# GUIDELINE
## Ages and Stages Questionnaires™

| Scope (Staff): | Community health staff |
| Scope (Area): | CACH, WACHS |

This document should be read in conjunction with this [DISCLAIMER](#).

## Aim
To monitor the development of children and identify those who have, or are at risk of, developmental delay. To ensure timely referral to early intervention services for further assessment.

## Risk
Children at risk of developmental delay who are not identified and referred for timely intervention are at risk of sub-optimal outcomes in health, development and education.

## Background
In Australia, the estimated incidence of childhood developmental delay is 15%.\(^1\) Research recognises the period in child development between birth and five years as having significant and long-lasting implications for the subsequent development of a variety of competencies.\(^2,3\) Early detection and intervention of developmental delay improves long-term developmental outcomes (especially for disadvantaged children with mild delays, autism or low socio-economic status).\(^4\) Early detection of children with, or at risk of, developmental delay can be achieved through developmental surveillance programs that incorporate validated screening tools. Systems that evaluate a child at only one point in time or at extended time intervals are likely to be ineffective in the timely identification of children who may require intervention services.\(^5\) Problems can arise at any point in a child’s developmental trajectory and effective monitoring systems should assess children at reasonable time intervals.\(^5\)

The Ages and Stages Questionnaire™ (ASQ) is a screening and monitoring system designed to accurately identify infants and young children in need of further assessment. Ideally, the tools are administered incrementally as part of a developmental surveillance program. The tools are valid and reliable, meeting Australian standards for sensitivity and specificity.\(^5\)

The screening tools endorsed for use by Community Health services in Western Australia are the *Ages and Stages Questionnaires, Third Edition (ASQ-3™)* and the *Ages and Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2™)*.

Note: WA Country Health Service has endorsed the use of the ASQ TRAK with Aboriginal communities in some regions. Refer to local operational guidelines.

*In this guideline the term ‘parent’ includes caregiver and guardian.*
Key Points

- ASQ-3™ and ASQ:SE-2™ training must be completed by all Community health staff prior to using the tools.

- Both the ASQ-3™ and ASQ:SE-2™ are to be offered to all clients at the 4 month, 12 month and 2 year Universal contacts.

- If the ASQ-3™ and ASQ:SE-2™ have not been received by the parent/carer prior to an appointment, nurses will determine the most suitable approach to offering the ASQ™ tools:
  - provide the forms and a reply paid envelope for the family to complete the ASQs at home and post back; or
  - complete the ASQs during the Universal contact appointment if time permits; or
  - book a Universal Plus appointment to allow the family an opportunity to return with the completed forms or to schedule enough time to complete the forms with the family.

- If the ASQ™ tools have been offered but not completed, nurses will use their clinical judgement about the need to complete them.

- The ASQ-3™ and ASQ:SE-2™ can be used at any additional contact time on clinical or parental concern and will be offered to all clients who fall into the monitoring zone.

- The ASQ-3™ can be used from 1 month until 66 months, ASQ:SE-2™ can be used from 1 month until 72 months.

- Consideration of parent concerns is a key component in identifying developmental issues.

- Child development outcomes are enhanced by informing parents about developmental milestones and their child’s development, and encouraging positive parent-child interaction.

- Clinical judgement is critical when observing development in children. The ASQ™ tools support clinical judgement and assist in decision-making for referrals.

- The use of validated parent-completed screening tools supports family centred practice and acknowledges that parents are experts in the development of their own children.

- Age adjustment for prematurity is essential to ensure the correct age-interval questionnaires are used. Adjusting age for prematurity is necessary if a child was born 3 or more weeks prematurely and is under 2 years of age chronologically.

- Professional interpreters are used to communicate with CaLD families and or hearing impaired parents in the completion and review of ASQ-3™ and ASQ:SE-2™, when required.

- It is important to consider all local community available options for referral and support.
Referral pathways for ASQ-3™ and ASQ:SE-2™ for Child and Adolescent Community Health (CACH) and the Western Australian Country Health Service (WACHS) are located in Appendix A.

**ASQ™ licence agreement**

The licence agreement does not permit resources to be saved on shared drives, H Drive, internet or intranet. Community health staff are permitted to save questionnaires, Information Summary sheets and other resources from the disks onto **desktops only**.

The licence agreement does not permit the emailing of blank ASQs™. However, staff and parents are permitted to email a completed ASQ™ in the course of service provision.

**Equipment**

- Questionnaires and Information Summary sheets (scoring sheets).
- ASQ calculator – an online tool.
- Activity sheets. The activity sheets include games and other fun ideas for parents and their children. Each sheet contains activities that correspond to age intervals in the ASQ-3™ and ASQ:SE-2™.
- Parent letters. These are available on the Information Hub Child Health and School Health Staff Resources pages.
- Materials kit (or substitute items), if the ASQ™ is to be conducted during the child health appointment.

