| Α        | В С   | D   | E F  | G   | Н           | 1   | J                                    | К      |  |
|----------|---|---|--|---|-------------|---|--------------------------------------|--------|--|
| 2 1 1    | Benchmarks Maternal and newborn health                                | Measure   | REDCap<br>Item # Question  | Measure                                     | Itom #      | Children's First Question   | Measure                              | Itom # | OCAP<br>Question   |
| 21. "    | Prenatal Care   | Prenatal and Postnatal Medical Care                       | Did you get prenatal care as early as you wanted?  | Maternal Health Assessment                  | HA7         | How many weeks pregnant were you when you began getting prenatal  | Primary Caregiver Enrollment Form    | 23     | How many weeks pregnant were you when you began getting prenatal   |
| 3        |   |   | How many weeks pregnant were you when you began getting  | prenatal Pregnancy & Birth Summary          | DB3         | care for this pregnancy?<br>How many prenatal care visits did you have during your pregnancy?   | Pregnancy & Identified Child Form    | 12     | care for this pregnancy? How many prenatal care visits did the mother have during pregnancy?                                 |
| 4        |   |   | care for this pregnancy  |   | FBS         | riow many prenatal care visits did you have during your pregnancy:  | riegilancy & identified Cliffd Form  | 12     | now many prenatal care visits did the mother have during pregnancy:  |
|          |   |   | How many prenatal care visits did you have during your pregr   | iancy?                                      |             |   |                                      |        |  |
| 3        | Parental alcohol, tobacco, drug use                                   | Alcohol Use Disorders Identification Test                 |  | Health Habits                               | HH5         | Do you now smoke cigarettes every day, some days, or not at all?  | Primary Caregiver Wellness Form      | 2      | Do you know smoke cigarettes every day, some days, or not at all?  |
| 6        |   | (AUDIT) Drug Abuse Screening Test, 10 item version        |  |   | HH6         | In the last 48 hours, how many cigarettes have you smoked?  |                                      | ,      | In the last 48 hours, how many cigarettes have you smoked?   |
| 7        |   | (DAST-10)   |  |   |             |   |                                      | 3      |  |
|          |   | Cigarette Usage Questionnaire (CUQ)                       | In the last 48 hours, how many cigarettes have you smoked?   |   | HH9         | Considering all types of alcoholic beverages, how many times during the past 30 days did you have four or more drinks on one occasion?      |                                      | 5      | How many alcoholic drinks do you have in an average week?  |
| 8        |   |   |  |   |             |   |                                      |        |  |
|          |   |   | Currently, how many days per week do you smoke?  |   | HH10        | Over the past 14 days, on how many different days did you use alcohol?  |                                      | 6      | How often do you use marijuana, cocaine, narcotics, or other recreational drugs?   |
| 3        |   |   | On the days that you do smoke, how many cigarettes do you  | consume?                                    | HH11        | Over the past 14 days, when you used alcohol, how many drinks did you   |                                      |        | arugs?   |
| 10       |   |   |  |   | HH12        | usually have per day?  Over the past 14 days, on how many different days did you use  |                                      |        |  |
| 11       |   |   |  |   |             | marijuana?  |                                      |        |  |
| 12       |   |   |  |   | HH13        | Over the past 14 days, when you used marijuana, how many pipes or joints did you usually smoke per day?                                     |                                      |        |  |
| 12       |   |   |  |   | HH14        | Over the past 14 days, on how many different days did you use cocaine?  |                                      |        |  |
| 13       |   |   |  |   | HH15        | Over the past 14 days, when you used cocaine how many times per day   |                                      |        |  |
| 14       |   |   |  |   |             | did you usually use it?   |                                      |        |  |
| 15       |   |   |  |   | HH16        | Over the past 14 days, on how many different days did you use methamohetamine?  |                                      |        |  |
|          |   |   |  |   | HH17        | Over the past 14 days, when you used methamphetamine, how many  |                                      |        |  |
| 16       |   |   |  |   | HH18        | times per day did you usually use it? Have you ever used methamphetamine?   |                                      |        |  |
|          |   |   |  |   |             | Over the past 14 days, on how many different days did you use other   |                                      |        |  |
| 18       |   |   |  |   | HH20        | street drugs? Over the past 14 days, when you used street drugs, how many times per   |                                      |        |  |
| 19       |   |   |  |   |             | day did you usually use it?   |                                      |        |  |
