

National Guideline on the Use of the Ages & Stages Questionnaire™ for Developmental Screening of Children Between 1 month and 66 Months of Age

Is this document a:

Policy ☐ Procedure ☐ Protocol ☐ **Guideline** ☒

Title of Guideline Development Group:	Ages and Stages Questionnaire National Guideline Development Group		
Approved by:	National Director Community Operations Assistant National Director Public Health & Child Health National Lead National Healthy Childhood Programme		
Reference Number:			
Version Number:	1		
Publication Date:	17 th September 2018		
Date for revision:	September 2019		
Electronic Location:			
Version	Date Approved	List section numbers changed	Author

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PART A: Outline of PPPG Steps

Outline the step by step process to follow, algorithm, process flow chart, or (SOP) which has been developed using the HSE National Framework for developing PPPGs. *(Part B should be completed first to develop the PPPG and then the core PPPG steps that have been developed are inserted in Part A).*

Title of PPPG: National Guideline on the Use of the Ages & Stages Questionnaire™ for Developmental Screening of Children between 1 Month and 66 Months of Age

2.7 Outline of Guideline steps/recommendations:

2.7.1 Background

The ASQ-3™ is being introduced nationally as a parental reported developmental screening tool. The initial roll out will be for the 21-24 month public health nursing child health assessment.

Due to copyright and the licensing agreement the ASQ-3™ questionnaires can only be printed from the CD-ROM or photocopied from the master set that are both contained in the ASQ-3™ Starter Pack provided to each DPHN area. It cannot be shared electronically (e.g. by email) or reproduced in this guideline.

Parents of every child who is due to have their 21-24 month public health nursing child health assessment will be offered the relevant ASQ-3™ questionnaire to complete in advance of the public health nursing child health assessment. The recommended time frame for posting the relevant ASQ-3™ questionnaire to parents is two weeks in advance of the clinic appointment.

Consideration should be given to circumstances where it is prudent to omit the ASQ-3™; i.e. children who are already in receipt of Early Intervention Team (EIT) services or children with diagnosed global developmental delay. These parents can be given the option of deciding whether or not to complete the ASQ-3™ for their child. This should be done in discussion with the parents and by using professional judgement.

There are 22 ASQ-3™ questionnaires that cover children from 1 month to 66 months of age. It is envisaged that for the 21-24 month public health nursing child health assessment the 20, 22, 24, 27 and 30 month questionnaires are the most likely to be used. It is vitally important that the correct questionnaire is selected to ensure accurate use of the ASQ-3™.

A detailed flow chart of the process is included in Appendix V.

2.7.2 Choosing the correct age-appropriate ASQ-3™ questionnaire

In order for the RPHN/CMD to choose the correct age-appropriate questionnaire there are three steps:

Step 1: Calculate the child's age

Step 2: Convert the child's age into months and days

Step 3: Match the child's age to the age range on the front page of the ASQ-3™ questionnaires

Example 1

Emma was born on 6th August 2015. She has no known disability. She is due to have her developmental assessment with the RPHN on the 15th October 2017.

Step 1: Calculate child's age = Date of developmental assessment – Date of Birth

	Year	Month	Day
Date of Assessment	2017	10	15
Date of Birth	2015	8	6
Age	2	2	9

Step 2: Convert the child's age into months and days

- 2 years x 12 months = 24 months
- 24 months + 2 months + 9 days = **26 months and 9 days**

Step 3: Check which ASQ-3™ questionnaire should be used by matching the age to the age range on the front of the ASQ-3™ questionnaires. The 27 month questionnaire is to be used between 25 months and 16 days through to 28 months and 15 days. Therefore the 27 month questionnaire is the most appropriate one to use in this case.

There is a free online calculator available for ease of calculation of the child's chronological age and will indicate the correct ASQ-3™ questionnaire to use. It is available at <http://bit.ly/ASQAgeCalc>

It is also available as a free App on a smart phone:

- Apple iOS (<http://bit.ly/CalcApp>)
- Android (<http://bit.ly/CalcAppAndroid>)

Adjusting for prematurity

The ASQ-3™ requires you to adjust a child's age for prematurity if the child was born three or more weeks before his/her due date.

There is no need to adjust for prematurity once the child has reached the chronological age of two years old

Example 2

Zach was born on the 10th of December 2015 and will be having his developmental assessment on the 5th of December 2017. He was six weeks premature.