**Key information on ASQ-3™**

- ASQ-3™ is used as the screening tool of choice, for children at four months, twelve months and two years and at any other time as clinically indicated. The use of an ASQ-3™ will identify children who require further investigation and strengthen referrals; however, it does not replace professional judgment.
- ASQ-3™ has a high sensitivity and specificity. There are 21 questionnaires from 2-60 months. It is imperative to use the questionnaire that is calculated as correct for the child’s age.
- Each screen covers five key developmental areas; communication, gross motor, fine motor, problem solving and personal-social with 30 questions over the five domains. It also comprises general health questions, with responses noted but not scored. Parent completion time has been estimated at approximately 10-15 minutes and scoring time at 2-5 minutes.
- A scoring information summary sheet for staff use is available on the last page of the questionnaire (Set B). This should **never** be sent out/given to parents.
  - A score **above the cutoff** in the **white** area indicates child is doing well.
  - A score in the **dark area** on the score sheet **requires referral** or further investigation.
  - A score is in the **grey (monitoring)** zone requires follow-up or ongoing surveillance. A follow-up of two months is recommended, as this allows
sufficient time for the child to practice new skills.

- Questionnaires remain valid with up to two questions missing in each domain. Calculation of ratio scores must be done carefully to maintain validity, and guidelines can be located in the ASQ-3™ user guide or quick start guide.

- Intervention activity sheets including games and other fun activities, to promote age specific development, are available for CHNs to give to parent at each of the scheduled checks and other contacts.

- The Questionnaires, Information Summaries and Intervention activity sheets are available on the disks included in the hard copy kits – to be downloaded to desktops only.

- Licensing agreements enable ASQ™ forms to be printed and copied by the individual practitioner, or by administration staff at community health bases state-wide, provided there is a hard copy kit at all centres where the ASQ™ forms are to be used.

**Key information on ASQ:SE-2™**

- The ASQ:SE-2™ focuses on a child’s social and emotional behaviour and therefore should be used in conjunction with the ASQ-3™. The ASQ:SE-2™ assists in identifying children whose social or emotional development requires further assessment and intervention.

- The ASQ:SE-2™ has a high sensitivity and specificity. There are nine age specific questionnaires which address seven behavioural areas of self-regulation, compliance, communication, adaptive functioning, autonomy, affect and interaction with people. The tool takes approximately 10-15 minutes for the parent to complete and scoring takes 1-3 minutes.

  - An Information Summary sheet for staff use for scoring is available on the last page of the questionnaire (Set B). This should never be sent out/given to parents.

  - A score below the cut-off (within the light zone) indicates there is no concern and no intervention or referral required.

  - A score at or above the cut-off (within the dark zone) indicates that there is a concern and that follow-up and/or referral is required.

  - A score in the monitoring zone (within the grey zone), requires ongoing surveillance and follow-up. The family may need information and support for any behaviours of concern.

- ASQ:SE-2™ questionnaires will still be considered valid provided no more than four questions are unanswered. Guidelines should be followed carefully to ensure validity is maintained.
**Documentation**

All relevant findings are to be recorded on the Scoring/Summary sheets for the respective tools and retained within the CHS800 Child Health Record; or CHS409-1 for school health. Staff should refer to the Records management (client) policy for further information on documentation and storage.

**Electronic documentation includes the following:**

- **CACH: Child Development Information System (CDIS):**
  - ASQs™ scores must always be recorded in CDIS:
    - If ASQs are completed before or during the assessment, scores are to be recorded in the ASQ clinical contact screen
    - If ASQs are received separately to an assessment, scores can be recorded directly into the CDIS ASQ screen
  - The whole ASQ™ (all pages including the Information Summary sheet – as a single pdf) must be scanned and attached to the CDIS ASQ screen where there are concern(s) requiring a referral (dark zone)

- **WACHS: ASQs™ should be documented as per local processes.**

**References**


**Related internal policies, procedures, guidelines and resources**

The following documents can be accessed in the Community Health Manual via the HealthPoint link or the Internet link

- Child Development Service referral form (CHS300-4)
- How children develop 0-5yrs, 5-12yrs
- Health Language Services Policy – MP0051/17
- Indicators of need resource
- Play and Learning Resources
### Physical Assessment 0-4 years