| 20       |   |   |  |   | HH21        | How many times in the last year have you used an illegal drug or used a<br>prescription medication for nonmedical reasons?                  |                                      |        |  |
|          | Pre-conception care   | Prenatal and Postnatal Medical Care                       | Have you received education on pre-pregnancy/in-between p  | regnancy Demographics Update                | DM26        | Have you received education on preconception/inter-conception care  | Primary Caregiver Renewal Form       | 19     | Have you received education on preconception/inter-conception care   |
|          |   |   | care topics such as the importance of folic acid?  |   |             | topics, such as the importance of folic acid; the harmful effects of alcohol, smoking, and illegal drugs; medical check-ups?                |                                      |        | topics, such as the importance of folic acid; the harmful effects of alcohol, smoking, and illegal drugs; medical check-ups? |
| 21       |   |   |  |   |             |   |                                      |        |  |
|          |   |   | Have you received education on pre-pregnancy/in-between p<br>care topics such as the harmful effects of alcohol, smoking, ar | regnancy<br>nd illegal                      |             |   |                                      |        |  |
| 22       |   |   | drugs, or medical check-ups?   |   |             |   |                                      |        |  |
| 23       | Interbirth intervals  | Demographics  | Date of birth of your youngest child-10th child  | Demographics Update                         | DM30        | Have you been pregnant since you had (index child)?   | Primary Caregiver Renewal Form       | 22     | Have you been pregnant since you had (identified) child?   |
|          | Maternal depressive symptoms  | Center for Epidemiology Studies Depression                |  | Edinburgh Postnatal Depression              | All         | Total Score   | Edinburgh Postnatal Depression Scale | All    | Total Score  |
| 25       |   | Short-Form (CESD-SF) Edinburgh Postnatal Depression Scale |  | Scale                                       |             |   |                                      |        |  |
|          | Breastfeeding   | Healthcare Questions                                      | Has your child ever had breast milk?   | Infant Health Care                          | HC14        | Have you ever breastfed or pumped breast milk for your baby?  | Identified Child Health Form         | 9      | Did you ever breastfeed or pump breast milk to feed the baby after   |
| 28       |   |   | Does your child continue to get breast milk?   |   | HC15        | Does your baby currently get breast milk?   |                                      |        | delivery?  |
| 28<br>29 |   |   | How old was your baby when s/he stopped getting breast mil   | k?  | HC16        | How old was your baby when s/he stopped getting breast milk?  |                                      |        |  |
| 30<br>31 | Well-child visits   | Healthcare Questions                                      | Until what age was our baby fed exclusively breast milk? What is your child's immunization (shots) status?                   | Well Child Summary                          | HC17<br>WV6 | Until what age was our baby fed exclusively breast milk? Were immunizations given at this well-child visit?                                 | Home Visitation Form                 | HV15   | Immunizations currently up to date?  |
|          |   |   | Do you take your child to get recommended routine check-up   | s, well-child                               | WV9         | Are the immunizations for this child up to date?  |                                      | HV16   | Most recent medical well child check-up?   |
| 32       |   |   | care, even when he or she is not sick?  Most of the time, where does your child go for care when he                          | or she is                                   | WV10        | Has this child had the recommended number of well-child visits?   | Identified Child Health Form         | 3      | Where do you usually take your child for routine check-ups?  |
| 33       |   |   | sick?  | Infant Health Care                          |             |   |                                      |        | ,  |
| 34       | Maternal and child insurance status                                   | Healthcare Questions                                      | Does your child currently have any type of health insurance (f   |   | HC2<br>DM35 | Where do you usually take your child for routine check-ups?  Do you currently have health insurance that covers your health expenses        | Identified Child Health Form         | 1      | Does your child currently have health insurance?   |
|          |   |   | private insurance from your employer or purchased directly, g  |   |             | (other than Medicaid)?  |                                      |        |  |
| 35       |   |   | programs like Medicaid/SoonerCare, or programs that help pa<br>bills)?   | sy medical                                  |             |   |                                      |        |  |
|          |   |   | What type of insurance do you have?  |   | DM36        | Does your child currently have health insurance?  | Primary Caregiver Renewal Form       | 12     | Do you have health care insurance that covers your health expenses?  |
