



# Introducing the ASQ – 3 &



## Vision and Hearing Screening Update

An update for Oregon Public Health Nurses

November 18, 2010

# Training Objectives

- ▶ Upon completion of the training, participants will be able to:
  - ▶ 1. Understand the ASQ-3 updates and applications for use.
  - ▶ 2. Identify the ASQ-3 User's Kit contents and understand the applications for use.
  - ▶ 3. Understand the recommendations for Vision and Hearing screening for Babies First! clients by utilizing the ASQ-3 questionnaires.

# Your new ASQ-3 Kit

## ❖ Your new ASQ-3 materials include:

### 1. ASQ-3 Box Kit that contains:

- ASQ-3 Product Overview
- Photocopiable masters on paper and CD-ROM of the:
- Complete set of 21 questionnaires
- Family information sheets
- ASQ-3 Information Summary sheets
- Intervention activities to share with families
- Child Monitoring Sheet



# Child Monitoring Sheet



## Child Monitoring Sheet

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

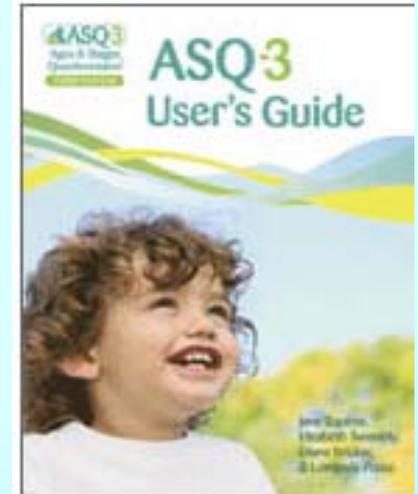
Instructions: You may use this form to track a child's ASQ screening results over time. Write the date the ASQ was administered and questionnaire month at the top of each column. Fill in the bubble that corresponds with the score for each developmental area (refer to the completed ASQ-3 Information Summary). If a score is above the monitoring zone, mark the bubble for "Well Above." If a score is within the monitoring zone but above the cutoff, mark "Monitor." If a score is at or below the cutoff, mark "Below." Also mark whether there were items of concern in the Overall section for each questionnaire (bolded uppercase on the ASQ-3 Information Summary).

|                  |              | Date given _____<br>_____ Month ASQ |
|------------------|--------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Communication    | Well above   | <input type="radio"/>               |
|                  | Monitor      | <input type="radio"/>               |
|                  | <b>Below</b> | <input type="radio"/>               |
| Gross Motor      | Well above   | <input type="radio"/>               |
|                  | Monitor      | <input type="radio"/>               |
|                  | <b>Below</b> | <input type="radio"/>               |
| Fine Motor       | Well above   | <input type="radio"/>               |
|                  | Monitor      | <input type="radio"/>               |
|                  | <b>Below</b> | <input type="radio"/>               |
| Problem Solving  | Well above   | <input type="radio"/>               |
|                  | Monitor      | <input type="radio"/>               |
|                  | <b>Below</b> | <input type="radio"/>               |
| Personal-Social  | Well above   | <input type="radio"/>               |
|                  | Monitor      | <input type="radio"/>               |
|                  | <b>Below</b> | <input type="radio"/>               |
| Overall concerns | Yes          | <input type="radio"/>               |
|                  | No           | <input type="radio"/>               |

# Your new ASQ-3 Materials Also Includes:

## ❖ ASQ-3 Updated User's Guide

- Completely Updated
- Contains FAQs of most common questions
- Chapter devoted to ASQ-3 during a home visit



## ❖ ASQ-3 Quick Start Guide

# New Materials Continued

- ❖ ASQ-3, Spanish Version:



- ❖ Contains all changes to the English ASQ-3

# ASQ – 3 Revised

The ASQ–3 (Third Edition) Series continues to be a grouping of parent/caregiver completed questionnaires.

Strengths based – identifies child competencies as well as concerns.

Education for parent/caregiver about child development.



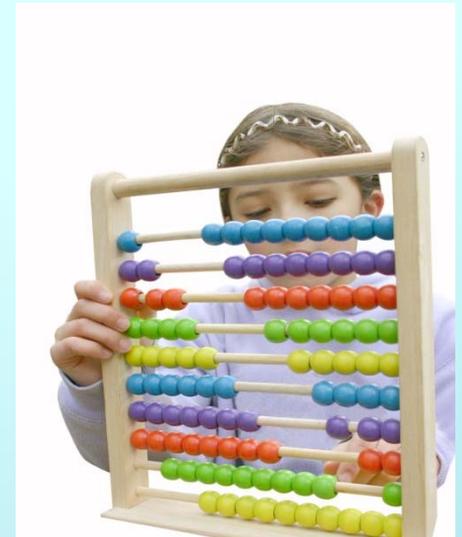


# ASQ-3 Validity & Reliability

- ❖ This third edition has been proven valid and reliable with data collected since 2002. Over 18,000 ASQ-3 questionnaires were collected on 15,000 children from all 50 states that mirror the US population in terms of race, ethnicity and socio-economic groups. These questionnaires were also used to set screening cut-off points.