- Records management – client policy

### External resources

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<tr>
<td>Tips for screening children from diverse cultures</td>
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<td>Guidelines for Cultural and Linguistic Adaptation of ASQ-3™ and ASQ:SE</td>
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<td>Online ASQ Age Calculator and Adjusted Score Calculator</td>
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<td>Tips for Using ASQ with Premature Children</td>
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Video resources by Brookes Publishing can be loaned. ASQ-3™ Scoring and Referral (Duration: 18 minutes) and ASQ:SE-2™ in Practice (Duration: 26 minutes) are available from CACH Learning and Development. Loan form is located at this link: [https://cahs-healthpoint.hdwa.health.wa.gov.au/cach/LearningandDevelopment/My-Learning/Pages/Resources-for-loan.aspx](https://cahs-healthpoint.hdwa.health.wa.gov.au/cach/LearningandDevelopment/My-Learning/Pages/Resources-for-loan.aspx)

Welcome letters (on ASQ CDs)

Referral pathways (ASQ-3™; ASQ:SE-2™; CACH and WACHS)
Appendix A: Referral Pathways

CACH ASQ-3 score and referral pathway

- Educate parent/carer on age-appropriate development
- Positively reinforce parental behaviours promoting development
- Provide anticipatory guidance

Does your clinical judgement support this?

- Develop a plan with parent/carer on how to reduce risk factors and enhance protective factors (strengths-based approach)
- Positively reinforce parental behaviours promoting development

Is a referral indicated? Use clinical judgement

- Refer to CDS
- Refer to private practitioner via parent/carer

Follow-up support as required

Issue resolved or managed?

Continue with scheduled contacts

Rescreen or Universal + in 8 weeks [Complete this monitoring zone cycle once only]
CACH
ASQ:SE-2 score and referral pathway

Promote continued development. Provide parent/carer with activity sheets to practise with child.

ABOVE the cutoff OR parental concerns UPPERCASE ‘YES’ response is marked

- Develop a plan with parent/carer on how to reduce risk factors and enhance protective factors (strengths-based approach).
- Positively reinforce parental behaviours promoting development.

Does your clinical judgement support this?

- Educate parent/carer on age-appropriate development
- Positively reinforce parental behaviours promoting development
- Provide anticipatory guidance

MONITORING zone NO parental concerns

Disucssion with parent

Is a referral indicated? Use clinical judgement

NO

ABOVE the cutoff OR parental concerns UPPERCASE ‘YES’ response is marked

- Develop a plan with parent/carer on how to reduce risk factors and enhance protective factors (strengths-based approach).
- Positively reinforce parental behaviours promoting development.

YES

Child eligible for Child Development Service (CDS)?

NO

Relevant options discussed with family

Refer to CDS Refer to private practitioner via parent/carer

Follow-up support as required

Issue resolved or managed?

Continue with scheduled contacts

Rescreen or Universal + in 8 weeks [Complete this monitoring zone cycle ONCE only]
WACHS
ASQ-3 score and referral pathway

- Educate parent/carer on age-appropriate development
- Positively reinforce parental behaviours promoting development
- Provide anticipatory guidance

An ASQ-3 score ABOVE the cutoff means the child is developmentally on track. Does your clinical judgement support this?

- Agree with parent/carer on when to rescreen

Is a referral required? Use clinical judgement

- Refer to Child Development Team as per local process

Follow-up support as required

- Issue resolved or managed?

Yes

Continue with scheduled contacts

No

Rescreen at scheduled or unscheduled contact within 8 weeks

[Complete this monitoring zone cycle once only]

- Develop a plan with parent/carer on how to reduce risk factors and enhance protective factors (strengths-based approach).
- Positively reinforce parental behaviours promoting development.

ABOVE the cutoff
Bold UPPERCASE 'YES' or 'NO' response NOT marked

MONITORING zone
Bold UPPERCASE 'YES' or 'NO' response NOT marked

BELOW the cutoff
OR Bold UPPERCASE 'YES' or 'NO' response marked
WACHS
ASQ:SE-2 score and referral pathway

- Below the cutoff
  NO parental concerns

- An ASQ:SE-2 score
  BELOW the cutoff means
  the child is developmentally on track. Does your clinical
  judgement support this?

- Yes
  - Refer to Child
    Development Team
      (incl. GP/CAMHS/ School Psych)
  - Issue resolved or
    managed?
    - Yes
      - Continue with
        scheduled contacts
    - NO
      - Follow-up
        support as
          required

- NO
  - Agree with
    parent/carer on when to rescreen

- Is a referral required?
  Use clinical judgement

- NO
  - Rescreen at scheduled or
    unscheduled contact within 8 weeks
    [Complete this monitoring zone cycle once only]

- YES
  - Educate parent/carer on age
    appropriate development
  - Positively reinforce parental
    behaviours promoting development
  - Provide anticipatory guidance

- Promote continued development. Provide parent/carer with activity sheets to practise with child

- Monitoring zone
  NO parental concerns

- Above the cutoff or
  parental concerns (UPPERCASE 'YES' response marked)

- Develop a plan with parent/carer on how to reduce risk factors and enhance protective factors (strengths-based approach). Positively reinforce parental behaviours promoting development.
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