Step 1: Calculate child's age = Date of developmental assessment – Date of Birth

	Year	Month	Day
Date of Assessment	2017	12	5
Date of Birth	2015	12	10
Age	1	11	25

Step 2: Convert the child's age into months and days

- 1 years x 12 months = 12 months
- 12 months + 11 months + 25 days = **23 months and 25 days**
- Adjust for prematurity – 6 weeks
- It is recommended that the ASQ-3™ online calculator (<http://bit.ly/ASQAgeCalc>) or smart phone App is used when adjusting for prematurity
- Adjusted age = 22 months and 14 days

Step 3: Check which ASQ-3™ questionnaire should be used by matching the adjusted age to the age range on the front of the ASQ-3™ questionnaire. The 22 month questionnaire is to be used between 21 months and 0 days through to 22 months and 30 days. Therefore the 22 month questionnaire is the most appropriate one to use in this case.

Parents of premature children are often confused when they receive questionnaires younger than their child's chronological age. RPHNs must ensure to explain to the parent that the ASQ-3™ system adjusts for prematurity and that they are receiving the questionnaire that will most accurately reflect their child's stage of development.

2.7.3 Administration of the ASQ-3™

The full range of ASQ-3™ questionnaires can be accessed in three ways:

- by printing directly from the shared folder on the local network

- the 20, 22, 24, 27 and 30 month ASQ-3™ questionnaires can be bulk ordered by the designated staff member in each DPHN area through www.healthpromotion.ie
- by photocopying from the master set contained in each ASQ-3™ starter pack provided to designated staff in each DPHN area
- There is also a CD-ROM in each ASQ-3™ starter pack that contains PDF copies of the questionnaires that can be placed on individual PCs/laptops

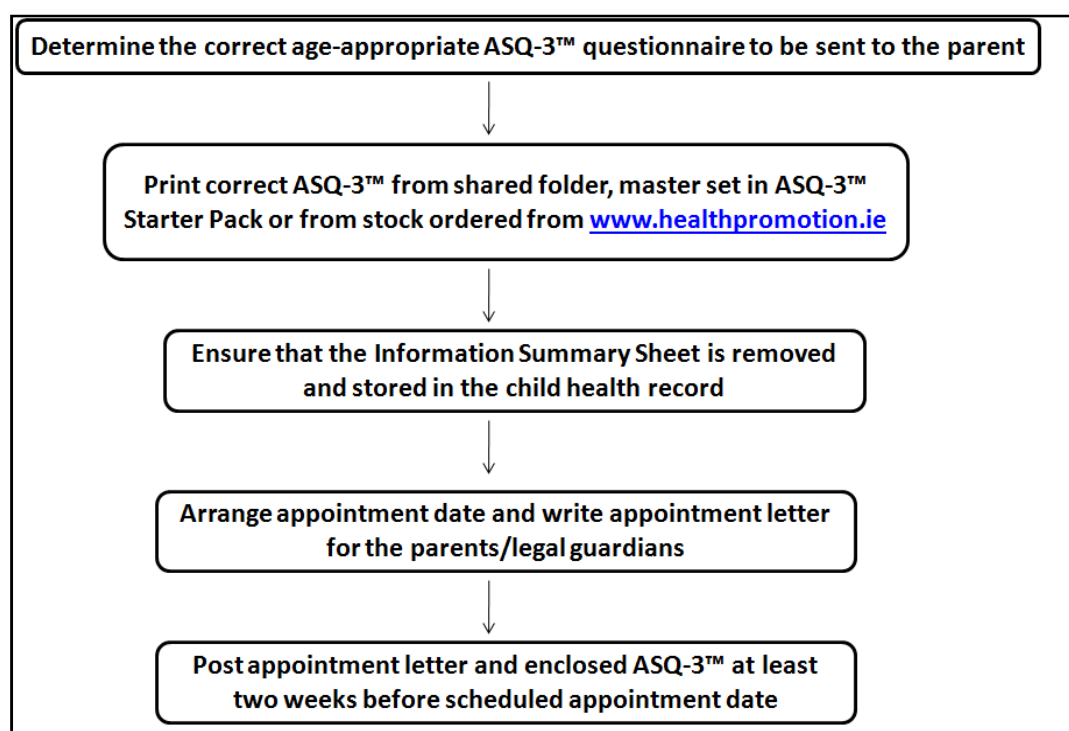
ASQ-3™ related resources such as intervention activities will be available for printing from the shared folder on the local network, the master set and the CD-ROM contained in each ASQ-3™ starter pack provided to designated staff in each DPHN area.

The parents of each child that is due their 21-24 month public health nursing child health assessment will have an appointment made and communicated by letter at least two weeks prior to the appointment date. The relevant ASQ-3™ questionnaire must be included with the letter.

