



54 Month Questionnaire

51 months 0 days
through 56 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. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?
2. 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," "Is there a toy to play with?" or "Are you coming, too?"
3. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?
4. Without giving your child help by pointing or repeating directions, does he 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."
5. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write 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"/>	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

6. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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COMMUNICATION TOTAL _____

GROSS MOTOR

1. Does your child hop up and down on either the right foot or the left foot at least one time without losing her balance or falling?

YES	SOMETIMES	NOT YET	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

2. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. *(Dropping the ball or throwing the ball underhand should be scored as "not yet.")*



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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3. Does your child jump forward a distance of 20 inches from a standing position, starting with her feet together?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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4. 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.)*



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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5. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? *(You may give your child two or three tries before you mark the answer.)*



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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6. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? *(You may show him how to do this.)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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GROSS MOTOR TOTAL ___

FINE MOTOR

1. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? *(Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)*



YES	SOMETIMES	NOT YET	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

2. Does your child unbutton one or more buttons? Your child may use his own clothing or a doll's clothing.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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3. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? *(Your child should not go more than 1/4 inch outside the lines on most of the picture.)*

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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FINE MOTOR *(continued)*

YES SOMETIMES NOT YET _____

4. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? (Mark "sometimes" if your child goes off the line three times.)



5. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, and legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire.

6. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)



FINE MOTOR TOTAL _____

PROBLEM SOLVING

YES SOMETIMES NOT YET _____

1. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)
2. 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, sister, or an imaginary animal or figure.
3. If you place five objects in front of your child, can she count them by saying, "One, two, three, four, five" in order? (Ask this question without providing help by pointing, gesturing, or naming.)
4. When asked, "Which circle is smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)



5. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."

PROBLEM SOLVING (continued)

YES SOMETIMES NOT YET —

 —

6. Does your child know the names of numbers? (Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers.)

3 1 2

PROBLEM SOLVING TOTAL —

PERSONAL-SOCIAL

YES SOMETIMES NOT YET —

1. Does your child wash her hands using soap and water and dry off with a towel without help?

 —

2. Does your child tell you the names of two or more playmates, not including brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.)

 —

3. Does your child brush his teeth by putting toothpaste on the toothbrush and brushing all of his teeth without help? (You may still need to check and rebrush your child's teeth.)

 —

4. Does your child serve herself, 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?)

 —

5. Does your child tell you at least four of the following? Please mark the items your child knows.

 —

- a. First name d. Last name
- b. Age e. Boy or girl
- c. City he lives in f. Telephone number

6. Does your child dress and undress herself, including buttoning medium-size buttons and zipping front zippers?

 —

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 algún 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(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, 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)			