - Crying
 - Anger
 - Sadness or unhappiness
 - Fears, worries or nerves
 - Lying
 - Stealing
 - Inability to sit still
 - Inability to focus on one thing for long
 - Too much energy
 - Making messes
 - Not following directions
 - Doing dangerous things
 - Running off in public
 - Sleep
 - Refusing to eat at meal times
 - Fighting with siblings
 - Fighting with other children (not siblings)
 - Strange behavior
 - None of the above
 - Choose not to answer

4. Have you ever looked on a website (or googled a question) to get information about parenting or your child's behavior?
- Yes
 - No
 - Choose not to answer
5. Are there websites you visit regularly to get information about parenting or your child's behavior?
- Yes
 - No
 - Choose not to answer
6. Are you currently concerned, worried, or frustrated about your child's behavior, your child's emotions, disciplining your child, or your relationship with your child?
- Yes
 - No
 - Choose not to answer

7a. (Completed by parents that answered "yes" to question 6)

Please rate how open you are to receiving advice or help about your concern from each of the sources below.

	Not at all	Somewhat	Very much	Choose not to answer
A family member (for example, my mother, father, aunt or grandmother)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's other parent or my significant other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A friend or neighbor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A church leader (e.g. minister, priest, rabbi)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My other child or children (put "not at all" if you only have one child)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A staff member at my child's child care center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's pediatrician or family medicine doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My primary care doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A mental health professional (e.g. social worker, counselor or psychologist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parenting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parent support group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parenting website or google	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parent helpline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parenting book	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parenting magazine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parenting video	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7b. (Completed by parents that answered “yes” to question 6)

You reported you are not currently concerned, worried, or frustrated about your child’s behavior, your child’s emotions, disciplining your child, or your relationship with your child. Now imagine you did become concerned, worried, or frustrated about your child’s behavior, your child’s emotions, disciplining your child or your relationship with your child. Please rate how open you think you would be to receiving advice or help about this concern from each of the sources below: (check all that apply)

	Not at all	Somewhat	Very much	Choose not to answer
A family member (for example, my mother, father, aunt or grandmother)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child’s other parent or my significant other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A friend or neighbor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A church leader (e.g. minister, priest, rabbi)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My other child or children (put "not at all" if you only have one child)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A staff member at my child’s child care center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child’s pediatrician or family medicine doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My primary care doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A mental health professional (e.g. social worker, counselor or psychologist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A psychiatrist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parenting class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parent support group)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parenting website or google	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parent helpline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parenting book	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parenting magazine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A parenting video	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

