An Introduction to Ages & Stages Questionnaires® (ASQ): A Parent-Completed, Child-Monitoring System

Objectives
- Define and discuss the benefits of developmental screening.
- Identify risk and protective factors related to child development.
- Describe features of the ASQ.
- Score the ASQ.
- Describe ASQ cutoff scores.

Objectives
- Interpret ASQ information in relation to other referral considerations.
- Understand the importance of sensitive communication of the screening results.
- Discuss the process for referring children to appropriate agencies.
- Discuss appropriate follow-up activities.

What is the ASQ?

- Parent- or caregiver-completed screening tools that encourage parental/caregiver involvement.
- Series of questionnaires for children ages 2 months to 5 years.
- Tool to accurately identify children at risk for developmental delay.

Domains Screened by the ASQ

ASQ (screens five domains):
- Communication
- Gross motor
- Fine motor
- Problem solving
- Personal-social

Why Do We Screen Children?
Risk Factors for Developmental Delay

- **Health/biological risks**
  - Advances in medical technology
  - Lack of prenatal care

- **Environmental/social risks**
  - Teen and single parents
  - Poverty
  - Alcohol and drugs
  - Exposure to violence

Protective Factors

Variables that serve to correct or decrease the negative influence of risk factors for developmental delays:

- Characteristics of the individual
- Supportive relationships and environments within and outside the family
- Positive expectations for achievement and a belief in the child’s abilities
- Meaningful participation and involvement in family, school, and community

Benefits of Developmental screening using the ASQ-3

- Identifies children at risk for possible developmental delays
- Detects a child’s strengths and needs
- Provides an opportunity to
  - Address family concerns
  - Educate parents on child development
  - Empower parents
More Benefits...

- Builds rapport and trust with family
  - Increased communication
  - Parent and staff enjoy highlighting the strengths and areas of future focus of child
- Improves health and developmental outcomes through EI services
- Builds community collaboration and support for staff

Why Engage Families in Screening?

- Parents are reservoirs of rich information that is useful for providers.
- Parental involvement reduces cost.
- Screening helps structure observations, reports, and communications about child development.
- Screening may become a teaching tool.
- Screening encourages parental involvement on the intervention team.

Activity: Rotating Review

- Number off into groups of four.
- Find a spot at a flipchart.
- Work together to answer the question.
- Rotate to the next flipchart at the signal.
Features of the ASQ

21 questionnaire intervals:

- 2, 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, and 24 months (spaced 2 months apart)
- 27, 30, 33, and 36 months (spaced 3 months apart)
- 42, 48, 54, and 60 months (spaced 6 months apart)

Screening

Below cutoffs

Close to cutoffs

Above cutoffs

Professional assessment

Continue to monitor (rescreen) and use curriculum-based assessment to develop learning plans

Eligible for services

Not eligible for services
When to give the ASQ

- **Through the age of 24 months**
  - Administer within two month “window” (e.g., 16 mo. ASQ is valid from 15 months through the end of the 16th month).

- **Over the age of 24 months**
  - Windows have been “stretched” so that there are no gaps. See “ASQ and ASQ:SE Age Administration Chart”.
  - The two month “window” is the recommended time to administer the ASQ. If the child is being screened outside of the two-month window use caution in administration and interpretation of scores.

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Calculating a Child’s Exact Age

- A child’s exact age is computed by:

<table>
<thead>
<tr>
<th>Example #1</th>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Date</td>
<td>2015</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>2001</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Age of Child</td>
<td>4 years</td>
<td>4 months</td>
<td>5 days</td>
</tr>
</tbody>
</table>

- Or:

<table>
<thead>
<tr>
<th>Example #2</th>
<th>Year</th>
<th>Month</th>
<th>Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Date</td>
<td>2015</td>
<td>8</td>
<td>45 (15, 30 days)</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>2005</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Age of Child</td>
<td>4 years</td>
<td>8 months</td>
<td>17,600</td>
</tr>
</tbody>
</table>