# New ASQ-3 Data

- ❖ Revised reliability, validity, sensitivity, and specificity numbers:
- ❖ Reliability – Test–retest: .91 (excellent)
- ❖ Validity – .82 to .88 (excellent)
- ❖ Sensitivity – .86 (excellent)
- ❖ Specificity – .85 (excellent)





# ASQ-3 Purpose

- ❖ The ASQ-3 is used to identify children at risk for developmental delays.
- ❖ The ASQ-3 is designed to encourage parent-child involvement and education.



# Updates in ASQ – 3

- ❖ New 2 month questionnaire –screens infants as young as 1 month
- ❖ New 9 month questionnaire – supports providers following **AAP's guidelines** to screen at 9, 18, and 30 month well-child visits
- ❖ 21 questionnaire intervals – 2, 4, 6, 8, 9,10, 12,14, 16,18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months of age

# Updates in ASQ – 3

- ❖ Expanded screening age range:
  - ❖ 1 month to 66 months



# ASQ-3 Form examples

## Family Information Sheet

## Questionnaire Page

## Information Scoring Summary Sheet

### ASQ-3 Ages & Stages Questionnaires® 2 Month Questionnaire

1 month 0 days through 2 months 30 days



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

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

#### Baby's information

Baby's first name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Baby's last name: \_\_\_\_\_  
 Baby's date of birth: \_\_\_\_\_ If baby was born 3 or more weeks prematurely, # of weeks premature: \_\_\_\_\_  
 Baby's gender:  Male  Female

#### Person filling out questionnaire

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Street address: \_\_\_\_\_ Relationship to baby:  Parent  Guardian  Teacher  Child care provider  
 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 waiting in questionnaire completion: \_\_\_\_\_

#### Program Information

Baby ID #: \_\_\_\_\_ Age at administration in months and days: \_\_\_\_\_  
 Program ID #: \_\_\_\_\_ If premature, adjusted age in months and days: \_\_\_\_\_  
 Program name: \_\_\_\_\_

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### ASQ-3

### 2 Month Questionnaire

1 month 0 days through 2 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 baby.
- Make sure your baby is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

#### Notes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### COMMUNICATION

1. Does your baby sometimes make throaty or gurgling sounds?  YES  SOMETIMES  NOT YET
2. Does your baby make cooing sounds such as "coo," "gah," and "aah"?  YES  SOMETIMES  NOT YET
3. When you speak to your baby, does she make sounds back to you?  YES  SOMETIMES  NOT YET
4. Does your baby smile when you talk to him?  YES  SOMETIMES  NOT YET
5. Does your baby chuckle softly?  YES  SOMETIMES  NOT YET
6. After you have been out of sight, does your baby smile or get excited when she sees you?  YES  SOMETIMES  NOT YET

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

#### GROSS MOTOR

1. While your baby is on his back, does he wave his arms and legs, wiggle, and squirm?  YES  SOMETIMES  NOT YET
2. When your baby is on her tummy, does she turn her head to the side?  YES  SOMETIMES  NOT YET
3. When your baby is on his tummy, does he hold his head up longer than a few seconds?  YES  SOMETIMES  NOT YET
4. When your baby is on her back, does she kick her legs?  YES  SOMETIMES  NOT YET
5. While your baby is on his back, does he move his head from side to side?  YES  SOMETIMES  NOT YET
6. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward?  YES  SOMETIMES  NOT YET

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

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page 2 of 5

### ASQ-3

### 2 Month ASQ-3 Information Summary

1 month 0 days through 2 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_  
 Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity when selecting questionnaire?  Yes  No

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	22.77														
Gross Motor	41.84														
Fine Motor	20.16														
Problem Solving	24.62														
Personal/Social	33.71														

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

1. Passed newborn hearing screening test? **YES** NO 4. Any medical problems? **YES** NO  
 Comments: \_\_\_\_\_
2. Moves both hands and both legs equally well? **YES** NO 5. Concerns about behavior? **YES** NO  
 Comments: \_\_\_\_\_
3. Family history of hearing impairment? **YES** No 6. 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 baby's total score is in the **OUTLINE** area, it is above the cutoff, and the baby's development appears to be on schedule. If the baby's total score is in the **OUTLINE** area, it is close to the cutoff. Provide learning activities and monitor. If the baby's total score is in the **OUTLINE** 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 recreation 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						

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# Family Information Sheet

Each questionnaire notes the appropriate age range that is covered.



