Ages and stages questionnaire pdf 10 months

Adaptation of the Ages and Stages Questionnaire for Remote Aboriginal Australia

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Abstract

A key challenge to providing quality developmental care in remote Aboriginal primary health care (PHC) centers has been the absence of culturally appropriate developmental screening instruments. This study focused on the cross-cultural adaptation of the Ages and Stages Questionnaires, 3rd edition (ASQ-3), with careful attention to language and culture. We aimed to adapt the ASQ-3 for use with remote dwelling Australian Aboriginal children, and to investigate the cultural appropriateness and feasibility of the adapted ASQ-3 for use in this context. We undertook a qualitative study in two remote Australian Aboriginal communities, using a six-step collaborative adaptation process. Aboriginal Health Workers (AHWs) were trained to use the adapted ASQ-3, and follow-up interviews examined participants' views of the cultural acceptability and usefulness of the adapted instrument. The adapted ASQ-3 was found to have high face validity and to be culturally acceptable and relevant to parents, AHWs, and early childhood development experts.

Keywords

Aboriginal people, Australia; children, growth and development; community and public health; disability, developmental; health care screening; instrument development

Early identification of children who might be experiencing developmental delays or disabilities is a primary goal for improving the quality of life of children and their families. Identification of children with special needs is based on the assumption that it is feasible to distinguish between children who have significant developmental problems, from those whose development is following an unexpected trajectory, or whose problems are temporary (Guralnick, 2012; Shonkoff, 2010; Squires, Twombly, Bricker, & Potter, 2009).

Developmental monitoring is considered a vital role of child health practitioners in most Western nations (Council on Children With Disabilities et al., 2006) and is also recommended in low- and middle-income countries (Engle, Young, & Tamburlini, 2013; Ertem et al., 2008). Young children from diverse cultural backgrounds should receive regular developmental screening with the purpose of identifying a possible problem or delay in specific developmental domains, including first- and second-language acquisition (Division for Early Childhood, 2009).

Structured developmental screening tools, known to increase detection of developmental problems, are an important part of developmental monitoring programs (Guevara et al., 2013; Marks, Glascoe, & Macias, 2011). Although developmental checks are a mandatory component of the scheduled child health checks in remote Australian Aboriginal communities in the Northern Territory (NT), as part of the Healthy Under 5 Kids program, no structured developmental screening tool is recommended for use because of the lack of developmental screening tools that are culturally appropriate, reliable, and valid for this population (Department of Health and Families & Graduate School for Health Practice, 2010). There have not been any developmental screening instruments that have been adapted and

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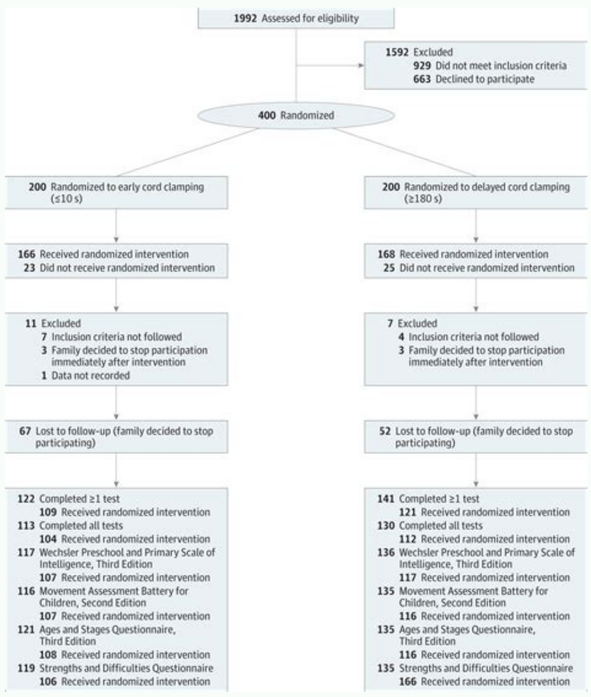

ASQ-3 Ages & Stages Questionnaires®

48 Month Questionnaire

45 months 0 days through 50 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Child's information

Child's first name: _____ Middle initial: _____ Child's last name: _____

Child's gender: ◯ Male ◯ Female

Child's date of birth: _____

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Relationship to child: ◯ Parent ◯ Guardian ◯ Teacher ◯ Child care provider ◯ Grandparent or other relative ◯ Foster parent ◯ Other: _____

Street address: _____

City: _____ State/ Province: _____ ZIP/ Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: _____

Program ID #: _____

Program name: _____

P101480100

Child's Name: Date of birth:

COMMUNICATION			
1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some thing that you can eat," does your child answer with something like, "Cookies, eggs and cereal?" Or if you say, "Tell me the names of some animals," does your child answer with something like, "Cow, dog, and elephant"?	Yes	No	Sometimes
2. Does your child answer the following questions: "What do you do when you are hungry?" (Acceptable answers include: "Get food," "Eat," "Ask for something to eat," and "Have a snack.") Please write your child's response: "What do you do when you are tired?" (Acceptable answers include: "Take a nap," "Rest," "Go to sleep," "Go to bed," "Lie down," and "Sit down.") Please write your child's response: Mark "sometimes" if your child answers only one question.	Yes	No	Sometimes
3. 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 he/she say something like, "It's round. I throw it. It's big"?	Yes	No	Sometimes
4. 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"?	Yes	No	Sometimes
5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down."	Yes	No	Sometimes
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?"	Yes	No	Sometimes

GROSS MOTOR			
1. 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.	Yes	No	Sometimes
2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?	Yes	No	Sometimes
3. 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/her arm to shoulder height and throw the ball forward. (Dropping the ball, letting the ball go, or throwing the ball underhand should be scored as "not yet.")	Yes	No	Sometimes
4. Does your child hop up and down on either the right or left foot at least one time without losing his/her balance or falling?	Yes	No	Sometimes
5. Does your child jump forward a distance of 20 inches from a standing position, starting with his/her feet together?	Yes	No	Sometimes
6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing his/her balance and putting his/her foot down? You may give your child two or three tries before you mark the question.	Yes	No	Sometimes

ASQ-3

2 Month Questionnaire *1 month 0 days through 2 months 30 days*

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your baby.
- ☑ Make sure your baby is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby sometimes make throaty or gurgling sounds?	○	○	○	___
2. Does your baby make cooing sounds such as "ooo," "gah," and "aah"?	○	○	○	___
3. When you speak to your baby, does she make sounds back to you?	○	○	○	___
4. Does your baby smile when you talk to him?	○	○	○	___
5. Does your baby chuckle softly?	○	○	○	___
6. After you have been out of sight, does your baby smile or get excited when she sees you?	○	○	○	___

COMMUNICATION TOTAL ___

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. While your baby is on his back, does he wave his arms and legs, wiggle, and squirm?	○	○	○	___

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BMJ Open. 2014;4(1):e004132.Article PubMed PubMed Central Google Scholar Page 2 Short Cohort (unweighted n = 12,142) Long Cohort (unweighted n = 5604) Health Utilities Index (HUI) 5.65% 6.26% Reported diagnosis 1.88% 1.91% Epilepsy 0.19% 0.15% Cerebral Palsy 0.22% 0.23% Mental Handicap 0.27% 0.30% Learning Disability 1.11% 1.17% Attention Deficit Disorder 0.64% 0.66% Autismb 0.50% 0.49% Both 0.99% 0.96% NDDa 6.47% 7.17% aSome children are diagnosed with more than one NDD bBased on cycle 8 sample only

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