



# Ages & Stages Questionnaires®

## 36 Month Questionnaire

34 months 16 days through 38 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: \_\_\_\_\_



### Child's information

Child's first name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Child's last name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Child's gender: ☐ Male ☐ Female

### Person filling out questionnaire

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Relationship to child: ☐ Parent ☐ Guardian ☐ Teacher ☐ Child care provider

Street address: \_\_\_\_\_ ☐ Grandparent or other relative ☐ Foster parent ☐ Other: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_

Country: \_\_\_\_\_ Home telephone number: \_\_\_\_\_ Other telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Names of people assisting in questionnaire completion: \_\_\_\_\_

### Program Information

Child ID #: \_\_\_\_\_

Program ID #: \_\_\_\_\_

Program name: \_\_\_\_\_



## 36 Month Questionnaire

34 months 16 days  
through 38 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

- ☒ Try each activity with your baby before marking a response.
- ☒ Make completing this questionnaire a game that is fun for you and your child.
- ☒ Make sure your child is rested and fed.
- ☒ Please return this questionnaire by \_\_\_\_\_.

### Notes:

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## COMMUNICATION

- |  | YES                   | SOMETIMES             | NOT YET               |       |
|--|-----------------------|-----------------------|-----------------------|-------|
| 1. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least <b>seven</b> body parts? ( <i>She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.</i> )  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 2. Does your child make sentences that are three or four words long?<br>Please give an example:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| <div style="border: 1px solid black; border-radius: 15px; height: 60px; margin: 10px 0;"></div>  |                       |                       |                       |       |
| 3. Without giving your child help by pointing or using gestures, ask him to "put the book <i>on</i> the table" and "put the shoe <i>under</i> the chair." Does your child carry out both of these directions correctly?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle and ask your child to move the zipper <i>down</i> . Return the zipper to the middle and ask your child to move the zipper <i>up</i> . Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 6. When you ask, "What is your name?" does your child say both her first and last names?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

COMMUNICATION TOTAL \_\_\_\_\_

## GROSS MOTOR

1. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



YES

☐

SOMETIMES

☐

NOT YET

☐

\_\_\_\_\_

2. Does your child jump with both feet leaving the floor at the same time?

☐☐☐

\_\_\_\_\_

3. Does your child walk up stairs, using only one foot on each stair? (*The left foot is on one step, and the right foot is on the next.*) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)

☐☐☐

\_\_\_\_\_

4. Does your child stand on one foot for about 1 second without holding onto anything?

☐☐☐

\_\_\_\_\_

5. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? (*Dropping the ball or throwing the ball underhand should be scored as "not yet."*)

☐☐☐

\_\_\_\_\_

6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?

☐☐☐

\_\_\_\_\_

GROSS MOTOR TOTAL

\_\_\_\_\_

## FINE MOTOR

1. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?

Count as "yes"



Count as "not yet"



YES

☐

SOMETIMES

☐

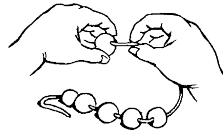
NOT YET

☐

\_\_\_\_\_

# FINE MOTOR (continued)

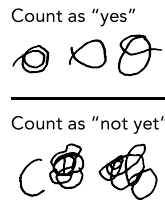
2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?



YES      SOMETIMES      NOT YET

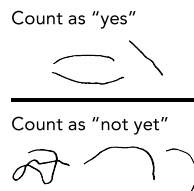
☐      ☐      ☐      \_\_\_\_\_

3. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?



☐      ☐      ☐      \_\_\_\_\_

4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?



☐      ☐      ☐      \_\_\_\_\_

5. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)



☐      ☐      ☐      \_\_\_\_\_

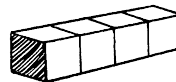
6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?

☐      ☐      ☐      \_\_\_\_\_

FINE MOTOR TOTAL \_\_\_\_\_

# PROBLEM SOLVING

1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



YES      SOMETIMES      NOT YET

☐      ☐      ☐      \_\_\_\_\_

2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?

☐      ☐      ☐      \_\_\_\_\_

## PROBLEM SOLVING

(continued)

YES

SOMETIMES

NOT YET

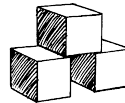
3. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:

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4. When you say, "Say 'seven three,'" does your child repeat *just* the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat just one series of two numbers for you to answer "yes" to this question.)