 **Ages & Stages Questionnaires®**

**2** 1 month 0 days through 2 months 30 days  
**Month Questionnaire**

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

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

**Baby's information**

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

Baby's date of birth: \_\_\_\_\_ If baby was born 3 or more weeks prematurely, # of weeks premature: \_\_\_\_\_

**Person filling out questionnaire**

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

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Relationship to baby:  
 Parent  
 Grandparent or other relative

# Questionnaire Page Sample



## 2 Month Questionnaire

1 month 0 days  
through 2 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 baby.
- Make sure your baby is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

### Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### COMMUNICATION

	YES	SOMETIMES	NOT YET	
Does your baby sometimes make throaty or gurgling sounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
Does your baby make cooing sounds such as "ooo," "gah," and "aah"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
When you speak to your baby, does she make sounds back to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
Does your baby smile when you talk to him?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
Does your baby chuckle softly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
After you have been out of sight, does your baby smile or get excited when she sees you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

COMMUNICATION TOTAL \_\_\_

### GROSS MOTOR

	YES	SOMETIMES	NOT YET	
While your baby is on his back, does he wave his arms and legs, wiggle, and squirm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
When your baby is on her tummy, does she turn her head to the side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
When your baby is on his tummy, does he hold his head up longer than a few seconds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
When your baby is on her back, does she kick her legs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
While your baby is on his back, does he move his head from side to side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___



# Updates in ASQ-3

## Item Refinements:

Clearer wording

Cultural appropriateness

More examples about:

Language expression

Parental concerns RE: behavior  
(potential indicator for autism)

ASQ-3 36 mo.

When you ask, “What is your name?” Does your child say both her first and last names?

New to ASQ-3 33 mo.

When you ask, “What is your name?” does your child say her first name or nickname?

# Overall Question Section

 **2 Month Questionnaire** page 5 of 5

**OVERALL** (continued)

4. Has your baby had any medical problems? If yes, explain:  YES  NO

5. Do you have concerns about your baby's behavior (for example, eating, sleeping)? If yes, explain:  YES  NO

6. Does anything about your baby worry you? If yes, explain:  YES  NO



# ASQ-3 & Autism



- ▶ Autism is the fastest-growing developmental disability.
- ▶ CDC estimates that an average of 1 in 110 children in the U.S. has an autism spectrum disorder. \*
- ▶ The ASQ-3 has added questions to the Overall Question section that elicits parental concern and identifies children who should receive further evaluation.

## ▶ Sample Overall Questions

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

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

- ▶ \* Centers for Disease Control and Prevention (2010) "Facts about ASDs." <http://www.cdc.gov/ncbddd/autism/facts.html>



# Changes in ASQ-3 Scoring

- ❖ All questionnaires have been revised with new cutoff scores.
- ❖ ASQ-3 developers believe the revised cutoff scores provide a better representation of current U.S. early child population. (Includes underserved populations and children of all socio-economic statuses)
- ❖ Revised cutoff scores will assist programs in identifying children in need of assessment for Early Intervention and/or related family support services.

# Interpreting the ASQ-3 Score

## ASQ-3 2 Month ASQ-3 Information Summary 1 month 0 days through 2 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_  
 Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity when selecting questionnaire?  Yes  No

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	22.77														
Gross Motor	41.84														
Fine Motor	30.16														
Problem Solving	24.62														
Personal-Social	33.71														

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

- |  |        |  |        |
|--|--------|--|--------|
| 1. Passed newborn hearing screening test?<br>Comments:       | Yes NO | 4. Any medical problems?<br>Comments:    | YES No |
| 2. Moves both hands and both legs equally well?<br>Comments: | Yes NO | 5. Concerns about behavior?<br>Comments: | YES No |
| 3. Family history of hearing impairment?<br>Comments:        | YES No | 6. Other concerns?<br>Comments:          | YES 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 baby's total score is in the   area, it is above the cutoff, and the baby's development appears to be on schedule.
- If the baby's total score is in the   area, it is close to the cutoff. Provide learning activities and monitor.
- If the baby'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 recreation 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						

There are now 3 scoring zones

New Follow-up Action Section



# Scoring and Referral

- ❖ Scores for each questionnaire are summarized on the **ASQ-3 Information Summary Sheet** and includes:
- ❖ Spaces to record total scores in each developmental area, with a grid showing whether the scores fall above or below the cut-off or within the monitoring zone;
- ❖ Has room to record responses to the “Overall Questions”, section, and an area for recording follow-up decisions.



