ASQ-3™ Ages & Stages Questionnaires®

57 months 0 days through 66 months 0 days

60 Month Questionnaire

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 gender:
◯ Male ◯ Female

Child's date of birth: _____

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Relationship to child:
◯ Parent ◯ Guardian ◯ Teacher ◯ Child care provider
◯ Grandparent or other relative ◯ Foster parent ◯ Other: _____

Street address: _____

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: _____

P101600100

ASQ-3™

60 Month Questionnaire

57 months 0 days through 66 months 0 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:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Without your giving help by pointing or repeating directions, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	○	○	○	___
2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:	○	○	○	___
3. When talking about something that already happened, does your child use words that end in "-ed," such as "walk*ed*," "jump*ed*," or "play*ed*"? Ask your child questions, such as "How did you get to the store?" ("We walk*ed*.") "What did you do at your friend's house?" ("We play*ed*.") Please write an example:	○	○	○	___
4. Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is _____" (bigger); "A cat is heavy, but a man is _____" (heavier); "A TV is small, but a book is _____" (smaller). Please write an example:	○	○	○	___

E101600200

COMMUNICATION *(continued)*

YES SOMETIMES NOT YET

5. Does your child answer the following questions? *(Mark "sometimes" if your child answers only one question.)* ○ ○ ○ ___

   "What do you do when you are hungry?" *(Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.")* Please write your child's response:

   "What do you do when you are tired?" *(Acceptable answers include: "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.")* Please write your child's response:

6. Does your child repeat the sentences shown below back to you, without any mistakes? *(Read the sentences one at a time. You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes.)* ○ ○ ○ ___

   Jane hides her shoes for Maria to find.

   Al read the blue book under his bed.

COMMUNICATION TOTAL ___

GROSS MOTOR

YES SOMETIMES NOT YET

1. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. *(Dropping the ball or throwing the ball underhand should be scored as "not yet.")*

○ ○ ○ ___

2. Does your child catch a large ball with both hands? *(You should stand about 5 feet away and give your child two or three tries before you mark the answer.)*

○ ○ ○ ___

3. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? *(You may give your child two or three tries before you mark the answer.)*

○ ○ ○ ___

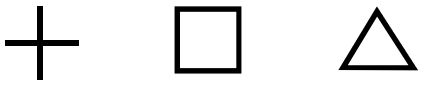
GROSS MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
4. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? *(You may show him how to do this.)*	◯	◯	◯	___
5. Does your child hop forward on one foot for a distance of 4–6 feet without putting down the other foot? *(You may give him two tries on each foot. Mark "sometimes" if she can hop on one foot only.)*	◯	◯	◯	___
6. Does your child skip using alternating feet? *(You may show him how to do this.)*	◯	◯	◯	___

GROSS MOTOR TOTAL ___

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? *(Mark "sometimes" if your child goes off the line three times.)*	◯	◯	◯	___
2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, *and* legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire.	◯	◯	◯	___
3. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? *(Carefully watch your child's use of scissors for safety reasons.)*	◯	◯	◯	___
4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? *(Your child's drawings should look similar to the design of the shapes below, but they may be different in size. Mark "yes" if she copies all three shapes; mark "sometimes" if your child copies two shapes.)*	◯	◯	◯	___



(Space for child's shapes)

FINE MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	

5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. *(Mark "yes" if your child copies four of the letters and you can read them. Mark "sometimes" if your child copies two or three letters and you can read them.)*

V H T C A

(Space for child's letters)

6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. *(Mark "sometimes" if your child copies about half of the letters.)*

(Space for adult's printing)

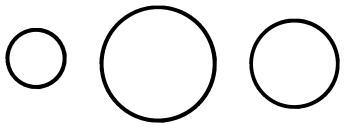
(Space for child's printing)

FINE MOTOR TOTAL ____

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	

1. When asked, "Which circle is smallest?" does your child point to the smallest circle? *(Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)*



2. When shown objects and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? *(Mark "yes" only if your child answers the question correctly using five colors.)*

PROBLEM SOLVING *(continued)*

	YES	SOMETIMES	NOT YET	
3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."	◯	◯	◯	___
4. Does your child finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is *hard*, and a pillow is *soft*."	◯	◯	◯	___

Please write your child's responses below:

A cow is *big*, and a mouse is ☐

Ice is *cold*, and fire is ☐

We see stars at *night*, and we see the sun during the ☐

When I throw the ball *up*, it comes ☐

(Mark "yes" if he finishes three of four sentences correctly. Mark "sometimes" if he finishes two of four sentences correctly.)