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5. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?

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6. When you say, "Say 'five eight three,'" does your child repeat *just* the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" (Your child must repeat just one series of three numbers for you to answer "yes" to this question.)

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PROBLEM SOLVING TOTAL

## PERSONAL-SOCIAL

YES

SOMETIMES

NOT YET

1. Does your child use a spoon to feed herself with little spilling?
2. Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?
3. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?
4. Does your child put on a coat, jacket, or shirt by himself?
5. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?
6. Does your child take turns by waiting while another child or adult takes a turn?

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PERSONAL-SOCIAL TOTAL

**OVERALL**

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

☐ YES

☐ NO

2. Do you think your child talks like other children her age? If no, explain:

☐ YES

☐ NO

3. Can you understand most of what your child says? If no, explain:

☐ YES

☐ NO

4. Can other people understand most of what your child says? If no, explain:

☐ YES

☐ NO

5. Do you think your child walks, runs, and climbs like other children his age?  
If no, explain:

☐ YES

☐ NO

6. Does either parent have a family history of childhood deafness or hearing  
impairment? If yes, explain:

☐ YES

☐ NO

**OVERALL** (continued)

7. Do you have any concerns about your child's vision? If yes, explain:

☐ YES☐ NO

8. Has your child had any medical problems in the last several months? If yes, explain:

☐ YES☐ NO

9. Do you have any concerns about your child's behavior? If yes, explain:

☐ YES☐ NO

10. Does anything about your child worry you? If yes, explain:

☐ YES☐ NO



# 36 Month ASQ-3 Information Summary

34 months 16 days through  
38 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

- 1. SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 *User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.99		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	36.99		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	18.07		●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	30.29		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	35.33		●	●	●	●	●	●	●	○	○	○	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 *User's Guide*, Chapter 6.

- |   |     |           |   |            |    |
|---|-----|-----------|---|------------|----|
| 1. Hears well?<br>Comments:                                     | Yes | <b>NO</b> | 6. Family history of hearing impairment?<br>Comments: | <b>YES</b> | No |
| 2. Talks like other children his age?<br>Comments:              | Yes | <b>NO</b> | 7. Concerns about vision?<br>Comments:                | <b>YES</b> | No |
| 3. Understand most of what your child says?<br>Comments:        | Yes | <b>NO</b> | 8. Any medical problems?<br>Comments:                 | <b>YES</b> | No |
| 4. Others understand most of what your child says?<br>Comments: | Yes | <b>NO</b> | 9. Concerns about behavior?<br>Comments:              | <b>YES</b> | No |
| 5. Walks, runs, and climbs like other children?<br>Comments:    | Yes | <b>NO</b> | 10. Other concerns?<br>Comments:                      | <b>YES</b> | No |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ☐ area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the ☐ area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the ☐ area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- ☐ Provide activities and rescreen in \_\_\_\_\_ months.
- ☐ Share results with primary health care provider.
- ☐ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- ☐ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- ☐ Refer to early intervention/early childhood special education.
- ☐ No further action taken at this time
- ☐ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



## STAGES OF HEARING, LANGUAGE, AND SPEECH DEVELOPMENT FROM BIRTH TO 5 YEARS CHECKLIST

**Please use this checklist!** Look at your checklist often. Find your child's age level. Check Yes or No for every item.  
If your child does not pass any two items within an age level, call your doctor to make an appointment.