# Scoring Zones

- ❖ The ASQ-3 shows **three** scoring zones, instead of two.
- ❖ **White Area** – Scores in this area mean child is doing well.
- ❖ **Gray Area** – (Monitoring Zone) – means child's scores fall  $\geq 1$  but  $< 2$  standard deviations from the mean in any developmental area. Implies a need for monitoring and intervention activities.
- ❖ **Black Area** – A referral should be made for any child whose scores occur in one or more developmental areas & are below the established cutoff point (2 standard deviations below the mean) for that questionnaire interval.

# EI Eligibility

## 3 ways a child can qualify for EI

1. Categorical Eligibility with Physician statement
2. 2 SD below the mean in one or more areas
3. 1.5 SD below the mean in 2 or more areas



# Overall Questions Section

- ❖ The Overall Questions section focuses on health and developmental issues:
  1. Hearing
  2. Vision
  3. Behavior
  4. Quality of Child's skills
  5. General parent concerns

Note: Please refer to the ASQ-3 User's Guide, pg.73, Table 6.3 contains a summary of the Overall Questions by age, possible problem indicator and examples of referrals.



# Overall Questions Section

- ❖ If the bold uppercase response (i.e., **Yes** or **No**) has been marked, follow-up is necessary.
- ❖ Discuss these responses/concerns with the parent/caregiver.
- ❖ Gather additional information (e.g. Ask additional questions regarding hearing and vision risk indicators – Use the revised Vision & Hearing Questionnaire)
- ❖ Refer as appropriate.

# Overall Questions Section

*“Regardless of a child’s scores, when a parent records a concern in the Overall section of the questionnaire, program staff should respond. Important concerns that parents indicate may call for a follow-up assessment or referral for services.*

*Autism, cerebral palsy, articulation difficulties, and hearing and vision impairment are examples of these important concerns that may be indicated in the Overall section.” \**

❖ \* ASQ-3 User’s Guide, Chapter 6, Administering and Scoring ASQ-3 and Following Up, pg. 73



# A Note about the ASQ–SE

- ❖ Continue to use the current edition as follows:
- ❖ Use the ASQ–SE in conjunction with the ASQ–3 to identify the need for further social–emotional behavior assessment;
- ❖ At eight age intervals: 6, 12, 18, 24, 30, 36, 48 and 60 months
- ❖ ASQ–SE purpose: To assess seven behavioral areas: self–regulation, compliance, communication, adaptive functioning, autonomy, affect and interaction with people.

# ASQ Learning Activities CD

Continue to use the Ages & Stages “Learning Activities” CD



## Communication

Activities to Help Your Baby Grow and Learn



Your wonderful new person communicates with her whole body. Her gaze at you tells you that you are the most important person in the world. She communicates with body movements, noises, and her own special cry when she needs something. Your baby's favorite music is your gentle voice. Even though she enjoys the sounds of a busy household, some quiet time is important so baby can hear family voices.

- Song and Rhyme** Introduce your baby to the chant, rhyme, and rhythm of your favorite songs and nursery rhymes. Change the words of a familiar tune. Add baby's name now and then ("Twinkle, twinkle, little Andy. How I love my little Andy").
- Sing and Talk as You Take Care** As you bathe, feed, exercise, or change your baby, sing any song. Make up your own songs. Let your baby watch your face while you talk and sing. Encourage other family members to do this. Baby knows how important she is.
- Funny Baby** During quiet, happy times encourage your baby to smile. Make funny (not scary) faces that baby likes. When baby smiles, be sure to make that face again. Tell baby how funny he is!
- Picture Books** With baby cuddled on your lap, hold a book with simple, clear, colorful pictures so that both of you can see. Talk softly about what you see as you point to the pictures. Baby will learn that reading time is very special.
- Special Talking Time** When your baby is awake, cuddle her and hold her so she can see your face. Talk for a little while. Look at her face as she looks at yours. Encourage her to make different sounds, coos, and squeals. Have a conversation.
- Words for Baby's Cry** As you comfort baby when he cries, talk about why he is crying. Try to figure out what's wrong, and tell him about it as you take care of his needs.
- Noticing Sounds** When sounds happen around the house, help baby notice by talking about them ("I hear the telephone ringing," "I hear your brother calling").
- Telephone Time** When you are on the phone, hold your baby close and look at her. Baby will enjoy watching and listening to you. She'll think your conversation is just for her!

 Ages & Stages  
1-4 months

# Vision & Hearing Screening



The Babies First! Vision and Hearing Screening Questionnaires were last updated in 2006 & 2007.

# Vision and Hearing Screening

A comparative analysis was conducted of the current Babies First! Vision and Hearing Questionnaires with the updated ASQ-3 questionnaires.

The results of the analysis was that Vision and Hearing Questionnaire questions are addressed on the ASQ-3 Questionnaires.

# Vision & Hearing Screening

All ASQ-3 questionnaires ask about parental concerns regarding their child's vision and hearing.