The appointment letter will explain the purpose of the ASQ-3™ and ask the parents to complete the ASQ-3™ questionnaire with their child and to bring the completed questionnaire with them to the clinic appointment. (Sample appointment letter is included in Appendix VI).

Ensure that the Information Summary sheet is removed prior to postage and placed in the child health record.

Figure 1: ASQ-3™ Administration Flow Sheet



If the appointment is rescheduled for a later date, the RPHN must ensure that the correct age appropriate ASQ-3™ is sent to the parent for the date of the new appointment

2.7.4 Preparing for the public health nursing child health assessment appointment

RPHNs must check that the age range of the ASQ-3™ is correct for the age of the child.

Delayed or postponed appointments may mean that an incorrect questionnaire is being used. If this is the case, an appropriate ASQ-3™ will need to be sent to the parents with the letter confirming the new appointment date.

RPHNs must check that the age range on the ASQ-3™ information summary sheet matches the age range on the ASQ-3™ questionnaire being used. This is essential as threshold levels vary by age and developmental area; for example a score of 25 for fine motor skills falls below the threshold on the Information Summary sheet for a 24 month old, but is in the monitoring section on the 27 and 30 month Information Summary sheets.

2.7.5 Reviewing the questionnaire with parents

If the parents have not completed the questionnaire, the RPHN should provide guidance to the parents in completing the questionnaire in the health centre during the public health nursing child health assessment.

When reviewing the ASQ-3™ questionnaire with parents at the public health nursing child health assessment visit, RPHNs should:

- Ensure that parents understand the meaning of 'Yes', 'Sometimes' and 'Not Yet'
- Check that linked items are correct. Activities within each section of the ASQ-3™ increase in difficulty. Some sections contain two similar questions where one is identifying more advanced behaviour than the other. For example in the Gross Motor section of the 24 month questionnaire there are two questions about kicking:
 - Question 2 asks about walking into the ball
 - Question 6 asks about the child swinging his or her leg to kick the ball.

If the more difficult item (Q6) is marked as 'Yes' or 'Sometimes', then Q2 should also be marked 'Yes'.

- Check with parents about any items which were untried
 - It can happen that a child may not have had the opportunity to try an activity in the home environment; i.e. a child living in a bungalow does not have the opportunity to climb stairs. In this case this activity should be left blank on the questionnaire.
- Provide the opportunity to the parent, where possible, for the child to try any untried activities during the public health nursing child health assessment.
 - Check some of the 'not yet' responses as children's abilities can develop quickly, even within a two week period.
- Be aware of cultural diversity. The RPHN should always consider cultural influences when analysing how a question is answered. The ASQ-3™ questionnaire is designed to cater for cultural variety – two questions can be left blank in any area and still get a valid result.
 - For example, some children do not play with footballs. You can omit the two questions within gross motor skills that relate to playing with a ball and still achieve a valid score.
 - For example, some children eat with their fingers up to the age of two years so their fine motor dexterity may not be as advanced as a child who uses a spoon.

- RPHNs should speak with the parents to learn about what experiences or developmental opportunities the child is exposed to.

Developmental Assessment Equipment Pack

As part of the national implementation of the ASQ-3™, each RPHN and CMD will be provided with a standardised developmental assessment equipment pack containing all the relevant items required to carry out a child health developmental assessment. Each item has been carefully selected and all items have the CE mark.

RPHNs and CMDs should ensure that the child is appropriately supervised in relation to the use of the items in the developmental assessment equipment pack from a child safety perspective.

2.7.6 Scoring the questionnaire

After the RPHN has reviewed the questionnaire with the parent, the questionnaire is scored by assigning a score for each answer as follows:

Yes	=	10
Sometimes	=	5
Not Yet	=	0

The RPHN completes the child health assessment which may include asking the child to carry out some of the activities contained in the questionnaire.

The total for each developmental area is calculated and noted on the ASQ-3™ questionnaire. The score, as based on the responses from the parents, is what is recorded as the ASQ-3™ score for the child in each developmental area.

Omitted items and unanswered questions

RPHNs can score the questionnaire even if some questions are not answered; for example if some activities remain untried. This is called adjusting the score.

If one or two items in a developmental area are blank or the parent reports that they were untried, the RPHN must adjust the total developmental area score so the child is not penalised for activities that they did not have the opportunity to try.

If more than two items in a developmental area are blank or the parent reports that they were untried, that developmental area cannot be scored. In these instances the RPHN should offer the parent guidance to complete the ASQ-3™ at the clinic visit.

