

## 36 Months (34 Months 16 days through 38 months 30 days)

### 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? <i>(She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)</i>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 2. 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"/> | _____ |
| <div style="border: 1px solid black; border-radius: 15px; width: 100%; height: 80px; margin: 0 auto;"></div>   |                       |                       |                       |       |
| 3. Without giving your child help by pointing or using gestures, ask him to "put the book <i>on</i> the table" and "put the shoe <i>under</i> the chair." Does your child carry out both of these directions correctly?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 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?"   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 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 <i>down</i> . Return the zipper to the middle and ask your child to move the zipper <i>up</i> . 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"/> | _____ |
| 6. 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"/> | _____ |

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

### GROSS MOTOR

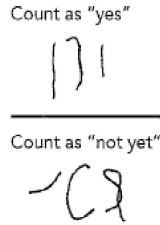
- |  | YES                   | SOMETIMES             | NOT YET               |       |
|--|-----------------------|-----------------------|-----------------------|-------|
| 1. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 2. Does your child jump with both feet leaving the floor at the same time?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 3. Does your child walk up stairs, using only one foot on each stair? <i>(The left foot is on one step, and the right foot is on the next.)</i> She may hold onto the railing or wall. <i>(You can look for this at a store, on a playground, or at home.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 4. Does your child stand on one foot for about 1 second without holding onto anything?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 5. While standing, does your child throw a ball <i>overhand</i> by raising his arm to shoulder height and throwing the ball forward? <i>(Dropping the ball or throwing the ball underhand should be scored as "not yet.")</i>                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

**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?

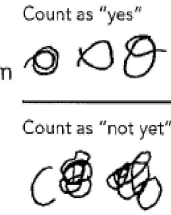


2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?

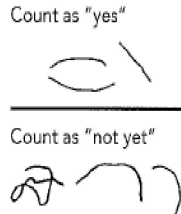
                                                                

3. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?



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)?

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:



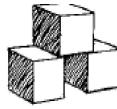
                                                                

4. When you say, "Say 'seven three,'" does your child repeat just the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat just one series of two numbers for you to answer "yes" to this question.)

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## PROBLEM SOLVING

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.)

YES                      SOMETIMES                      NOT YET

                                                                 \_\_\_\_\_

                                                                 \_\_\_\_\_

PROBLEM SOLVING TOTAL \_\_\_\_\_

## PERSONAL-SOCIAL

- Does your child use a spoon to feed herself with little spilling?
- 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?
- 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?
- Does your child put on a coat, jacket, or shirt by himself?
- Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?
- Does your child take turns by waiting while another child or adult takes a turn?

YES                      SOMETIMES                      NOT YET

                                                                 \_\_\_\_\_

                                                                 \_\_\_\_\_

                                                                 \_\_\_\_\_

                                                                 \_\_\_\_\_

                                                                 \_\_\_\_\_

                                                                 \_\_\_\_\_

PERSONAL-SOCIAL TOTAL \_\_\_\_\_

**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	30.99		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	36.99		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	18.07		●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	30.29		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	35.33		●	●	●	●	●	●	●	○	○	○	○	○	○

Corridor Primary Care Pediatrics  
601B Leah Avenue  
San Marcos, TX 78666  
Phone: (512) 392-1700 Fax: (512) 396-8743

**Patient Information**

**Patient's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Gender:  Male  Female

Race:  African-American  White/Hispanic  Asian  Other: \_\_\_\_\_

**Preferred Contact Number:** (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Preferred email \_\_\_\_\_

Name(s) of other siblings and Date of Birth (Put X if not living in the home with Patient)

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

**Parent(s) or Guardian(s) Information**

**Mother/Guardian Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**Primary Phone:** (\_\_\_\_) \_\_\_\_\_ **Secondary Phone:** (\_\_\_\_) \_\_\_\_\_

Address if different from above:

Employer: \_\_\_\_\_ Wk#: \_\_\_\_\_ Social Security# \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**Primary Phone:** (\_\_\_\_) \_\_\_\_\_ **Secondary Phone:** (\_\_\_\_) \_\_\_\_\_

Address if different from above:

Employer: \_\_\_\_\_ Wk#: \_\_\_\_\_ Social Security# \_\_\_\_\_

**The person(s) listed below have my permission to seek medical attention for my child at Corridor Primary Care Pediatrics**

Name	Relationship to Child	Phone Number:
Name	Relationship to child	Phone Number:
Name	Relationship to child	Phone Number :

The information that I have given is correct to the best of my knowledge. I understand that it will be held in the strictest of confidence and it is my responsibility to inform this office of any changes in my minor/child's medical status.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Referred to our office by: \_\_\_\_\_

# PEDS RESPONSE FORM

Provider \_\_\_\_\_

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Child's Age \_\_\_\_\_ Today's Date \_\_\_\_\_

Please list any concerns about your child's learning, development, and behavior.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

Please list any other concerns.

# Texas Department of State Health Services Tuberculosis (TB) Questionnaire for Children

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Organization administering questionnaire \_\_\_\_\_ Date \_\_\_\_\_

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have TB disease (this is called latent TB infection or LTBI).

**Tuberculosis is preventable and treatable.** TB skin testing (often called the PPD or Mantoux test) or a TB blood test (called an IGRA) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The test is not a vaccination against TB.

### We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box	Yes	No	Don't Know
TB can cause a fever of long duration, unexplained weight loss, a cough (lasting over two weeks), or coughing up blood. <b>As far as you know has your child:</b> <ul style="list-style-type: none"> <li>• been around anyone with any of these symptoms or problems? or</li> <li>• had any of these symptoms or problems? or</li> <li>• been around anyone sick with TB?</li> </ul>			
<b>Was your child born in:</b> Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
<b>Has your child traveled in the past year to:</b> Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries:			
<b>To your knowledge, has your child spent time (longer than 3 weeks) with:</b> anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB?  Yes (specify date \_\_\_/\_\_\_/\_\_\_)  No  
 Has your child ever had a positive TB skin test?  Yes (specify date \_\_\_/\_\_\_/\_\_\_)  No  
 Has your child ever had a positive TB blood test?  Yes (specify date \_\_\_/\_\_\_/\_\_\_)  No

**For school/healthcare provider use only**

\*\*\*\*\*

PPD / IGRA administered (circle one)

Date Administered: \_\_\_/\_\_\_/\_\_\_ Date Read (if PPD): \_\_\_/\_\_\_/\_\_\_

Result of PPD: \_\_\_\_\_ mm Result of IGRA test:  Positive  Negative  Indeterminate/Invalid

Type of service provider (i.e. school, Health Steps, other clinics): \_\_\_\_\_

PPD/IGRA provider: \_\_\_\_\_  
signature printed name

Provider phone number: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

If positive, referral to healthcare provider:  Yes  No

If yes, name/contact of provider: \_\_\_\_\_