# Vision & Hearing Screening

- ❖ On the 2 mo. Questionnaire, questions are asked regarding newborn hearing screening and history of childhood deafness, hearing impairment and vision problems.
- ❖ On the 4 mo. Questionnaire and all “next age” questionnaires the following statements are asked:
  - ❖ “Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain.”
  - ❖ “Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain.”



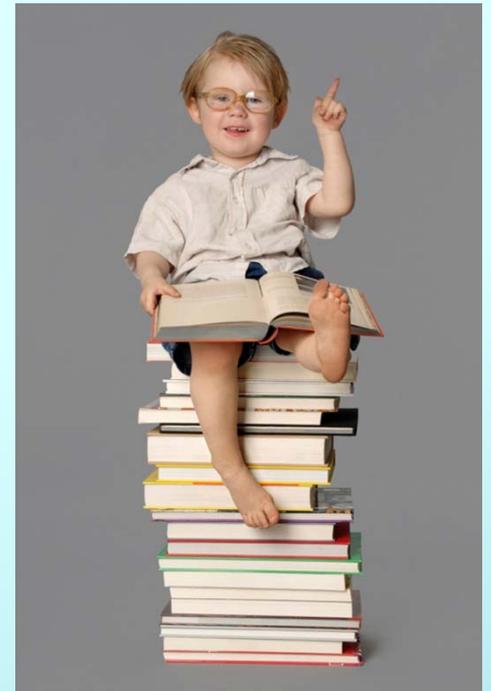
# Vision & Hearing Screening

- ❖ Risk indicators for potential vision problems and hearing loss are not specifically noted on the ASQ-3.
- ❖ The ASQ-3 asks on the 2 mo. Questionnaire, “Did your baby pass the newborn hearing screening test? If no, explain.”
- ❖ The ASQ-3 does not ask specific questions RE: additional hearing screening, testing follow-up results, etc.

# Vision & Hearing Screening Recommendation

Use the ASQ-3 as a primary screening tool for gathering information regarding vision & hearing.

If ASQ-3 results indicate a potential vision or hearing issue; gather additional information about the child by using the updated Babies First! Vision & Hearing Questionnaire & Assessment Tool.



# Vision & Hearing Questionnaire & Assessment Tool

## Babies First! Vision & Hearing Screening Parent/Caregiver Questionnaire & Assessment Tool

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Screening Date: \_\_\_\_\_ Child's Age at Screening: \_\_\_\_\_  
 Nurse Evaluator \_\_\_\_\_ Site of Screening \_\_\_\_\_

### Instructions:

If completion of the ASQ-3 indicates that the child has a **potential** hearing or vision problem and/or the parent/caregiver has expressed concerns that are captured on the "Overall Questions" section of the ASQ-3 questionnaire, then you may proceed with implementation of this screening questionnaire as part of an additional assessment. The goal is to gather additional information before referral.

### General History: Risk Indicators for Hearing and Vision Problems\*

- o NICU care of  $\geq 5$  days, or any of following regardless of length of stay: anted ventilation, ototoxic medications, exchange transfusion, and extracorporeal membrane oxygenation (ECMO)
- o Intra-uterine TORCH infections which include toxoplasmosis, syphilis, varicella, mumps, parvovirus, HIV, rubella, cytomegalovirus (CMV), and herpes simplex
- o Craniofacial anomalies, especially those involving the pinna, ear canal, ear tags, ear pits and temporal bone anomalies.
- o Physical findings associated with a syndrome known to include permanent hearing loss.
- o Syndromes associated with progressive hearing loss such as neurofibromatosis, osteogenesis, and Usher's syndrome.
- o Neurodegenerative disorders, such as Hunter syndrome.
- o Perinatal infections associated with sensorineural hearing loss, especially bacterial meningitis.
- o Head trauma requiring hospitalization
- o Chemotherapy
- o Family history of permanent childhood vision loss, vision problems such as congenital cataracts, retinoblastoma, metabolic or genetic diseases, eye crossing, and color vision problems.
- o Prematurity (risk for vision problems associated with babies  $\geq 5$  pounds at birth)
- o Significant developmental delay or neurologic difficulties
- o Cerebral Palsy

\*Hearing Risk Indicators, Joint Committee on Infant Hearing (JCIH), 2007 and American Academy of Pediatric Otolaryngology, Eye Examination in Infants, Children, and Young Adults, 2007

### Visual Screening Procedures

#### Appearance of eye:

Clear and free of matter \_\_\_\_\_ If not, describe \_\_\_\_\_  
 Aligned \_\_\_\_\_ If not, describe \_\_\_\_\_