Adjusting the score

To adjust the score, first divide the total area score (of items that have been tried), by the total number of items tried. This will produce an adjusted item score.

Then add the adjusted item score either once (for one missing item) or twice (for two missing items) to the total area score to get an adjusted total area score.

Example 3

Lucy has scored a total of 30 points from five items in the Problem Solving section of the ASQ-3™. She has not been able to try the other item.

To adjust Lucy's total, the RPHN must divide the total area score by the number of items tried to reach the adjusted item score – i.e. $30/5 = 6$

The RPHN then adds the adjusted item score (for 1 missing item) to the total area score – i.e. $30 + 6 = 36$.

Therefore 36 is the adjusted total area score for Lucy for the 'Problem Solving' section.

Information Summary Sheet

The scores for each section are then recorded on the Information Summary sheet.

The Information Summary sheet contains five parts.

Part 1: Score and transfer totals to the chart

The total scores for sections are noted in part 1 and the RPHN must fill in the circles that correspond with the total score – see Figure 2.

Figure 2: Part 1 from the 24 month ASQ-3™ Information Summary sheet

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing and the activity is untried. 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	25.17		●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	38.07		●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	35.16		●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	29.78		●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	31.54		●	●	●	●	●	●	●	●	●	●	●	●	●

Part 2: Transfer overall responses

Transfer the answers from the 'Overall' section to this part of the Information Summary sheet. Any parental concerns that are recorded here must be noted and discussed with the parents. Any bolded uppercase responses require follow up – see Figure 3.

Figure 3: Part 2 from the 24 month ASQ-3™ Information Summary sheet

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.					
1. Hears well? Comments:	Yes	NO	6. Concerns about eyesight? Comments:	YES	No
2. Talks like other toddlers his age? Comments:	Yes	NO	7. Any medical/health problems? Comments:	YES	No
3. Understand most of what your child says? Comments:	Yes	NO	8. Concerns about behaviour? Comments:	YES	No
4. Walks, runs, and climbs like other toddlers? Comments:	Yes	NO	9. Other concerns? Comments:	YES	No
5. Family history of hearing problems? Comments:		YES	No		

Part 3: ASQ-3™ score interpretation and recommendation for follow up

The RPHN/CMD must consider the total area scores, overall responses and other considerations, such as opportunities to practice skills, to determine the most appropriate follow up.

- **Scores in 'white' area**

If the child's total score is in the '**white**' area for a developmental area, it is above '*cut-offs*' and the child's development appears to be on schedule.

- **Scores in 'grey' area**

If the child's total score is in the '**grey**' area for a developmental area, it is close to the '*cut-offs*'. The RPHN/CMD should provide intervention activities and monitor.

- **Scores in 'black' area**

If the child's total score is in the '**black**' area for a developmental area, it is below the '*cut-offs*' and this indicates that a child may be at risk of developmental delay in that area and further professional assessment is indicated.

See section 2.7.8 for further details on determining appropriate follow up.

Part 4: Follow -up Action Taken

This part outlines a checklist of follow-up actions that may be taken. The RPHN/CMD should tick all that apply.

Part 5: Optional

This table provides space to record responses to individual questions in each developmental area if required. However, the ASQ-3™ should be kept and filed in the child health record so this is optional.

Parent requests for the completed ASQ-3

If the parent wishes to have a copy of the ASQ-3™ they can be given a copy.

2.7.7 Recording in the Child Health Record

The ASQ-3™ score and any resulting findings, treatment or referral notes must be recorded in the child's health record.

If any follow up action from the ASQ-3™ is required, RPHNs must develop a nursing care plan.

If a child is being referred for further assessment, best practice would indicate that a copy of the ASQ-3™ should be included in the referral. However, this may depend on requirements from the service being referred to and may differ around the country.

2.7.8 Determining appropriate follow up

The RPHN/CMD should use the ASQ-3™ in conjunction with their professional judgement to support a referral for further assessment if deemed necessary. If ASQ-3™ scores, or any of the 'Overall' responses, raise a concern around possible developmental delay the RPHN/CMD should discuss this with the parents.

2.7.8.1 Children whose ASQ-3™ scores in the 'white' area in a developmental area - indicates typical development

It is important that the outcome of the ASQ-3™ is discussed with parents at the clinic visit. These children continue on the Best Health for Children Revisited (2005) schedule for public health nursing child health assessments.

