



# 30 Month Questionnaire

28 months 16 days  
through 31 months 15 days

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

### Important Points to Remember:

### Notes:

- Try each activity with your child 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 \_\_\_\_\_.

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## 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? —
  
2. Without your giving him clues by pointing or using gestures, can your child carry out at least *three* of these kinds of directions? —
  - a. "Put the toy on the table."       d. "Find your coat."
  - b. "Close the door."                 e. "Take my hand."
  - c. "Bring me a towel."                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 *seven* body parts? (*She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.*) —
  
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"/> |  | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  | — |
| <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 *on* the table" and "put the shoe *under* the chair." Does your child carry out both of these directions correctly? —
  
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"/> |  | — |
| <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?



                                                                 \_\_\_\_\_

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.)



                                                                 \_\_\_\_\_

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



                                                                 \_\_\_\_\_

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



                                                                 \_\_\_\_\_

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.



                                                                 \_\_\_\_\_\*

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



                                                                 \_\_\_\_\_

GROSS MOTOR TOTAL

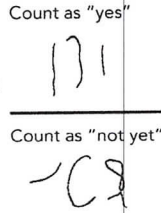
\*If Gross Motor Item 5 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."

**FINE MOTOR**

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?

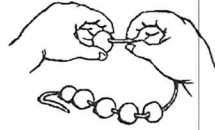
|                       |                       |                       |       |
|-----------------------|-----------------------|-----------------------|-------|
| YES                   | SOMETIMES             | NOT YET               | _____ |
| <input type="radio"/> | <input type="radio"/> | <input 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?



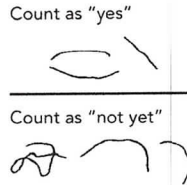
|                       |                       |                       |       |
|-----------------------|-----------------------|-----------------------|-------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|-----------------------|-----------------------|-----------------------|-------|

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



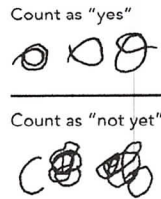
|                       |                       |                       |       |
|-----------------------|-----------------------|-----------------------|-------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|-----------------------|-----------------------|-----------------------|-------|

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?



|                       |                       |                       |       |
|-----------------------|-----------------------|-----------------------|-------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|-----------------------|-----------------------|-----------------------|-------|

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?



|                       |                       |                       |       |
|-----------------------|-----------------------|-----------------------|-------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|-----------------------|-----------------------|-----------------------|-------|

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

|                       |                       |                       |       |
|-----------------------|-----------------------|-----------------------|-------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|-----------------------|-----------------------|-----------------------|-------|

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

**PROBLEM SOLVING**

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



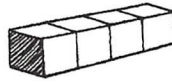
|                       |                       |                       |       |
|-----------------------|-----------------------|-----------------------|-------|
| YES                   | SOMETIMES             | NOT YET               | _____ |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |       |

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)?

|                       |                       |                       |       |
|-----------------------|-----------------------|-----------------------|-------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|-----------------------|-----------------------|-----------------------|-------|

**PROBLEM SOLVING** (continued)

3. 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.)



4. 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.)

| YES                   | SOMETIMES             | NOT YET               | — |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| PROBLEM SOLVING TOTAL |                       |                       | — |

**PERSONAL-SOCIAL**

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

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

- 2. Does your child use a spoon to feed himself with little spilling?
- 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?
- 4. Does your child put on a coat, jacket, or shirt by himself?
- 5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?
- 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?

| YES                   | SOMETIMES             | NOT YET               | — |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 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 toddlers 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 toddlers 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

**AMERICAN ACADEMY OF PEDIATRICS HEALTH SCREENING QUESTIONNAIRES FOR 18-23 AND 30-35 MONTHS**

Patient Name: \_\_\_\_\_ DOB/FDN: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of person answering this form: \_\_\_\_\_ Relation to patient: \_\_\_\_\_  
 Nombre de la persona llenando esta forma: \_\_\_\_\_ Relación al paciente: \_\_\_\_\_