#### Check any of the following observed: (Circle if Present)

Nystagmus - Involuntary, rapid, jerky movements of the eye \_\_\_\_\_  
Cataract - Clouding of the lens: Left eye \_\_\_\_\_ Right eye \_\_\_\_\_  
Ptosis - Drooping of the upper eye lid: Left eye \_\_\_\_\_ Right eye \_\_\_\_\_

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11/2010

#### Pupillary Response:

Reactive to light	Left eye	Right eye
Equal in size	Yes	No

**Fixation and Tracking Skills:** (Are covered on ASQ-3 Questionnaire: Items 8 & 9, under "Problem Solving" section)

#### Muscle Balance Tests:

**Corneal Reflection Test** (This is a gross assessment of eye alignment, valid after 3 months of age)

Shine light between eyes aiming at forehead with child looking at penlight. Note placement of reflection in each cornea. Reflected light should be centered in each cornea.

Right eye.....	Centered	Temporal	Nasal
Left eye.....	Centered	Temporal	Nasal

**Cover Test:** (This assessment is more accurate than the corneal reflection test, but requires more cooperation from the child)

Place an occluder (spoon, index card) in front of one eye while you attract the child's attention with a toy. Move occluder across bridge of nose to other eye. Note any fixational movement in newly uncovered eye as it picks up fixation. Movement can indicate an eye alignment problem.

Right eye.....	No Movement	Movement
Left eye.....	No Movement	Movement

#### Vision and Hearing Screening Results and Recommendations:

----- Refer to Provider if there is poor performance on any of the above vision assessments and/or the family continues to be concerned about the child's visual performance.

----- All children should have a visual acuity test starting at age 36 months; refer to Provider.

----- All infants with a **confirmed hearing loss** should have at least one exam by an ophthalmologist experienced in evaluating infants; refer to Provider.

----- For children identified with risk factors for hearing loss, please note the Updated 2007 JCIH Position Statement for audiology follow-up of infants with risk factors.

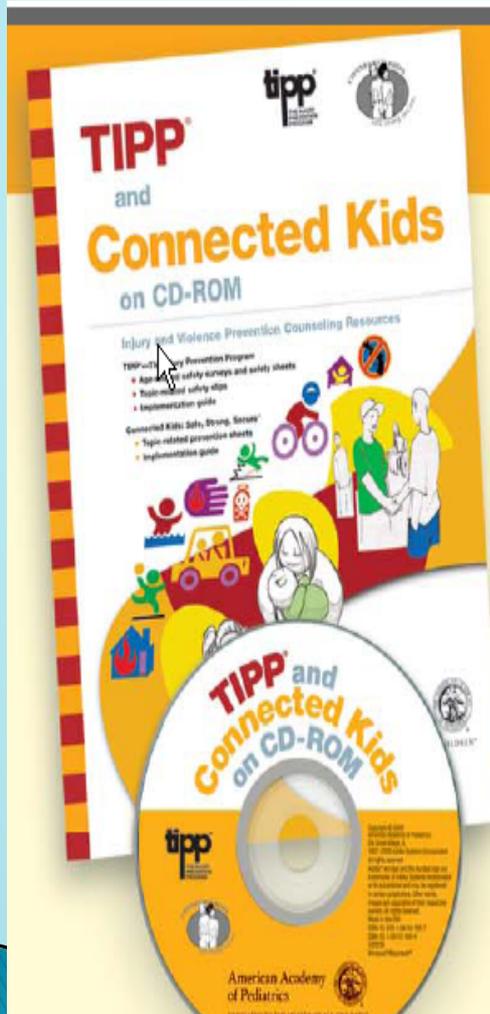
"The timing and number of hearing re-evaluations for children with risk factors should be customized and individualized depending on the relative likelihood of a subsequent delayed-onset hearing loss. Infants who pass the neonatal screening but have a risk factor should have at least 1 diagnostic audiology assessment by 24 to 30 months of age. Early and more frequent assessment may be indicated for children with CMV, syndromes associated with progressive hearing loss, neurodegenerative disorders, trauma, or culture-positive perinatal infections associated with sensorineural hearing loss, for children who have received ECMO or chemotherapy, and when there is caregiver concern or a family history of hearing loss."

\*Hearing Risk Indicators, Joint Committee on Infant Hearing (JCIH), 2007

Updated  
11/2010

# TIPP & Connected Kids

## Injury & Violence Prevention Counseling Resources



### NEW! TIPP® and Connected Kids on CD-ROM: Injury and Violence Prevention Counseling Resources

*TIPP® and Connected Kids on CD-ROM: Injury and Violence Prevention Counseling Resources* includes

- Complete TIPP®—The Injury Prevention Program, which consists of 40 printable and age-related safety sheets, safety slips, and safety surveys
- **NEW!** *Connected Kids: Safe, Strong, Secure™* violence intervention and prevention program, which consists of 21 child and adolescent violence prevention resources and handouts
- Plus additional TIPP® and *Connected Kids: Safe, Strong, Secure* resources and implementation guides

**TIPP®**—The Injury Prevention Program is a comprehensive and easy-to-use program to help parents prevent common childhood injuries from birth through age 12 years. Since the program was first introduced more than 20 years ago, more than 21 million TIPP® handouts have been distributed on topics such as bicycle safety, car safety seats, fire prevention, first aid, poison prevention, water safety, and much more.