2.7.8.2 Children whose ASQ-3™ scores in the 'grey' area in a developmental area - indicates a need for monitoring

If a child's score falls in the 'grey' area, RPHNs/CMDs should inform the parents that their child's score is close to '*cut-offs*'. RPHNs/CMDs should provide ASQ-3™ intervention activities and discuss the value of these with the parents.

RPHNs /CMDs should rescreen these children in 2 to 6 months, or earlier if deemed appropriate, and discuss this with the parents. It is essential that the RPHNs/CMDs use the relevant age appropriate ASQ-3™ questionnaire at any subsequent follow-up child health developmental assessments.

2.7.8.3 Children whose ASQ-3™ scores in the ‘black’ area in a developmental area - indicates possible risk of developmental delay

For children whose score falls into the ‘black’ area (below cut-off), this indicates a need for further assessment and some level of action should be taken by the RPHN/CMD.

2.7.8.3.1 Scoring in the ‘black’ area (below cut-off) for one developmental area only

On completion of the public health nursing child health assessment, the RPHN may be of the view that one or more of the referral considerations below may have influenced the ASQ-3™ score in that single developmental area. The RPHN/CMD should use their professional judgement and expertise to guide their actions, whilst taking into account parental concerns.

Referral considerations:

- **Opportunity:** Did the child have the opportunity to try the items or take the time to practice the skills? If not, it may be appropriate to provide the child further opportunity to try the items before making a referral
- **Health/biological factors:** Does the child have a health condition or medical factors that may have affected his or her performance?
- **Cultural factors:** are there cultural reasons that a child’s performance on the questionnaire was not optimal?
- **Environmental factors:** Are there environmental factors that may have affected the child’s performance
(Squires et al, (2009) ASQ-3™ Users Guide; 3rd edition, page 77)

If the RPHN/CMD’s child health assessment **does not agree** with the parents assessment for a score in any one of the black areas (below cut-off), and in their professional opinion the child scores in the grey area (near cut-off) or the white area (above cut-off), this should be discussed with the parents and the RPHN/CMD should provide the age appropriate ASQ-3™ intervention activity sheet and review in 1 to 2 months.

If the RPHN/CMD’s child health assessment **agrees** with a score in any one of the black areas (below cut-off), but in the RPHN/CMD’s

professional opinion, the score has been influenced by one or more of the referral considerations noted above, the RPHN/CMD may decide to provide the parents with the age appropriate ASQ-3™ intervention activities and review. The RPHN/CMD **must** review the child within 1 to 2 months.

If the score has not been influenced by any of the above referral considerations and the professional opinion of the RPHN/CMD is that the score is an accurate score then the child should be referred to the appropriate health professional.

If a child who scores in the 'black' area for one developmental area is not referred to an appropriate healthcare professional, RPHNs/CMDs must ensure that the rationale that informed the professional judgement for non-referral is documented in the child health record. In these instances the child must be reviewed again by the RPHN/CMD in 1 to 2 months.

2.7.8.3.2 Scoring in the 'black' area for two or more developmental areas

Children whose scores fall within the "black" area in two or more developmental areas should be referred for further assessment to the appropriate healthcare professional(s) following local area referral pathways for management of children with potential developmental delay. A copy of the ASQ-3™ should be included with the referral and the RPHN/CMD should provide the parents with age appropriate ASQ-3™ intervention activity sheets.

In cases where the child is placed on a waiting list for assessment for potential developmental delay, the RPHN/CMD should maintain contact (i.e. telephone) with the parents of any child that has been referred for further assessment until they have been accepted and assessed by the appropriate healthcare professional(s). If there are delays in a child being assessed this needs to be highlighted through local management/governance structures and placed on a risk register if deemed necessary.

Non Referral

If a child is not referred onwards the RPHN/CMD must record clearly the reasons for non-referral and an appropriate follow-up/care plan is actioned in the child's health record.

2.7.8.4 Communication with parents

The RPHN/CMD must communicate the requirement for an onward referral for further assessment for potential developmental delay to the parents in a sensitive manner. This should be done in person at a

time that is appropriate for the parents. If there are language difficulties an interpreter may be required.