| 36       |   |   |  | Infant Health Care                          | HC1         | Does your child currently have health insurance?  |                                      |        |  |
| 38       | child injuries, child abuse, neglect or maltreatment                  |   |  |   |             |   |                                      |        |  |
| 39 2.    | Thild injuries, child abuse, neglect or maltreatment  ER visits child | Injuries and Violence                                     | In the past 6 months, how many times have you taken your cl  | hild to the Infant Health Care: 6, 12, & 18 | HC10a       | At 6 months: Since your baby was born, how many times have you taken  | Identified Child Health Form         | 22     | In the past 6 months, how many times have you taken your child to the  |
|          |   |   | hospital emergency room/urgent care center?  | months                                      |             | your baby to a hospital emergency room/urgent care center for an injury or because you were concerned the baby swallowed something harmful? |                                      |        | hospital emergency room/urgent care center?  |
| 40       |   |   |  |   |             | or because you were concerned the baby swallowed something namiful?   |                                      |        |  |
|          |   |   |  |   | HC10b       | At 12 months: Since your baby was 6 months old, how many times have you taken your baby to a hospital emergency room/urgent care center     |                                      |        |  |
|          |   |   |  |   |             | for an injury or because you were concerned the baby swallowed  |                                      |        |  |
| 41       |   |   |  |   | HC10c       | something harmful? At 18 months: Since your baby was 12 months old, how many times have   |                                      |        |  |
|          |   |   |  |   | HCIOC       | you taken your baby to a hospital emergency room/urgent care center   |                                      |        |  |
| 42       |   |   |  |   |             | for an injury or because you were concerned the baby swallowed something harmful?   |                                      |        |  |
| 42       |   |   |  |   | HC11        | For each use of the emergency room/urgent care services, categorize as  |                                      |        |  |
| 43       | ER visits mom   | Injuries and Violence                                     | In the past 6 months, how many times have you visited a hos  | pital Demographics Update Form              | DM37        | injury, ingestion, or illness.<br>In the past 6 months, have you obtained care at the hospital emergency                                    | Primary Caregiver Wellness Form      | 14     | In the past six months, how many times have you visited a hospital   |
|          |   | and violence  | emergency room/urgent care center to receive care/treatmer   | nt for                                      | J/M3/       | room for any reason?  | y caregives weiliess round           | 14     | emergency room/urgent care center to receive care/treatment for  |
| 44       |   |   | yourself?  |   | DM38        | In the past 6 months, have you obtained care at an urgent care center for   |                                      |        | yourself?  |
| 45       |   |   |  |   |             | any reason?   |                                      |        |  |
| 46       | Training in prevention of child injuries                              | Injuries and Violence                                     | Has information or training been provided to you on how to p<br>child injuries?  | revent Home Visit Encounter Form            | HV10        | Was parental education provided regarding prevention of child injuries?   | Home Visitation Log                  | HV7    | Was parental education provided regarding prevention of child injuries?  |
| П        | Incidence of child injuries requiring medical treatment               | Injuries and Violence                                     | In the past 6 months, how many times have you taken your cl  |   | HC10a       | At 6 months: Since your baby was born, how many times have you taken  | Identified Child Health Form         | 22     | How many of those visits were for injuries or accidents?   |
|          |   |   | hospital emergency room/urgent care center?  | months                                      |             | your baby to a hospital emergency room/urgent care center for an injury   |                                      |        |  |
| 47       |   |   |  |   |             | 8   |                                      |        |  |
|          |   |   |  |   | HC10b       | At 12 months: Since your baby was 6 months old, how many times have you taken your baby to a hospital emergency room/urgent care center     |                                      |        |  |
|          |   |   |  |   |             | for an injury or because you were concerned the baby swallowed  |                                      |        |  |
| 48       |   |   |  |   | HC10c       | something harmful?  At 18 months: Since your haby was 12 months old, how many times have  |                                      |        |  |
|          |   |   |  |   | 1100        | you taken your baby to a hospital emergency room/urgent care center   |                                      |        |  |
| 49       |   |   |  |   |             | for an injury or because you were concerned the baby swallowed something harmful?   |                                      |        |  |
