

# 30 Months (28 Months 16 days through 31 months 15 days)

## COMMUNICATION

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Without your giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> a. "Put the toy on the table." <input type="radio"/> d. "Find your coat."<br><input type="radio"/> b. "Close the door." <input type="radio"/> e. "Take my hand."<br><input type="radio"/> c. "Bring me a towel." <input type="radio"/> f. "Get your book."                  |                       |                       |                       |   |
| 3. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least <i>seven</i> body parts? (She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least <i>three</i> different body parts.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child make sentences that are three or four words long? Please give an example:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|   |                       |                       |                       |   |
| 5. 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"/> | — |
| 6. 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"/> | — |

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

## GROSS MOTOR

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your child run fairly well, stopping herself without bumping into things or falling?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child jump with both feet leaving the floor at the same time?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. 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. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child stand on one foot for about 1 second without holding onto anything?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

**GROSS MOTOR TOTAL** \_\_\_\_\_

## FINE MOTOR

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

Count as "yes"   
 Count as "not yet"

## FINE MOTOR

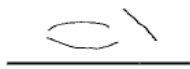
YES                      SOMETIMES                      NOT YET

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

                                                                 \_\_\_\_\_

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?

Count as "yes"

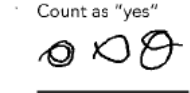


Count as "not yet"



                                                                 \_\_\_\_\_

5. 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?



Count as "not yet"



                                                                 \_\_\_\_\_

6. Does your child turn pages in a book, one page at a time?

                                                                 \_\_\_\_\_

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

## PROBLEM SOLVING

YES                      SOMETIMES                      NOT YET

- When looking in the mirror, ask, "Where is \_\_\_\_\_?" (Use your child's name.) Does your child point to her image in the mirror?
- 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)?
- 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.)
- 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:



                                                                 \_\_\_\_\_

                                                                 \_\_\_\_\_

                                                                 \_\_\_\_\_

                                                                 \_\_\_\_\_

5. 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.

                                                                 \_\_\_\_\_

6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.)

                                                                 \_\_\_\_\_

PROBLEM SOLVING TOTAL \_\_\_\_\_

## PERSONAL-SOCIAL

YES                      SOMETIMES                      NOT YET

1. If you do any of the following gestures, does your child copy at least one of them?

- a. Open and close your mouth.                       c. Pull on your earlobe.
- b. Blink your eyes.                       d. Pat your cheek.

                                                                 \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

## 30 Months (28 Months 16 days through 31 months 15 days)

### PERSONAL-SOCIAL

- |   | YES                   | SOMETIMES             | NOT YET               |     |
|---|-----------------------|-----------------------|-----------------------|-----|
| 2. Does your child use a spoon to feed himself with little spilling?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your child put on a coat, jacket, or shirt by himself?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. When your child is looking in a mirror and you ask, "Who is in the mirror?" does he say either "me" or his own name?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

PERSONAL-SOCIAL TOTAL      \_\_\_

**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	33.30		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	36.14		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	19.25		●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	27.08		●	●	●	●	●	●	○	○	○	○	○	○	○
Personal-Social	32.01		●	●	●	●	●	●	●	○	○	○	○	○	○



# Lead Risk Questionnaire

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

1. Does your child live in or visit a home, day-care or other building built before 1978?  Yes or Don't Know  No
2. Does your child live in or visit a home, day-care or other building with ongoing repairs or remodeling?  Yes or Don't Know  No
3. Does your child eat or chew on non-food things like paint chips or dirt?  Yes or Don't Know  No
4. Does your child have a family member or friend who has or did have an elevated blood lead level?  Yes or Don't Know  No
5. Is your child a newly arrived refugee or foreign adoptee?  Yes or Don't Know  No
6. Does your child come in contact with an adult whose job or hobby involves lead exposure?  Yes or Don't Know  No

### Examples

- 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
7. Does your family use products from other countries such as pottery, health remedies, spices, or food?  Yes or Don't Know  No

### Examples

- Traditional medicines such as Ayurvedic, greta, azarcón, alarcón, alcoh, 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

**Fax this form to 512-776-7699 or mail to the address below.**

Texas Childhood Lead Poisoning Prevention Program • Texas Department of State Health Services  
 PO BOX 149347 • Austin, TX 78714-9347 • 1-800-588-1248 • www.dshs.state.tx.us/lead



Child's name \_\_\_\_\_  
Age \_\_\_\_\_

Date \_\_\_\_\_  
Relationship to child \_\_\_\_\_

M-CHAT-R™ (Modified Checklist for Autism in Toddlers Revised)

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please circle yes or no for every question. Thank you very much.

- 1. If you point at something across the room, does your child look at it?  
(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?) Yes No
- 2. Have you ever wondered if your child might be deaf? Yes No
- 3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) Yes No
- 4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs) Yes No
- 5. Does your child make unusual finger movements near his or her eyes?  
(FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?) Yes No
- 6. Does your child point with one finger to ask for something or to get help?  
(FOR EXAMPLE, pointing to a snack or toy that is out of reach) Yes No
- 7. Does your child point with one finger to show you something interesting?  
(FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road) Yes No
- 8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?) Yes No
- 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck) Yes No
- 10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) Yes No
- 11. When you smile at your child, does he or she smile back at you? Yes No
- 12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?) Yes No
- 13. Does your child walk? Yes No
- 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? Yes No
- 15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do) Yes No
- 16. If you turn your head to look at something, does your child look around to see what you are looking at? Yes No
- 17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me"?) Yes No
- 18. Does your child understand when you tell him or her to do something?  
(FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?) Yes No
- 19. If something new happens, does your child look at your face to see how you feel about it?  
(FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) Yes No
- 20. Does your child like movement activities?  
(FOR EXAMPLE, being swung or bounced on your knee) Yes No

# PEDS RESPONSE FORM

Provider \_\_\_\_\_

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Child's Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Please list any concerns about your child's learning, development, and behavior.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

Please list any other concerns.