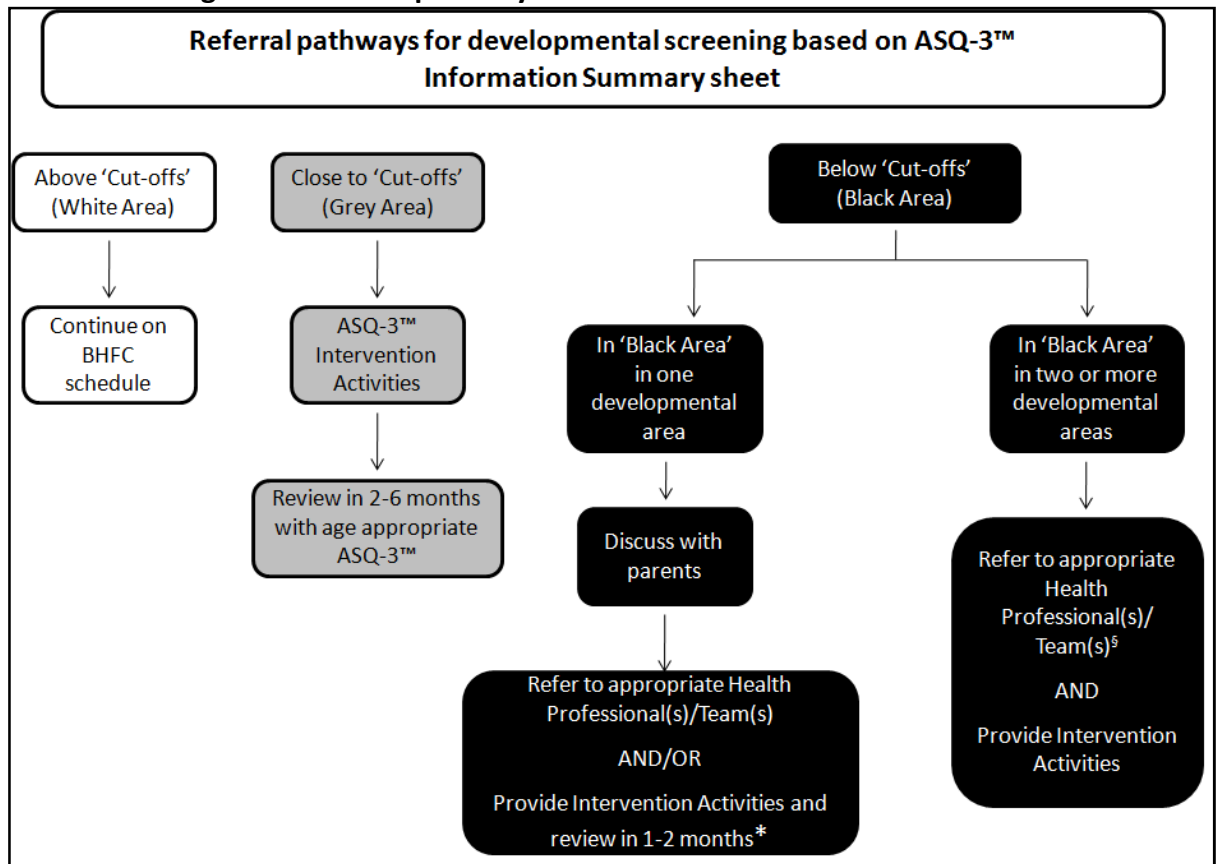
In communicating to parents that their child may be at risk of developmental delay it is important that the following points are adhered to:

- Assure parents that the conversation is confidential
- Remind parents as to the purpose of screening and ensure that they understand that screening only indicates the need for further assessment and does not constitute a diagnosis for a child
- When reviewing the ASQ-3™ results emphasise the child's strengths
- Avoid the use of terms such as *fail*, *test*, *normal* or *abnormal*
- Use language such as "*above cut-offs*", "*close to cut-offs*" and "*below cut-offs*" when explaining cut off scores and a child's scores
- Discuss any factors that may have affected scores in particular areas of development (e.g. opportunity, health history, cultural or environmental factors)
- Listen to the parent's perceptions of their child and be open to any new ideas or viewpoints that they may have
- Discuss any concerns that the parents may have and provide specific examples of your concerns
- Emphasise the parents' current skills and resources
- If parents are interested, provide information about any relevant community resources and referral options
- Obtain appropriate consent for onward referrals as per HSE National Consent Policy (2017)
- Provide help and support to parents in accepting that an onward referral is necessary

If, following the RPHN/CMD holistic assessment, the assessment does not concur with the ASQ-3™ score the RPHN/CMD must record why and document any action taken in the child's health record and subsequent outcome.

2.7.9 Referral pathway for further assessment – Flow diagram

Figure 4: Referral pathway



* As per Section 2.7.8.3.1 - where your professional judgement and considerations do not support a score in the **'black'** area

§ As per Section 2.7.8.3.2 – if a child has been referred for further assessment the RPHN/CMD should maintain contact with the Parents/Guardians until the child has been accepted and assessed. Any delays to assessment should be highlighted through local management/governance structures and placed on a risk register if deemed necessary.

