



Child and Adolescent Health Measurement Initiative (CAHMI) User's Form

Thank you for your interest in the CAHMI. Please complete the following form to ensure proper usage of our resources. This information you share allows us to track and develop a better understanding of your needs and allows us to contact you with any updated materials that may become available.

Name: _____

Title: _____

Organization: _____

Address: _____

Phone: _____

Email: _____

How would you best describe yourself? Please select all that apply.

- Researcher
- Policy maker
- Health, education, or services professional
- State agency professional
- Parent or caregiver
- Student
- Other (please specify):

I am interested in the following tools or resources:

- Be Our Voice:** Outreach materials about the CAHMI (e.g., short slide deck, social media content, newsletter blurbs)
- Children with Special Health Care Needs (CSHCN) Screener:** to identify CSHCN based primarily on the MCHB definition

For those requesting the Children with Special Health Care Needs (CSHCN) Screener:

We are committed to your research and work. To make sure you understand and best use the CSHCN Screener, we ask you to confirm that you have read both the most recent ["Taking Stock of the CSHCN Screener: A Review of Common Questions and Current Reflections"](#) research paper and the [CSHCN screener manual](#).

I have read the "Taking Stock of the CSHCN Screener" research paper and the CSHCN screener manual.

- Positive and Adverse Childhood Experiences (PACEs):** — CAHMI publications on mindfulness and flourishing, positive and relational health, trauma and ACEs, trauma-informed care

Young Adult Health Care Survey (YAHCS): To assess the quality of preventive care provided to adolescents

For those requesting to use the YAHCS: To make sure you understand and best use the YAHCS, we ask that you confirm that you have read the most recent paper, [Assessing Health System Provision of Adolescent Preventive Services: The Young Adult Health Care Survey](#)

I have read the “The Young Adult Health Care Survey” research paper.

Other (please specify): _____

Would you like to receive updates about the CAHMI through your email inbox? Yes No
Please state how you plan on using our resources:

I, _____, hereby accept that the Child and Adolescent Health Measurement Initiative is the owner of the resources and tools stated above. I may use these resources for academic, research, education, or quality improvement purposes only. These resources are not to be reproduced, lent to, and/or sold to other existing parties. If these resources are translated into a different language, I will validate the English back-translation with the CAHMI and agree the translated version be posted by the CAHMI for others to use free of charge.

When using these resources, I will cite them correctly with the citation below or the citation provided in the specific CAHMI resources.

Child and Adolescent Health Measurement Initiative. [Title of the resource or tool]. Retrieved mm/dd/yyyy from [website URL]

I accept these requirements.

Signature _____

Printed Name _____

Date _____

For access to other publicly available resources by the CAHMI, visit the following web pages:

[CAHMI website](#): CAHMI projects and library of resources related to our work to improve child and family health and well-being

[Cycle of Engagement \(COE\) model and tools](#): COE tools and resources for families and health care providers

[CAHMI’s Data Resource Center](#): National Survey of Children’s Health downloadable datasets and codebooks

[Maternal and Child Health Measurement Research Network \(MCH-MRN\)](#)—Measurement creation, MCH networking, MCH policy, the interactive MRN Measurement Compendium