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Features of the ASQ

- Each area contains six questions.
- Questions are in hierarchical order. That is, the most difficult questions (numbers 5 and 6) are average skills for children of that age (e.g., a 12-month skill for a 12-month-old child).
- Questions fall into the 75–100 developmental quotient (DQ) range.
- Questions are answered “yes,” “sometimes,” and “not yet.”
Features: The Overall Section
- Un scored section used to indicate parents’ concerns
- Very predictive
- Looks at quality of skills (e.g., speech, movement)
- 2-, 4-, 6-, 8-, 10-, and 12-month questionnaires ask questions to detect cerebral palsy:
  - “Does your baby use both hands equally well?”
  - “When you help your baby stand, are his feet flat on the surface most of the time?”
- Any questionable response requires follow-up

Features: Information Summary Form
- Each summary sheet is specific to an interval.
- Summary sheets have four sections:
  - Child/family information
  - Overall section
  - Bar graph of the five domain scores
  - Bubble boxes to transfer responses

ASQ Administration and Scoring
Case Study
ANDREW
Prescreening Activities

- Obtain consent from parent or caregiver.
- Explain the purpose of screening to parents, and review the questionnaire content.
- Schedule the screening.
- Assemble materials (if necessary).

Correcting for Prematurity

- Either of the following methods can be used to determine the appropriate interval for a child:
  - **CDOB**: Add weeks of prematurity to date of birth to obtain a corrected date of birth.
  - **Adjusted age**: Subtract weeks of prematurity from present age to determine corrected age.

Scoring the ASQ

- **Step 1**: Total the points in each area: "yes" = 10; "sometimes" = 5; "not yet" = 0.
- **Step 2**: Transfer the area totals to the Information Summary form. Fill in the matching circle in the space provided.
- **Step 3**: Read the answers to the "overall" section questions carefully, and respond appropriately.
- **Step 4**: Recommend further attention or assessment for any score falling below or close to cut off area (black or grey zones).
**ASQ Omitted Item(s)**
- Try to obtain answers from the family.
- It is okay to omit up to two items per area.

**Calculation:**

**Step 1:** Divide the total area score by the number of questions answered in that area. For example, 45 (points in problem-solving area) /5 (questions) = 9 points.

**Step 2:** Add this number, which is the average score for items in this area, to the total area score to get a new total score. For example, 45 + 9 points = new problem-solving area total of 54 points.

**Follow-up/Referral Criteria**

- **Well above cutoff points:** (white)
  - Provide follow-up activities to the parents.
  - Rescreen in 4–6 months.

- **Close to cutoffs:** (grey)
  - Provide follow-up activities to practice specific skills.
  - Talk to parents about opportunities to practice skills.
  - Make community referrals as appropriate.
  - Rescreen in 4–6 months or sooner if necessary.

**Follow-up/Referral Criteria (continued)**

- **Below cutoff in one or more areas:**
  - Refer to EI programs or medical practitioners for diagnostic assessment.

- **Parental concerns:**
  - Respond to all concerns.
  - Refer if necessary.
Communicating Screening Results

- Assure the family that the discussion is confidential.
- Review the purpose of screening.
- Avoid terms such as test, pass, or fail. (instead, use below cutoff or near cutoff)
- Review the ASQ and explain area scores.
- Emphasize child and family strengths.
- Provide specific examples of concerns.
- Invite parents to share their observations and/or concerns.

Communicating Screening Results*

- Prepare for the meeting carefully:
  - Make notes about behaviors.
  - Note information you need to gather (e.g., health history) from the family.
  - Role-play the conversation with a peer.
  - Select a private, comfortable place to meet.
  - Consider cultural or language issues.
  - Know your community resources.
  - Be calm!

* Adapted from the Hilton/Early Head Start Training Program, Sonoma State University

Parental Characteristics that May Affect Accuracy of Parent Report

- Impaired mental functioning
- Mental health issues
- Cultural and language differences
- Involvement with child protective agencies
- Low literacy
Qualities of Assessment Tools

- Validity (accuracy)
- Reliability (consistency)
- Adequate normative population
- Cultural sensitivity
- Comprehensiveness
- Attractiveness to children

In Summary

- Screening tools can help bridge communication with families.
- Screening tools can assist in making referrals to community agencies.
- Referrals should be based on a variety of considerations in addition to scores.
- Developmental and social-emotional issues are very complicated.
- Use available resources to make decisions about what steps to take after screening.

For more information, please contact:

Early Childhood Development Support Services
(780)428-9465
www.ecdss.ca