| 421      |   |   |  |   |             | pomening Hallings   |                                      |        |  |

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|--|--|--|-----|--|----------------------------------|-------|--|-----------------------------------|-----|---|
| H  | В С  | , , ,  | -   | r  | G                                | HC11  | For each use of the emergency room/urgent care services, categorize as   | ,                                 | _   |   |
| 50   |  |  |     |  |                                  |       | injury, ingestion, or illness.   |                                   |     |   |
| 51   | Reported/Suspected maltreatment                          | Child Maltreatment Outcomes from DHS<br>Administrative Data Systems                |     |  | DHS Administrative Data Systems  |       |  | DHS Administrative Data Systems   |     |   |
| 52   |  |  |     |  |                                  |       |  |                                   |     |   |
| ПП   | Substantiated maltreatment                               | Child Maltreatment Outcomes from DHS   |     |  | DHS Administrative Data Systems  |       |  | DHS Administrative Data Systems   |     |   |
| 53   |  | Administrative Data Systems<br>Demographics  |     |  |                                  |       |  |                                   |     |   |
| 54   | First time victims of maltreatment                       | Child Maltreatment Outcomes from DHS   |     |  | DHS Administrative Data Systems  |       |  | DHS Administrative Data Systems   |     |   |
| 55   |  | Administrative Data Systems  |     |  |                                  |       |  |                                   |     |   |
| 56   |  |  |     |  |                                  |       |  |                                   |     |   |
| 57   | Other  | Brief Child Abuse Potential Inventory (BCAP)                                       |     |  |                                  |       |  |                                   |     |   |
|  |  | Conflict Tactics Scale – Parent-Child Version                                      |     |  |                                  |       |  |                                   |     |   |
| 58   |  | (CTS-PC)   |     |  |                                  |       |  |                                   |     |   |
| 59<br>60 3.  | School readiness and achievement                         |  |     |  |                                  |       |  |                                   |     |   |
| 00 3.  | Parent support for learning/development                  | Home Observation for Measurement of the  |     |  | Child Well-Being Scales          |       |  | Child Well-Being Scales           |     |   |
| 61   |  | Environment-Short Form (HOME-SF)   |     |  | -                                |       |  |                                   |     |   |
| 61<br>62<br>63<br>64   | Parent knowledge of child development                    | Child Well-Being Scale Parents Opinion Questionnaire                               |     |  | Child Well-Being Scales          |       |  | Child Well-Being Scales           |     |   |
| 64   | Turch knowedge of child development                      | Child Well-Being Scale   |     |  | _                                |       |  |                                   |     |   |
|  | Parent child relationship                                | Conflict Tactics Scale - Parent - Child Version                                    |     |  | Child Well-Being Scales          |       |  | Child Well-Being Scales           |     |   |
| 65   | Parent emotional well-being, stress scale                | (CTS-PC) Center for Epidemiology Studies Depression                                |     |  | Child Well-Being Scales          |       |  | Child Well-Being Scales           |     |   |
| 66   | Paletti ettotionai weirbeing, stress scale               | Short-Form (CESD-SF)   |     |  | Citild Well-Bellig Scales        |       |  | Clilid Well-Bellig Scales         |     |   |
|  |  | Brief Child Abuse Potential Inventory (BCAP)                                       |     |  |                                  |       |  |                                   |     |   |
| 67   |  | Demographic Information  |     |  |                                  |       |  |                                   |     |   |
| 69   |  | Adverse Childhood Experiences Scale  |     |  |                                  |       |  |                                   |     |   |
| 67<br>68<br>69<br>70<br>71   |  | Attachment Style Questionnaire   |     |  |                                  |       |  |                                   |     |   |
| 71   | Child language literacy                                  | Ages and Stages questionnaire (ASQ-3)  Communication and Symbolic Behavior Scales- |     |  | Ages and Stages Questionnaire    |       |  | Home Visit Form                   |     |   |
| 72   |  | Developmental Profile (CSBS DP)  |     |  |                                  |       |  |                                   |     |   |
|  |  | The Modified Checklist for Autism in Toddlers                                      |     |  |                                  |       |  |                                   |     |   |
| 73   |  | (M-CHAT) Autism Spectrum Rating Scales (ASRS) Short                                |     |  |                                  |       |  |                                   |     |   |