Appendix I:

Signature Sheet - National Guideline on the Use of the Ages & Stages Questionnaire™ for Developmental Screening of Children between 1 month and 66 months of Age



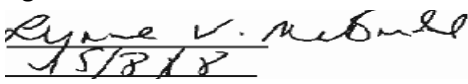





I have read, understand and agree to adhere to this Guideline:

[illegible]

Appendix II:

Membership of the Guideline Development Group

Please list all members of the development group (and title) involved in the development of the document.

Dr. Melissa Canny Specialist in Public Health Medicine	Signature:  Date: 19/07/2018
Jane Dare Assistant Director of Public Health Nursing	Signature:  Date: 24/07/2018
Dr. Lynne McBride Senior Medical Officer	Signature:  Date: 15/8/18
Ger McGoldrick Director of Public Health Nursing	Signature:  Date: 03/08/2018
Moirá O'Reilly Implementation Specialist (CES)	Signature:  Date: 30/07/2018
Dr. Farhana Sharif Consultant Paediatrician	Signature:  Date: 26/07/2018
Catherine Whitty National Practice Development Co-Ordinator Public Health Nursing Services	Signature:  Date: 20/07/2018
Chairperson: Paul Marsden Project Manager, Child Health Screening Programmes	Signature:  Date: 24/08/2018

Appendix III: Conflict of Interest Declaration Form



CONFLICT OF INTEREST DECLARATION

This must be completed by each member of the Guideline Development Group as applicable

Title of PPPG being considered:

National Guideline on the Use of the Ages & Stages Questionnaire™ for Developmental Screening of Children between 1 month and 66 months of age

Please circle the statement that relates to you

1. I declare that I DO NOT have any conflicts of interest.

2. I declare that I DO have a conflict of interest.

Details of conflict (Please refer to specific PPPG)

(Append additional pages to this statement if required)

Signature

Printed name

Registration number (if applicable)

Date

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act. Data will be processed only to ensure that committee members act in the best interests of the committee. The information provided will not be used for any other purpose.

A person who is covered by this PPPG is required to furnish a statement, in writing, of:

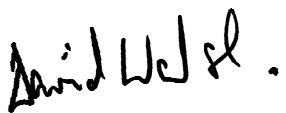

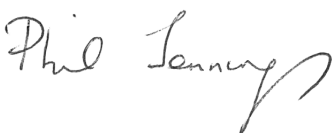
(i) The interests of the person, and

(ii) The interests, of which the person has actual knowledge, of his or her spouse or civil partner or a child of the person or of his or her spouse which could materially influence the person in, or in relation to, the performance of the person's official functions by reason of the fact that such performance could so affect those interests as to confer on, or withhold from, the person, or the spouse or civil partner or child, a substantial benefit.