Age Level	Hearing and Understanding	Check One	Speech	Check One
Birth to 3 months	<ul style="list-style-type: none"> <li>Gives a startle response to loud, sudden noises within 3 feet.</li> <li>Calms to a familiar, friendly voice.</li> <li>Wakes up when you speak or make noise nearby.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Coos and gurgles.</li> <li>Laughs and uses voice when playing.</li> <li>Watches your face when spoken to.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 to 6 months	<ul style="list-style-type: none"> <li>Looks to see where sounds come from.</li> <li>Becomes frightened by an angry voice.</li> <li>Smiles when spoken to.</li> <li>Likes to play with toys or objects that make noise.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Babbles (uses a series of sounds).</li> <li>Makes at least 4 different sounds when using his or her voice.</li> <li>Babbles to people when they speak.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6 to 9 months	<ul style="list-style-type: none"> <li>Turns and looks to you when you are speaking in a quiet voice.</li> <li>Waves when you say "bye-bye."</li> <li>Stops for a moment when you say "no-no."</li> <li>Looks at objects or pictures when someone talks about them.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Babbles using "song-like tunes."</li> <li>Uses voice to get your attention instead of crying.</li> <li>Uses different sounds and appears to be naming things.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9 to 12 months	<ul style="list-style-type: none"> <li>Points to or looks at familiar objects or people when asked to.</li> <li>Looks sad when scolded.</li> <li>Follows directions ("Open your mouth," "Give me the ball").</li> <li>"Dances" and makes sounds to music.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Uses jargon (appears to be talking).</li> <li>Uses consonant sounds like b, d, g, m, and n when talking.</li> <li>Jabbers in response to a human voice, changes loudness of voice, and uses rhythm and tone.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>NOTE: Be aware that babies between 12 to 15 months old say their first true words.</b>				
12 to 18 months	<ul style="list-style-type: none"> <li>Points to body parts (hair, eyes, nose, mouth) when asked to.</li> <li>Brings objects to you when asked.</li> <li>Hears and identifies sounds coming from another room or from outside.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Gives one-word answers to questions.</li> <li>Imitates many new words.</li> <li>Uses words of more than one syllable with meaning ("bottle").</li> <li>Speaks 10 to 20 words.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
18 to 24 months	<ul style="list-style-type: none"> <li>Understands simple "yes/no" questions.</li> <li>Understands simple phrases with prepositions ("in the cup").</li> <li>Enjoys being read to and points to pictures when asked.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Uses his or her own first name.</li> <li>Uses "my" to get toys and other objects.</li> <li>Tells experiences using jargon and words.</li> <li>Uses 2-word sentences like "my shoes," "go bye-bye," "more juice."</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Flip chart over to see the checklist for 24 months to 5 years of age. ►

# HEARING CHECKLIST FOR PARENTS

(continued from the other side)

Age Level	Hearing and Understanding	Check One	Speech	Check One
24 to 30 months	<ul style="list-style-type: none"> <li>Understands negative statements ("no more," "not now").</li> <li>Selects objects according to size (big, little).</li> <li>Follows simple directions ("Get your shoes and socks").</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Answers questions ("What do you do when you are sleepy?").</li> <li>Uses plural words (2 books, dogs).</li> <li>Speaks 100 to 200 words.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
30 to 36 months	<ul style="list-style-type: none"> <li>Understands uses of objects ("Show me what goes on your foot").</li> <li>Understands the concept of one and can hand you one of something (1 ball, 1 cookie).</li> <li>Correctly identifies boys and girls.</li> <li>Understands many action words like "run" or "jump."</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Uses question forms correctly (who? what? where? when?).</li> <li>Uses negative forms ("It is not," "I can't").</li> <li>Relates experiences using 4- to 5-word sentences.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 to 4 years	<ul style="list-style-type: none"> <li>Understands "why" questions ("Why do you wash your hands?").</li> <li>Understands opposites like "fast" or "slow."</li> <li>Correctly selects objects according to color.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Uses different forms of action words ("I play," "I want to play," "We played").</li> <li>Counts to 10.</li> <li>Tells you about pictures in books or about a drawing ("I made a purple flower").</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 to 5 years	<ul style="list-style-type: none"> <li>Understands size comparisons (big, bigger, biggest).</li> <li>Understands many pronouns ("Give it to her," "Give it to him").</li> <li>Follows a 2- to 3-step command ("Go to the kitchen, get a cup, put it on the table").</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>Speaks at least 1,500 words.</li> <li>Says most sounds correctly except possibly "s" and "th."</li> <li>Talks freely to family and friends using full sentences that most people can understand.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Do you hear me?

This may be the most important question you ever answer for your baby.

- Babies learn to talk during their first years. Words help them share thoughts and feelings with the important people in their world.
- As your baby hears words, language and learning begin and speech develops.
- The checklist above and on the other side shows you how learning helps the speech development of your child.
- Watch your child grow through stages of normal hearing and speech development. Seek help immediately if your child is not developing according to the checklist.

## What can you do?

- Some infants are born with normal hearing and later become deaf or hard of hearing. That is why you must continue to fill out the checklist.
- If you think your child has a hearing problem, **do not delay**. Seek help **immediately**.