| 74   |  | Form (2-5 Years)   |     |  |                                  |       |  |                                   |     |   |
| 75   | Child general cognitive skills                           | Ages and Stages questionnaire (ASQ-3)  |     |  | Ages and Stages Questionnaire    |       |  | Home Visit Form                   |     |   |
| 76   | Child approach to learning/attention                     | Ages and Stages Questionnaire: Social<br>Emotional: (ASQ-SE)                       |     |  | Ages and Stages Questionnaire    |       |  | Home Visit Form                   |     |   |
| 70   | Child social emotional behavior                          | Ages and Stages Questionnaire: Social  |     |  | Ages and Stages Questionnaire    |       |  | Home Visit Form                   |     |   |
| 77   |  | Emotional : (ASQ-SE)   |     |  |                                  |       |  |                                   |     |   |
| 78<br>79<br>80<br>81<br>82   |  | Child Behavior Checklist for Ages 6-18 (CBCL)                                      | 59  | Plays with own sex parts in public   |                                  |       |  |                                   |     |   |
| 79   |  |  | 60  | Plays with own sex parts too much  |                                  |       |  |                                   |     |   |
| 80   |  |  | 73  | Sexual Problems (describe)   |                                  |       |  |                                   |     |   |
| 81   |  |  | 96  | Thinks about sex too much  |                                  |       |  |                                   |     |   |
| 82   |  | Communication and Symbolic Behavior Scales-  | 110 | Wishes to be of opposite sex   |                                  |       |  |                                   |     |   |
| 83   |  | Developmental Profile (CSBS DP)  |     |  |                                  |       |  |                                   |     |   |
|  |  | The Modified Checklist for Autism in Toddlers<br>(M-CHAT)                          |     |  |                                  |       |  |                                   |     |   |
| 84   |  | (M-CHAT) Autism Spectrum Rating Scales (ASRS) Short                                |     |  |                                  |       |  |                                   |     |   |
| 85   |  | Form (2-5 Years)   |     |  |                                  |       |  |                                   |     |   |
| 86   | Child physical health and development                    | Ages and Stages questionnaire (ASQ-3)  |     |  | Ages and Stages questionnaire    |       |  | Home Visit Form                   |     |   |
| 87<br>88 4.  | Crime and domestic violence                              |  |     |  |                                  |       |  |                                   |     |   |
|  | Domestic violence  | Conflict Tactics Scale CTC2 (Victimization &                                       |     |  | Relationship Assessment - Intake |       |  | Relationship Assessment Form      |     |   |
| 89   |  | Perpetration) Conflict and Problem Solving with Others                             |     |  | Relationship Assessment - 12     |       |  |                                   |     |   |
| 90   |  | _  |     |  | weeks                            |       |  |                                   |     |   |
|  |  | Acceptance Scale   |     |  | Relationship Assessment - 36     |       |  |                                   |     |   |
| 91<br>92<br>93<br>94   |  |  |     |  | weeks                            |       |  |                                   |     |   |
| 93   |  |  |     |  |                                  |       |  |                                   |     |   |
|  | Domestic violence services                               | Injuries and Violence Questions  |     |  | Service Utilization Form         | 12    | Intimate Partner Violence  | Service Utilization Form          |     |   |
| 95   | Number of families receiving safety plan                 | Injuries and Violence Questions  |     |  | Home Visit Encounter Form        | HV11  | Was an Intimate Partner Violence safety plan discussed, completed or<br>reviewed today?  | Home Visitation Form              | HV8 | Was an Intimate Partner Violence safety plan discussed, completed or reviewed today?  |
| 95<br>96<br>97 5.  |  |  |     |  |                                  |       |  |                                   |     |   |
| 97 5.  | Family economic self-sufficiency Household benefits      | Daniel and the form  |     | Mark to the second beauty to the second seco | Daniel State Co.                 | DM20  | White of the fellowing research by the second secon | Drivers Countries 5               | 7   | Annual Household income   |
| 98   | nousenoid beiletits                                      | Demographic's Form   |     | What is your annual house income (including salaries, alimony, child support, SSI, AFDC, illegal and legal)?   | Demographics Form                | JWIZU | Which of the following categories best describes your total yearly household income and types of benefits you receive?   | Primary Caregiver Enrollment Form | ,   | Authur Household Income   |
| 99   |  | Social Provisions Scale (SPS)  |     |  |                                  |       |  |                                   |     |   |