| These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child. 18 mos – 59 mos<br>Algunas veces todos los niños pueden ser muy activos, disgustarse o tener problemas interactuando con otras personas. Comparado a la mayoría de los niños/as de esta edad, usted diría que su niño hace estas cosas igual, un poco más o mucho más que los otros niños de su misma edad. | Not at all/<br>Igual<br>(0) | Some-what/<br>Un poco mas<br>(1) | Very Much/<br>Mucho mas<br>(2) |
|---|-----------------------------|----------------------------------|--------------------------------|
| 1. Does your child seem nervous or afraid?   ¿Su niño/a parece nervioso o asustado?   | 0                           | 1                                | 2                              |
| 2. Does your child seem sad or unhappy?   ¿Su niño/a parece triste o infeliz?   | 0                           | 1                                | 2                              |
| 3. Does your child get upset if things are not done in a certain way?   ¿Su niño/a se molesta si las cosas no se hacen de cierta manera?  | 0                           | 1                                | 2                              |
| 4. Does your child have a hard time with change?   ¿Su niño/a tiene dificultad con los cambios?   | 0                           | 1                                | 2                              |
| 5. Does your child have trouble playing with other children?   ¿Su niño/a tiene dificultad al jugar con otros niños?  | 0                           | 1                                | 2                              |
| 6. Does your child break things on purpose?   ¿Su niño/a rompe cosas a propósito?   | 0                           | 1                                | 2                              |
| 7. Does your child fights with other children?   ¿Su niño/a pelea con otros niños?  | 0                           | 1                                | 2                              |
| 8. Does your child have trouble paying attention?   ¿Su niño/a tiene dificultad para prestar atención?  | 0                           | 1                                | 2                              |
| 9. Does your child have a hard time calming down?   ¿Su niño/a tiene dificultad para calmarse?  | 0                           | 1                                | 2                              |
| 10. Does your child have trouble staying with one activity?   ¿Su niño/a se le dificulta mantenerse en una sola actividad?  | 0                           | 1                                | 2                              |
| 11. Is your child aggressive? / ¿Su niño/a es agresivo/a?   | 0                           | 1                                | 2                              |
| 12. Is your child fidgety or unable to sit still?   ¿Su niño/a es inquieto o tiene dificultad para permanecer sentado?  | 0                           | 1                                | 2                              |
| 13. Is your child angry?   ¿Su niño/a se enoja con facilidad?   | 0                           | 1                                | 2                              |
| 14. Is it hard to take your child out in public?   ¿Es difícil llevar a su niño/a a lugares públicos?   | 0                           | 1                                | 2                              |
| 15. Is it hard to comfort your child?   ¿Es difícil consolar a su niño/a?   | 0                           | 1                                | 2                              |
| 16. Is it hard to know what your child needs?   ¿Es difícil saber qué necesita su niño/a?   | 0                           | 1                                | 2                              |
| Reviewed by: _____  | Total:                      |                                  | /9                             |

| <b>Childhood Lead Assessment Questionnaire</b><br><b>Cuestionario de evaluación infantil de riesgo por el Plomo</b>   | YES<br>Si | NO<br>No | Un-<br>sure<br>No<br>se |
|---|-----------|----------|-------------------------|
| 1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC?<br>¿Su hijo (a) es elegible para inscribirse en Medicaid, Head Start, All kids o WIC?   |           |          |                         |
| 2. Does this child have a sibling with a blood level of 10mcg/dl or higher?<br>¿Su hijo(a) tiene un hermano(a) con nivel de plomo en la sangre de 10mcg/dl o mas alto?  |           |          |                         |
| 3. Does this child live in regularly visit a home built before 1978?<br>¿Su hijo(a) vive o visita regularmente una casa que ya haya sido construida antes de 1978?  |           |          |                         |
| 4. In the past year has this child been exposed to repairs, repainting, or renovation of a home built before 1978?<br>¿Desde el año pasado, ha sido expuesto su hijo/a a reparaciones, pintura o remodelaciones de la casa construida antes de 1978?  |           |          |                         |
| 5. Is this child a refugee or an adoptee from any foreign country?<br>¿Su hijo(a) ha sido exilado o ha sido adoptado de algun pais extranjero?  |           |          |                         |
| 6. Has this child ever been to Mexico, Central or South America, Asian Countries, or any country where exposure to lead from certain items could have occurred (cosmetics, home remedies, folk medicines, or glazed pottery)?<br>¿Su hijo(a) ha sido a los siguientes paises: Mexico, America Central, o del sur, Asia, China o India, o cualquier pais donde pudo haber estado expuesto a objetos que contienen plomo? (por ejemplo, cosmeticos , remedios caseros, medicinas tradicionales o ceramica vidriada)?                    |           |          |                         |
| 7. Does this child live with someone who has a job or a hobby that may involve lead (jewelry making, building renovation or repair, bridge construction, plumbing, furniture refinishing, leaded glass, lead shots, bullets or lead fishing sinkers)?<br>¿Vive su hijo(a) con alguna persona que tenga un trabajo o un pasatiempo que incluya plomo (joyas , renovación o construcción de puentes, plomeria, recabados de muebles o un trabajo con baterias o radiadores de automoviles , soldadores de plomo, vidrio de plomo, balas |           |          |                         |
| 8. At any time has this Child lived near a factory where lead is used?<br>¿En algun momento su hijo(a) ha vivido cerca de una fabrica donde se use plomo?   |           |          |                         |
| 9. Does this child reside in a high-risk zip code? (High-risk zip codes- LAKE: 60040, MCHENRY: 60034, All Chicago zip codes)<br>¿Su hijo(a) vive en un codigo postal de alto riesgo? (Codigo de alto riesgo LAKE- 60040, MCHENRY- 60034, Todos los codigos postal de Chicago)   |           |          |                         |



