



36 Month Questionnaire

34 months 16 days
through 38 months 30 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:

- 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 _____.

Notes:

COMMUNICATION

YES SOMETIMES NOT YET

1. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least 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.)

2. Does your child make sentences that are three or four words long? Please give an example:

3. 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?

4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"

5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle and ask your child to move the zipper down. Return the zipper to the middle and ask your child to move the zipper up. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?

6. When you ask, "What is your name?" does your child say both her first and last names?

COMMUNICATION TOTAL _____

GROSS MOTOR

YES SOMETIMES NOT YET

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



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



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



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



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



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



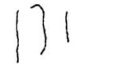
GROSS MOTOR TOTAL _____

FINE MOTOR

YES SOMETIMES NOT YET

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

Count as "yes"



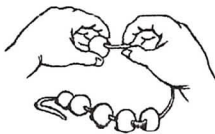
Count as "not yet"



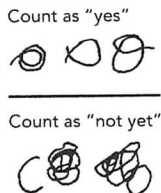
FINE MOTOR (continued)

YES SOMETIMES NOT YET

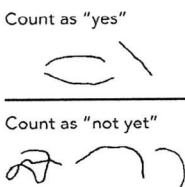
2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?



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



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



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



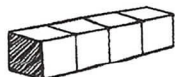
6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?

FINE MOTOR TOTAL _____

PROBLEM SOLVING

YES SOMETIMES NOT YET

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



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

PROBLEM SOLVING (continued)

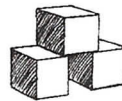
YES SOMETIMES NOT YET

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



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

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



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

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

YES SOMETIMES NOT YET

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

PERSONAL-SOCIAL TOTAL _____

OVERALL

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

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

OVERALL (continued)

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

AMERICAN ACADEMY OF PEDIATRICS HEALTH SCREENING QUESTIONNAIRES FOR 3-4 YEARS OLDS

Patient Name/Nombre de paciente: _____ DOB: _____ Date: _____

Name of person answering this form/ Nombre de la persona llenando esta forma: _____ Relation to patient/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 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/ Igual (0)	Some-what/ Un poco mas (1)	Very Much/ Mucho mas (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

TUBERCULOSIS SCREEN QUESTIONNAIRE	YES SI	NO NO
1. Has your child been exposed to anyone with the confirmed or suspected TB? ¿Su hijo(a) ha sido expuesto(a) a alguien que tenga o sospeche que tenga tuberculosis?		
2. Has your child been exposed to any family member or close friend who has been in jail in the last five years? / ¿A estado su hijo/a expuesto a algun miembro de la familia o a un amigo cercano que ha estado encarcelado los ultimos cinco años?		
3. Has your child recently emigrated from Asia, the Middle East, Africa or Latin America? ¿Su hijo(a) ha emigrado de Asia, Medio Oeste, Africa o Latino America?		
4. Has your child recently traveled to Asia, the Middle East, Africa or Latin America? ¿A viajado su hijo(a) recientemente a Asia, Medio Oeste, Africa o Latino America?		
5. Does your child have HIV or live in a home with someone who has HIV? Tiene su hijo(a) SIDA o vive con alguien que tenga SIDA?		
6. Has your child been exposed to anyone with HIV, homeless residents or nursing homes, teens or adults in jail, or migrant farm workers? / ¿A estado su hijo (a) expuesto a alguien con SIDA, residente desamparado, que viva en un asilo, adultos encarcelados o trabajadores inmigrantes de granja?		
7. Have you (parent) emigrated with known TB status from Asia, the Middle East, Africa or Latin America; Do you travel to these areas or have contact in your home with people from these areas with known TB status? ¿A usted(s) (padres) emigrado con estado positivo de TB de Asia, Africa, Medio Oriente o Latino America? ¿Viaja usted a estas areas o tiene contacto en su casa con personas de estas areas con estado positivo de TB?		
8. Does your child live in an area that you know to have a high prevalence of TB? ¿Vive su hijo(a) en una area que usted sabe que sea de alto predominio de tuberculosis?		
9. Does your child have diabetes, chronic renal failure, malnutrition, or a problem with the immune system that he/she was born with or acquired later in childhood? / ¿Tiene su hijo(a) diabetes, insuficiencia renal crónica, desnutrición o un problema con el sistema inmunológico con el que nació o adquirió en la infancia?		
Reviewed by: _____		

Patient Name/Nombre de paciente: _____

Childhood Lead Assessment Questionnaire Cuestionario de evaluación infantil de riesgo por el Plomo	YES Si	NO No	Un- sure No se
1. Is this child eligible for or enrolled in Medicaid, Head Start, All Kids or WIC? ¿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? ¿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? ¿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? ¿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? ¿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)? ¿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)? ¿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? ¿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) ¿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)			