**NEW! *Connected Kids: Safe, Strong, Secure™*** is a new set of resources developed by the Violence Intervention and Prevention Program (VIP). *Connected Kids: Safe, Strong, Secure* provides pediatricians with guidance and patient-oriented materials to take an asset-based approach to violence prevention. The CD-ROM includes 21 *Connected Kids: Safe, Strong, Secure* handouts on topics such as bullying, discipline, interpersonal skills, parenting, suicide, television violence, and much more.

TIPP® and Connected Kids on CD-ROM, 2006  
X-CD0038 Price: \$325 Member Price: \$275

For multiple users or institutional site licensing,

American Academy  
of Pediatrics



# Framingham Survey



## THE FIRST YEAR OF LIFE

### Framingham Safety Survey

Name \_\_\_\_\_ Date \_\_\_\_\_

Please X through one answer for each question.

- |  |             |                      |                 |
|--|-------------|----------------------|-----------------|
| 1. Do you put the crib side up whenever you leave your baby in the crib?             | Always      | Sometimes            | Never           |
| 2. Do you leave the baby alone on tables or beds, even for a brief moment?           | Frequently  | Occasionally         | Never           |
| 3. Do you leave the baby alone at home?  | Frequently  | Occasionally         | Never           |
| 4. Do you keep plastic wrappers, plastic bags, and balloons away from your children? | Always      | Sometimes            | Never           |
| 5. Does your child wear a pacifier or jewelry around his or her neck?                | Frequently  | Occasionally         | Never           |
| 6. Does your child play with small objects such as beads or nuts?                    | Frequently  | Occasionally         | Never           |
| 7. Are any of your baby-sitters younger than 13 years?                               | Yes         | Don't know           | No              |
| 8. How frequently is the heating system checked where you live?                      | Never       | At least once a year | Every few years |
| 9. Are your operable window guards in place?   | All windows | Some windows         | None            |
| 10. Do you ever place your baby in an infant walker?                                 | Yes         | No                   |                 |
| 11. Does anyone in your home ever smoke?   | Frequently  | Occasionally         | Never           |
| 12. Do you have a plan for escape from your home in the event                        | Yes         | No                   |                 |

# Minnesota Safety Check List

## Home Safety Checklist

Do you know how safe your home is for your baby or young children?  
Use this checklist to help you spot what parts of your home are safe and where you can make it safer.

### 1 Safe Sleep

- Is your baby always placed on his/her back to sleep?
- Is your baby sleeping alone in a crib-type bed for nighttime and naps at home and away from home?
- Have you checked your baby's bed to make sure there are no broken or missing crib slats? Crib slats must be no more than 2 3/8 inches apart (size of the top of a pop can).
- Is the crib mattress firm and fitted snugly inside the crib (no extra room around edges)?
- Is your baby's crib empty of pillows, comforters, stuffed toys, bumper pads and other soft items?



### 3 Safe Storage

- Are there safety latches or locks on cabinets and drawers that contain potentially dangerous items? These items include:
  - Vitamins
  - Cigarettes
  - Plastic bags
  - Matches and lighters
  - Knives, scissors, razors blades, and other sharp objects
  - Cleaning supplies, pesticides, and other poisonous materials – keep these in their original containers
  - Guns and ammunition – must be stored separately
  - Medications, including over-the-counter medicines



Remember: Child-resistant packaging is not child proof.

### 2 Bathroom

- When your child is in the bathtub, is an adult always present?
- Is your hot water heater set to never go above 120°F?
- When you run your child's bathwater, do you test the temperature first with your wrist or elbow?
- Are there non-skid strips or a mat on the bottom of the bathtub?

### 4 Kitchen

- Are small appliances in the kitchen (coffee maker, toaster) and bathroom (hairdryer, curling iron) unplugged and put away? If they cannot be stored in a cabinet or drawer, push them to the back of the counter.
- Are back burners on the stovetop used for cooking?
- Are pot handles turned toward the back of the stove?