Patient Name/Nombre de paciente \_\_\_\_\_

**M-CHAT (AUTISM SCREENING/ CUESTIONARIO DEL DESARROLLO COMUNICATIVO Y SOCIAL EN LA INFANCIA)**

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

*Seleccione, rodeando con un círculo, la respuesta que le parece que refleja mejor cómo su hijo o hija actúa NORMALMENTE. Si el comportamiento no es el habitual (por ejemplo, usted solamente se lo ha visto hacer una o dos veces) conteste que el niño o niña NO lo hace. Por favor, conteste a todas las preguntas.*

- |   |        |    |
|---|--------|----|
| 1. Does your child enjoy being swung, bounced on your knee, etc.?<br>¿Le gusta que le balanceen, o que el adulto le haga el "caballito" sentándole en sus rodillas, etc.?   | Yes/Si | No |
| 2. Does your child take an interest in other children?<br>¿Muestra interés por otros niños o niñas?   | Yes/Si | No |
| 3. Does your child like climbing on things, such as up stairs?<br>¿Le gusta subirse a sitios como, por ejemplo, sillones, escalones, juegos del parque...?  | Yes/Si | No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek?<br>¿Le gusta que el adulto juegue con él o ella al "cucú-tras" (taparse los ojos y luego descubrirlos; jugar a esconderse y aparecer de repente)?  | Yes/Si | No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?<br>¿Alguna vez hace juegos imaginativos, por ejemplo haciendo como si hablara por teléfono, como si estuviera dando de comer a una muñeca, como si estuviera conduciendo un coche o cosas así? | Yes/Si | No |
| 6. Does your child ever use his/her index finger to point, to ask for something?<br>¿Suele señalar con el dedo para pedir algo?   | Yes/Si | No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something?<br>¿Suele señalar con el dedo para indicar que algo le llama la atención?   | Yes/Si | No |
| 8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them?<br>¿Puede jugar adecuadamente con piezas o juguetes pequeños (por ejemplo cochecitos, muñequitos o bloques de construcción) sin únicamente chuparlos, agitarlos o tirarlos?              | Yes/Si | No |
| 9. Does your child ever bring objects over to you (parent) to show you something?<br>¿Suele traerle objetos para enseñárselos?  | Yes/Si | No |
| 10. Does your child look you in the eye for more than a second or two?<br>¿Suele mirarle a los ojos durante unos segundos?  | Yes/Si | No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)<br>¿Le parece demasiado sensible a ruidos poco intensos? (por ejemplo, reacciona tapándose los oídos, etc.)   | Yes/Si | No |
| 12. Does your child smile in response to your face or your smile?<br>¿Sonríe al verle a usted o cuando usted le sonríe?   | Yes/Si | No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)<br>¿Puede imitar o repetir gestos o acciones que usted hace? (por ejemplo, si usted hace una mueca él o ella también la hace)....  | Yes/Si | No |
| 14. Does your child respond to his/her name when you call?<br>¿Responde cuando se le llama por su nombre?   | Yes/Si | No |
| 15. If you point at a toy across the room, does your child look at it?<br>Si usted señala con el dedo un juguete al otro lado de la habitación... ¿Dirige su hijo o hija Sí No la mirada hacia ese juguete?..   | Yes/Si | No |
| 16. Does your child walk?<br>¿Ha aprendido ya a andar?  | Yes/Si | No |
| 17. Does your child look at things you are looking at?<br>Si usted está mirando algo atentamente, ¿su hijo o hija se pone también a mirarlo?  | Yes/Si | No |
| 18. Does your child make unusual finger movements near his/her face?<br>¿Hace su hijo o hija movimientos raros con los dedos, por ejemplo, acercándoselos a los ojos?   | Yes/Si | No |
| 19. Does your child try to attract your attention to his/her own activity?<br>¿Intenta que usted preste atención a las actividades que él o ella está haciendo?   | Yes/Si | No |
| 20. Have you ever wondered if your child is deaf?<br>¿Alguna vez ha pensado que su hijo o hija podría tener sordera?  | Yes/Si | No |
| 21. Does your child understand what people say?<br>¿Entiende su hijo o hija lo que la gente dice?   | Yes/Si | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose?<br>¿Se queda a veces mirando al vacío o va de un lado al otro sin propósito?  | Yes/Si | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar?<br>Si su hijo o hija tiene que enfrentarse a una situación desconocida, ¿le mira primero a usted a la cara para saber cómo reaccionar?.....  | Yes/Si | No |

Reviewed by: \_\_\_\_\_