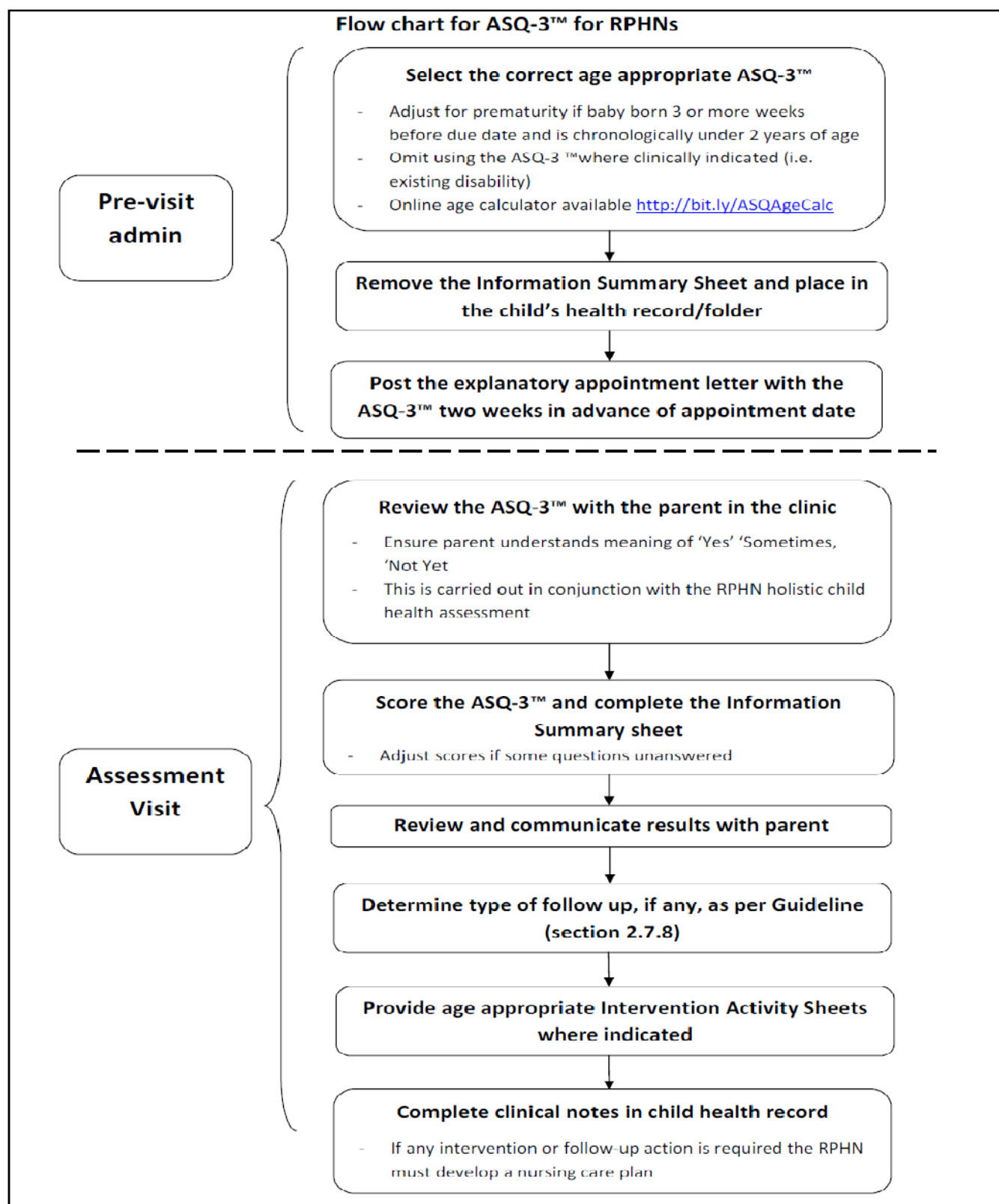
Appendix IV:

Membership of the Approval Governance Group (Template)

Please list all members of the relevant approval governance group (and title) who have final approval of the PPPG document.

David Walsh National Director – Community Operations	Signature:  Date: 12/09/2018
Dr. Kevin Kelleher Assistant National Director Public Health & Child Health Strategic Planning and Transformation	Signature:  Date: 24/08/2018
Dr. Phil Jennings Director of Public Health National Lead for the National Healthy Childhood Programme	Signature:  Date: 24/08/2018

Appendix V: Flow chart for ASQ-3™ for RPHNs



Appendix VI: Standard appointment letter to be sent with the ASQ-3™

PHN Service Address

Parents of
Address 1
Address 2
Address 3

Date:

Dear Parent/Guardian,

Your child is due their 21-24 month developmental visit at [LOCATION] on [DATE].

I am sending you a form called the Ages and Stages Questionnaire (ASQ-3™). It will help you to do a quick check of your child's development. It takes about 5 – 10 minutes to complete.

Your child may be able to do some but not all of the activities and this is to be expected. You are to answer each question either 'Yes', 'Sometimes', or 'Not Yet'.

You will be asked some important questions about your child's development and any concerns that you may have. The information that you give will help show your child's strengths and identify any areas that may need additional support.

Have fun completing the activities with your child. Make sure that they are rested, fed and ready to play before you try the activities.

Please be sure to bring the completed form with you on the day of the appointment and we can talk about how your child is progressing and any concerns that you may have.

If you have any questions or would like help to complete the questionnaire you can contact me at 08XXXXXXX.

Thank you,

NAME

Registered Public Health Nurse

Appendix VII: Sample Audit Tools

Sample Documentation Audit Tool

Question	Yes	No	Comment
Were you aware of the existence of this PPPG?			
Did you find this PPPG easy to understand?			
Did you find this PPPG easy to use?			
Did you use this PPPG to guide your practice?			

Sample Clinical Audit Tool

Question	Yes	No	Comment
Did the parent complete the ASQ-3 at the 21-24 month developmental assessment visit?			
If the child scored in the 'grey' area is it documented that the relevant activity sheets were provided to the parents?			
If the child scored in the 'grey' area were they rescreened in 2 to 6 months?			
If the child scored in the 'black' area was it documented that the child required onward referral?			
If the child scored in the 'black' area was there evidence of an appropriate care plan recorded in the child health record?			