5. Does your child know the names of numbers? *(Mark "yes" if she identifies the three numbers below. Mark "sometimes" if she identifies two numbers.)* **3 1 2**	◯	◯	◯	___
6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" *(Point to the letters out of order.)*	◯	◯	◯	___

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Can your child serve himself, taking food from one container to another, using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?	◯	◯	◯	___
2. Does your child wash her hands and face using soap and water and dry off with a towel without help?	◯	◯	◯	___
3. Does your child tell you at least four of the following? Please mark the items your child knows.	◯	◯	◯	___

◯ a. First name ◯ d. Last name

◯ b. Age ◯ e. Boy or girl

◯ c. City he lives in ◯ f. Telephone number

PERSONAL-SOCIAL *(continued)*

	YES	SOMETIMES	NOT YET	
4. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers?	◯	◯	◯	___
5. Does your child use the toilet by herself? *(She goes to the bathroom, sits on the toilet, wipes, and flushes.)* Mark "yes" even if she does this after you remind her.	◯	◯	◯	___
6. Does your child usually take turns and share with other children?	◯	◯	◯	___

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

OVERALL *(continued)*

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

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

60 Month ASQ-3 Information Summary

57 months 0 days through 66 months 0 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	33.19		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	31.28		●	●	●	●	●	●	●	○	○	○	○	○	○
Fine Motor	26.54		●	●	●	●	●	●	○	○	○	○	○	○	○
Problem Solving	29.99		●	●	●	●	●	●	○	○	○	○	○	○	○
Personal-Social	39.07		●	●	●	●	●	●	●	●	○	○	○	○	○

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

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

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						

P101600900

TEHDI
Texas Early Hearing Detection and Intervention

HEARING CHECKLIST FOR PARENTS

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	• Gives a startle response to loud, sudden noises within 3 feet. • Calms to a familiar, friendly voice. • Wakes up when you speak or make noise nearby.	Yes ☐ No ☐	• Coos and gurgles. • Laughs and uses voice when playing. • Watches your face when spoken to.	Yes ☐ No ☐
3 to 6 months	• Looks to see where sounds come from. • Becomes frightened by an angry voice. • Smiles when spoken to. • Likes to play with toys or objects that make noise.	Yes ☐ No ☐	• Babbles (uses a series of sounds). • Makes at least 4 different sounds when using his or her voice. • Babbles to people when they speak.	Yes ☐ No ☐
6 to 9 months	• Turns and looks to you when you are speaking in a quiet voice. • Waves when you say "bye-bye." • Stops for a moment when you say "no-no." • Looks at objects or pictures when someone talks about them.	Yes ☐ No ☐	• Babbles using "song-like tunes." • Uses voice to get your attention instead of crying. • Uses different sounds and appears to be naming things.	Yes ☐ No ☐
9 to 12 months	• Points to or looks at familiar objects or people when asked to. • Looks sad when scolded. • Follows directions ("Open your mouth," "Give me the ball"). • "Dances" and makes sounds to music.	Yes ☐ No ☐	• Uses jargon (appears to be talking). • Uses consonant sounds like b, d, g, m, and n when talking. • Jabbers in response to a human voice, changes loudness of voice, and uses rhythm and tone.	Yes ☐ No ☐
NOTE: Be aware that babies between 12 to 15 months old say their first true words.				
12 to 18 months	• Points to body parts (hair, eyes, nose, mouth) when asked to. • Brings objects to you when asked. • Hears and identifies sounds coming from another room or from outside.	Yes ☐ No ☐	• Gives one-word answers to questions. • Imitates many new words. • Uses words of more than one syllable with meaning ("bottle"). • Speaks 10 to 20 words.	Yes ☐ No ☐
18 to 24 months	• Understands simple "yes/no" questions. • Understands simple phrases with prepositions ("in the cup"). • Enjoys being read to and points to pictures when asked.	Yes ☐ No ☐	• Uses his or her own first name. • Uses "my" to get toys and other objects. • Tells experiences using jargon and words. • Uses 2-word sentences like "my shoes," "go bye-bye," "more juice."	Yes ☐ No ☐

