



42 Month Questionnaire

39 months 0 days
through 44 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:

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 _____.

COMMUNICATION

YES SOMETIMES NOT YET

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|---|
| 1. 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. 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"/> | — |
| 3. 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"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. When you ask, "What is your name?" does your child say both her first and last names? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Without your giving help by pointing or repeating directions, does your child follow three directions that are unrelated to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?" | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

COMMUNICATION TOTAL —

GROSS MOTOR

YES SOMETIMES NOT YET

1. 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.) He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



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



3. 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.")



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



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



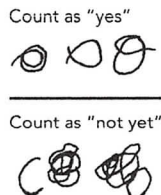
6. Does your child climb the rungs of a ladder of a playground slide and slide down without help?

GROSS MOTOR TOTAL _____

FINE MOTOR

YES SOMETIMES NOT YET

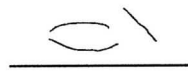
1. After your child watches you draw a single circle with a pencil, crayon, or pen, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?



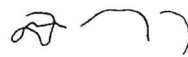
FINE MOTOR (continued)

2. 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"



YES SOMETIMES NOT YET _____

3. 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.)



YES SOMETIMES NOT YET _____

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



YES SOMETIMES NOT YET _____

5. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)

YES SOMETIMES NOT YET _____

6. Using the shape at right to look at, does your child copy it onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawing should look like the design of the shape, except it may be different in size.)



FINE MOTOR TOTAL

YES SOMETIMES NOT YET _____

PROBLEM SOLVING

YES SOMETIMES NOT YET

1. 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:

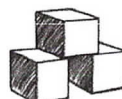


YES SOMETIMES NOT YET _____

2. 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.)


YES SOMETIMES NOT YET _____

3. 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?



YES SOMETIMES NOT YET _____

PROBLEM SOLVING (continued)

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 4. 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.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. When asked, "Which circle is the smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|  | | | | |
| 6. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother or sister, or an imaginary animal or figure. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| PROBLEM SOLVING TOTAL | | | | — |

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|---|
| 1. When he is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "me" or his own name? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child put on a coat, jacket, or shirt by herself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child take turns by waiting while another child or adult takes a turn? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child serve himself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child wash his hands using soap and water and dry off with a towel without help? | <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

OVERALL (continued)

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

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

 YES NO

OVERALL (continued)

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 últimos 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(es) (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, plomería, recabados de muebles o un trabajo con baterías 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)			