### 5 Around the House

- Are the MN Poison Center phone number (1-800-222-1222) and other emergency contacts posted near all of your telephones, programmed in your cell phone or in an obvious location in your home? It is not necessary to keep syrup of ipecac in your home. In case of poisoning, always call the poison center and the experts there will advise you on what to do.
- Are small toys and objects that your baby could choke on out of reach and picked up off the floor?
- Are working carbon monoxide detectors installed within 10 feet of each room used for sleeping? Carbon monoxide detectors should be tested monthly and the batteries changed every year.
- Are working smoke detectors placed in each sleeping room as well as in the hallways outside the sleeping rooms? Smoke detectors should be tested monthly and the batteries changed every year.
- Is everyone living in your home aware of an emergency exit plan in case of a fire?
- Is your home smoke-free (no one smokes inside your home)?
- Are heavy or unstable pieces of furniture, such as TVs, entertainment centers, and bookshelves, anchored to the floor or secured to the wall?
- Are safety baby gates installed at the top and bottom of all stairs?



- Are there shock prevention plugs or covers on all unused electrical outlets?
- Are the windows in your house or apartment child-safe? Things to do:
  - Move furniture away from windows.
  - Keep windows, especially those reachable by children, locked or have window guards or stops to prevent them from being open more than four inches.
- Are electrical cords in good condition (not frayed)? Arrange the cords so they are out of your child's reach.
- Are you keeping your child safe from lead poisoning?
  - Peeling paint or paint dust on walls and windows can have lead if your home was built before 1978.
  - Certain folk remedies may contain lead.
- Are the pull cords for window blinds or draperies out of children's reach? If cords for blinds or draperies are looped, cut them to create two short cords.



### 6 In the Car

- Are age-appropriate child safety seats properly installed and used when children are riding in motor vehicles?
- Does everyone wear seatbelts (or ride in an age-appropriate, properly installed child safety seat) while riding in motor vehicles?



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300 East Fifth St., Paul, MN 55104-0001  
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Family Home Visiting Program

If you require this document in another format, such as large print, Braille or cassette tape, call 651-201-7786. 8/11/14

# Babies First! High Risk Infant Tracking Reference Tool

CODE		<b>Babies First! High Risk Infant Tracking Reference Tool</b> <small>See 2010-2011 DHS Intergovernmental agreement for financing of public health services #121020, Program element #42, 7.b.II(A)(I)-(VI)</small>									
I	Intervention										
R	Referal										
A	Abnormal										
Q	Questionable										
N	Normal										
Date											
	0-6 Wks.	2 Mos.	4 Mos.	8 Mos.	12 Mos.	18 Mos.	24 Mos.	36 Mos.	48 Mos.	60 Mos.	
Screening required at each milestone <sup>1</sup>											
Weight											
Length											
Head Circumference											
Immunization Status											
ASQ-3	(4wks)										
Oral Health <sup>2</sup>											
Safety Check List											
Screen required at onset of case and repeated as indicated by risk factors, screen results and/or RN judgment											
NCAST <sup>3</sup> Feeding											
NCAST Teaching											
Screens not referenced in DHS Intergovernmental agreement for financing of public health services #121020, Program element #42, 7.b.II(A)(I)-(VI) contract terms, included here as additional support tools for developmental											
Infant Reflexes <sup>4</sup>											
IMS <sup>5</sup>											
Vision & Hearing <sup>6</sup>											
ASQ-BE			(8 mo)								
M-CHAT <sup>7</sup>											
Other											

RN: \_\_\_\_\_ Client: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> Documentation of screening performed at time of milestone by another provider such as the medical home/primary care provider that includes the results and planned follow up steps is adequate to meet the screening requirements outlined in this reference tool. Duplicate screening is not required, but may be done per RN judgment.

<sup>2</sup> Babies First! Manual, Oral Health Section Risk Assessment Tool for Early Childhood Cavities.

<sup>3</sup> NCAST is referenced in 2007-2008 DHS Intergovernmental agreement for financing of public health services #121020, Program element #42, 7.b.II(A)(I)-(VI), as "Parent Child Interaction" (PCI). Other standardized PCI tools may be used to meet this requirement e.g. Promoting First Relationships © and the H.O.M.E. may meet the PCI Requirement.

<sup>4</sup> Strongly encouraged for newborns as an activity to assist in forming the nurse-parent focus on child development.

<sup>5</sup> Infant Motor Screen, See Babies First! Manual, appendix C.

<sup>6</sup> Administering the 2 month ASQ-3 meets the contractual requirements for hearing and vision screening. B1st! Vision and Hearing Questionnaire may be used to expand the screening provided by the ASQ-3 Questionnaire. At age 36 months, visual acuity screening is recommended annually. Additional "hands on" vision screening is conducted as indicated by B1st! assessment, e.g. corneal light reflex, alternate cover test.

<sup>7</sup> The CDC and AAP recommend that all children be screened for autism. Both the CDC and AAP support the use of the M-CHAT screening tool.

# ASQ-3 Discussion

## Questions?



**We Appreciate Your Participation!**