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	• Understands negative statements ("no more," "not now"). • Selects objects according to size (big, little). • Follows simple directions ("Get your shoes and socks").	Yes ☐ No ☐	• Answers questions ("What do you do when you are sleepy?"). • Uses plural words (2 books, dogs). • Speaks 100 to 200 words.	Yes ☐ No ☐
30 to 36 months	• Understands uses of objects ("Show me what goes on your foot"). • Understands the concept of one and can hand you one of something (1 ball, 1 cookie). • Correctly identifies boys and girls. • Understands many action words like "run" or "jump."	Yes ☐ No ☐	• Uses question forms correctly (who? what? where? when?). • Uses negative forms ("It is not," "I can't"). • Relates experiences using 4- to 5-word sentences.	Yes ☐ No ☐
3 to 4 years	• Understands "why" questions ("Why do you wash your hands?"). • Understands opposites like "fast" or "slow." • Correctly selects objects according to color.	Yes ☐ No ☐	• Uses different forms of action words ("I play," "I want to play," "We played"). • Counts to 10. • Tells you about pictures in books or about a drawing ("I made a purple flower").	Yes ☐ No ☐
4 to 5 years	• Understands size comparisons (big, bigger, biggest). • Understands many pronouns ("Give it to her," "Give it to him"). • Follows a 2- to 3-step command ("Go to the kitchen, get a cup, put it on the table").	Yes ☐ No ☐	• Speaks at least 1,500 words. • Says most sounds correctly except possibly "s" and "th." • Talks freely to family and friends using full sentences that most people can understand.	Yes ☐ No ☐

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...

1. You know your child best. If you suspect a possible hearing loss, talk to your doctor about getting a hearing test.
2. 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**
   Website: **www.dshs.texas.gov/tehdi**

Source: Maryland Department of Health and Mental Hygiene. "Baby Do Your Hear Me?" (Factsheet)

#1-323_8/17

TEXAS Health and Human Services | Texas Department of State Health Services

TEXAS Health and Human Services
Texas Department of State Health Services

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?	☐	☐
2. Does your child live in or visit a home, day-care or other building with ongoing repairs or remodeling?	☐	☐
3. Does your child eat or chew on non-food things like paint chips or dirt?	☐	☐
4. Does your child have a family member or friend who has or did have an elevated blood lead level?	☐	☐
5. Is your child a newly arrived refugee or foreign adoptee?	☐	☐
6. Does your child come in contact with an adult whose job or hobby involves lead exposure?	☐	☐
7. Does your family use products from other countries such as pottery, health remedies, spices, or food?	☐	☐

Examples (Question 6)

- House construction or repair
- Battery manufacturing or repair
- Burning lead-painted wood
- Automotive repair shop or junk yard
- Going to a firing range or reloading bullets
- Chemical preparation
- Valve and pipe fittings
- Brass/copper foundry
- Refinishing furniture
- Making fishing weights
- Radiator repair
- Pottery making
- Lead smelting
- Welding

Examples (Question 7)

- Traditional medicines such as Ayurvedic, greta, azarcón, alarcón, alkohl, bali goli, coral, ghasard, liga, pay-loo-ah, and rueda
- Cosmetics such as kohl, surma, and sindor
- Imported or glazed pottery, imported candy, and imported nutritional pills other than vitamins.
- Foods canned or packaged outside the U.S.

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. **As far as you know has your child:** • been around anyone with any of these symptoms or problems? or • had any of these symptoms or problems? or • been around anyone sick with TB?			
Was your child born in: Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to: 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:			
To your knowledge, has your child spent time (longer than 3 weeks) with: 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
****

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: _____