| 98<br>99<br>100  | Employment of adult members                              | Family Resources Scale-Revised (FRS) Demographic's Form                            |     | What is your work status?  | Demographics Form                | DM16  | Are you currently working?   | Primary Caregiver Enrollment Form | 16  | Employment  |
| 101  | Employment or addit members                              | Semographic s rotti  |     | WHILE IS YOUR WORK STATUS!   | ocmographics rottii              | DMITO | AC YOU CONTENTLY WORKING:  | ary caregiver enrollment rom      | 16  | Employment  |
| 101<br>102   |  |  |     |  |                                  |       |  |                                   |     |   |
| 100  | Education of Adult members                               | Demographic's Form   |     | What is the highest level of education that you have achieved?   | Demographics Form                | DM10  | Have you completed high school or a GED?   | Primary Caregiver Enrollment Form | 5   | What is the highest level of school you have completed?   |
| 103  |  |  |     |  |                                  | DM11  | Have you completed education other than high school/GED?   |                                   | 6   | Are you currently enrolled in any kind of school, vocational or   |
| 104  |  |  |     |  |                                  |       |  |                                   |     | educational program?  |
|  |  |  |     |  |                                  | DM12  | Are you currently enrolled in any kind of school, vocational or  |                                   |     |   |
| 105  | Health Insurance status                                  | HealthCare Questionnaire   |     | Does your child currently have any type of health insurance (for example,  | Demographics Undate Form         | DM26  | educational program?  Do you currently have health insurance that covers your health expenses  | Identified Child Health Form      | 1   | Does your child currently have health insurance?  |
|  |  |  |     | private insurance from your employer or purchased directly, government<br>programs like Medicaid/SoonerCare, or programs that help pay medical   | -8p                              |       | (other than Medicaid)?   |                                   |     | , and the same of |
|  |  |  |     | programs like Medicaid/SoonerCare, or programs that help pay medical   |                                  |       |  |                                   |     |   |
| 106  |  |  |     | bills)?<br>What type of insurance do you have?   |                                  |       |  | Primary Caregiver Renewal Form    | 12  | Do you have health care insurance that covers your health expenses?   |
| 107  |  |  |     | ,  |                                  |       |  | .,                                |     | not cover a your record expenses:   |
| 108  | Coordination and referrals for other community resources |  |     |  |                                  |       |  |                                   |     |   |
| 109  | and support  |  |     |  |                                  |       |  |                                   |     |   |
| 110  | Families identified for necessary services               |  |     |  | Service Utilization Form         |       |  | Personal Interview                |     |   |
| 111  | Required services and received referral                  |  |     |  | Service Utilization Form         |       |  | Service Utilization Form          |     |   |
| 113  | Formal agreements with service agencies                  |  |     |  | Administrative Files             |       |  | Administrative Files              |     |   |
| 114  | Agencies which HV has contact                            |  |     |  | Administrative Files             |       |  | Administrative Files              |     |   |
| 109<br>110<br>111<br>112<br>113<br>114<br>115<br>116<br>117<br>118 | Referrals by HV of services                              |  |     |  | Administrative Files             |       |  | Administrative Files              |     |   |
| 117  |  | <u> </u>   |     |  |                                  |       |  |                                   | L   | <u> </u>  |
|  | Other  |  |     |  |                                  |       |  |                                   |     |   |
| 118  | Risk Assessment  |  |     |  |                                  |       |  |                                   |     |   |

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| 120 |                     | Numeracy Scale  |   |   |   |   |   |   |   |   |
| 121 |                     | Cognitive Reflection Test   |   |   |   |   |   |   |   |   |
| 122 |                     | Rational/Experiential Multimodal Inventory                                  |   |   |   |   |   |   |   |   |
| 123 |                     | Child Abuse and Neglect Prototype Vignettes                                 |   |   |   |   |   |   |   |   |
| 124 |                     |   |   |   |   |   |   |   |   |   |
| 125 | Autism              | The Modified Checklist for Autism in Toddlers<br>(M-CHAT)                   |   |   |   |   |   |   |   |   |
| 126 |                     | Autism Spectrum Rating Scales (ASRS) Short<br>Form (2-5 years)              |   |   |   |   |   |   |   |   |
| 127 |                     | Communication and Symbolic Behavior Scales-<br>Developmental Profile (CSBS) |   |   |   |   |   |   |   |   |
| 128 |                     | Severapmental Fronte (CSSS)   |   |   |   |   |   |   |   |   |
|     | Service Utilization | Service Utilization Questionnaire   |   |   |   |   |   |   |   |   |