## NOW...

- You know your child best. If you suspect a possible hearing loss, talk to your doctor about getting a hearing test.
- For questions or more information, contact Texas Early Hearing Detection and Intervention (TEHDI).  
Phone: **1-800-252-8023, ext. 7726** toll free  
(Use relay option of your choice to call if needed.)  
Email: [tehdi@dshs.texas.gov](mailto:tehdi@dshs.texas.gov)  
Website: [www.dshs.texas.gov/tehdi](http://www.dshs.texas.gov/tehdi)

# Lead Risk Questionnaire

Form Pb-110

**Purpose:** To identify children who need to be tested for lead exposure.

## Instructions

- If **Yes or Don't Know**, test the child immediately.
- You may administer a blood lead test instead of using this questionnaire.
- For more information, contact the Texas Childhood Lead Poisoning Prevention Program at: 1-800-588-1248.

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Administered by: \_\_\_\_\_ Date \_\_\_\_\_

## Questions

	Yes or Don't Know	No
1. Does your child live in or visit a home, day-care or other building built before 1978?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child live in or visit a home, day-care or other building with ongoing repairs or remodeling?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child eat or chew on non-food things like paint chips or dirt?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a family member or friend who has or did have an elevated blood lead level?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your child a newly arrived refugee or foreign adoptee?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your child come in contact with an adult whose job or hobby involves lead exposure?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Examples</b> <ul style="list-style-type: none"> <li>• House construction or repair</li> <li>• Battery manufacturing or repair</li> <li>• Burning lead-painted wood</li> <li>• Automotive repair shop or junk yard</li> <li>• Going to a firing range or reloading bullets</li> <li>• Chemical preparation</li> <li>• Valve and pipe fittings</li> <li>• Brass/copper foundry</li> <li>• Refinishing furniture</li> <li>• Making fishing weights</li> <li>• Radiator repair</li> <li>• Pottery making</li> <li>• Lead smelting</li> <li>• Welding</li> </ul>		
7. Does your family use products from other countries such as pottery, health remedies, spices, or food?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Examples</b> <ul style="list-style-type: none"> <li>• Traditional medicines such as Ayurvedic, greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, and rueda</li> <li>• Cosmetics such as kohl, surma, and sindor</li> <li>• Imported or glazed pottery, imported candy, and imported nutritional pills other than vitamins.</li> <li>• Foods canned or packaged outside the U.S.</li> </ul>		

**Test Immediately**

# Texas Department of State Health Services

## Tuberculosis (TB) Questionnaire for Children

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Organization administering questionnaire \_\_\_\_\_ Date \_\_\_\_\_

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have TB disease (this is called latent TB infection or LTBI).

**Tuberculosis is preventable and treatable.** TB skin testing (often called the PPD or Mantoux test) or a TB blood test (called an IGRA) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The test is not a vaccination against TB.

### We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box	Yes	No	Don't Know
TB can cause a fever of long duration, unexplained weight loss, a cough (lasting over two weeks), or coughing up blood. <b>As far as you know has your child:</b> <ul style="list-style-type: none"> <li>been around anyone with any of these symptoms or problems? or</li> <li>had any of these symptoms or problems? or</li> <li>been around anyone sick with TB?</li> </ul>			
<b>Was your child born in:</b> Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
<b>Has your child traveled in the past year to:</b> Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries:			
<b>To your knowledge, has your child spent time (longer than 3 weeks) with:</b> anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? ☐ Yes (specify date \_\_\_\_/\_\_\_\_/\_\_\_\_) ☐ No

Has your child ever had a positive TB skin test? ☐ Yes (specify date \_\_\_\_/\_\_\_\_/\_\_\_\_) ☐ No

Has your child ever had a positive TB blood test? ☐ Yes (specify date \_\_\_\_/\_\_\_\_/\_\_\_\_) ☐ No

### For school/healthcare provider use only

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PPD / IGRA administered (circle one)

Date Administered: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read (if PPD): \_\_\_\_/\_\_\_\_/\_\_\_\_

Result of PPD: \_\_\_\_\_ mm Result of IGRA test: ☐ Positive ☐ Negative ☐ Indeterminate/Invalid

Type of service provider (i.e. school, Health Steps, other clinics): \_\_\_\_\_

PPD/IGRA provider: \_\_\_\_\_  
signature printed name

Provider phone number: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

If positive, referral to healthcare provider: ☐ Yes ☐ No

If yes, name/contact of provider: \_\_\_\_\_