



<b>GUIDELINE</b>	
<b>Ages and Stages Questionnaires™</b>	
<b>Scope (Staff):</b>	Community health staff
<b>Scope (Area):</b>	CAHS-CH, 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%.<sup>1</sup> 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.<sup>2,3</sup> 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).<sup>4</sup> 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.<sup>5</sup> Problems can arise at any point in a child’s developmental trajectory and effective monitoring systems should assess children at reasonable time intervals.<sup>5</sup>

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.<sup>5</sup>

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

### Hard copy:

All findings are to be recorded on the Scoring/Summary sheets for the respective tools and retained within the relevant paper records.

The ASQ™ is returned to the parent.

### Electronic:

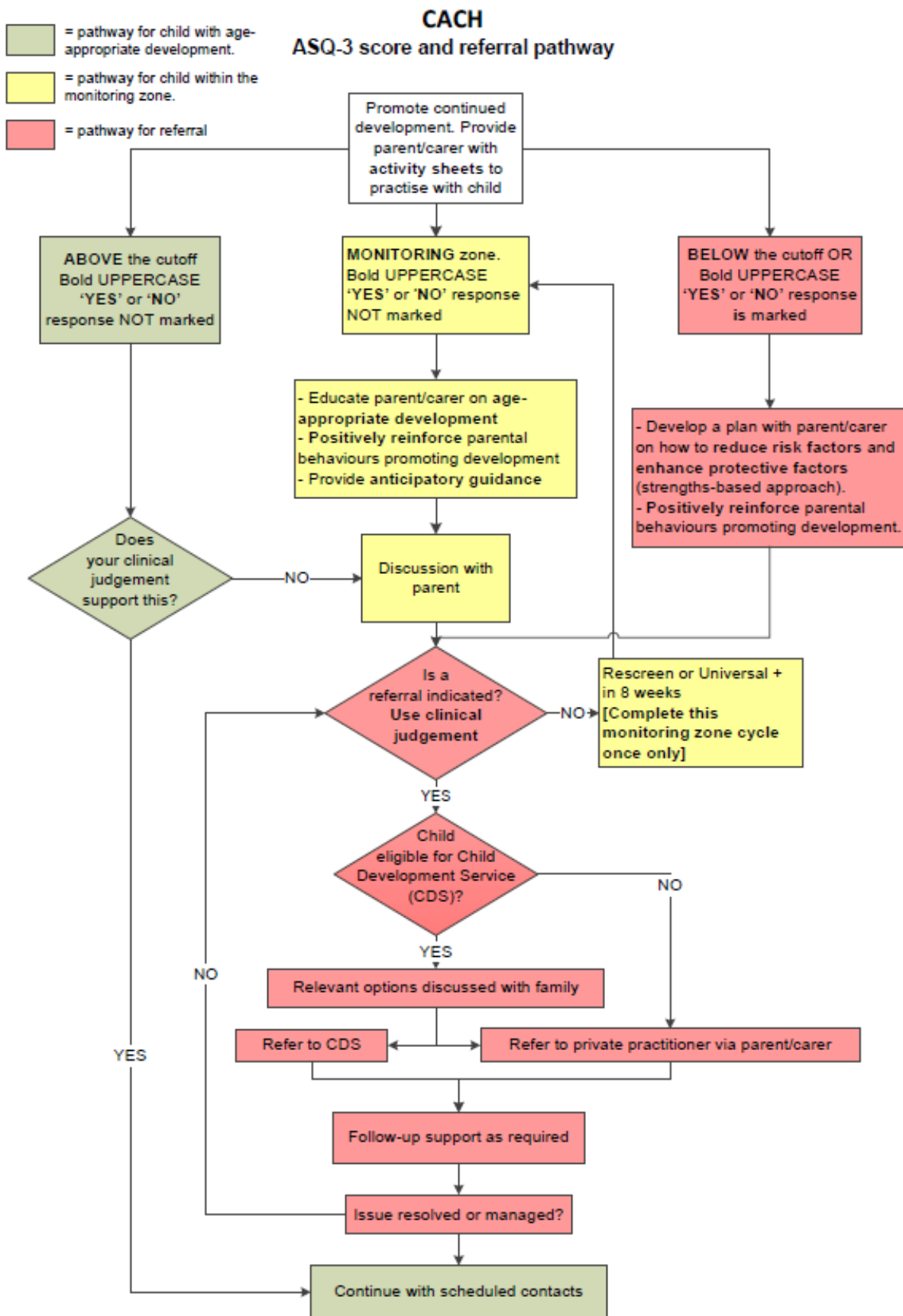
- ASQ™ scores must always be recorded in the electronic health record
  - In CAHS -CH scores are recorded in the CDIS ASQ clinical contact screen when the ASQ is completed before or during the assessment
  - In CAHS -CH scores are recorded directly into the CDIS ASQ screen when the ASQ is received separately to an assessment
- Where a parent has written comments and/or there are concern(s) requiring a referral (dark zone), the whole ASQ (all pages including the Information Summary sheet – as a single PDF) must be scanned, attached to the electronic record. The ASQ™ is returned to the parent.
- Scanned documents must meet the minimum requirements of the Department of Health Digitisation and Disposal of Patient Records policy (OD0583/15).

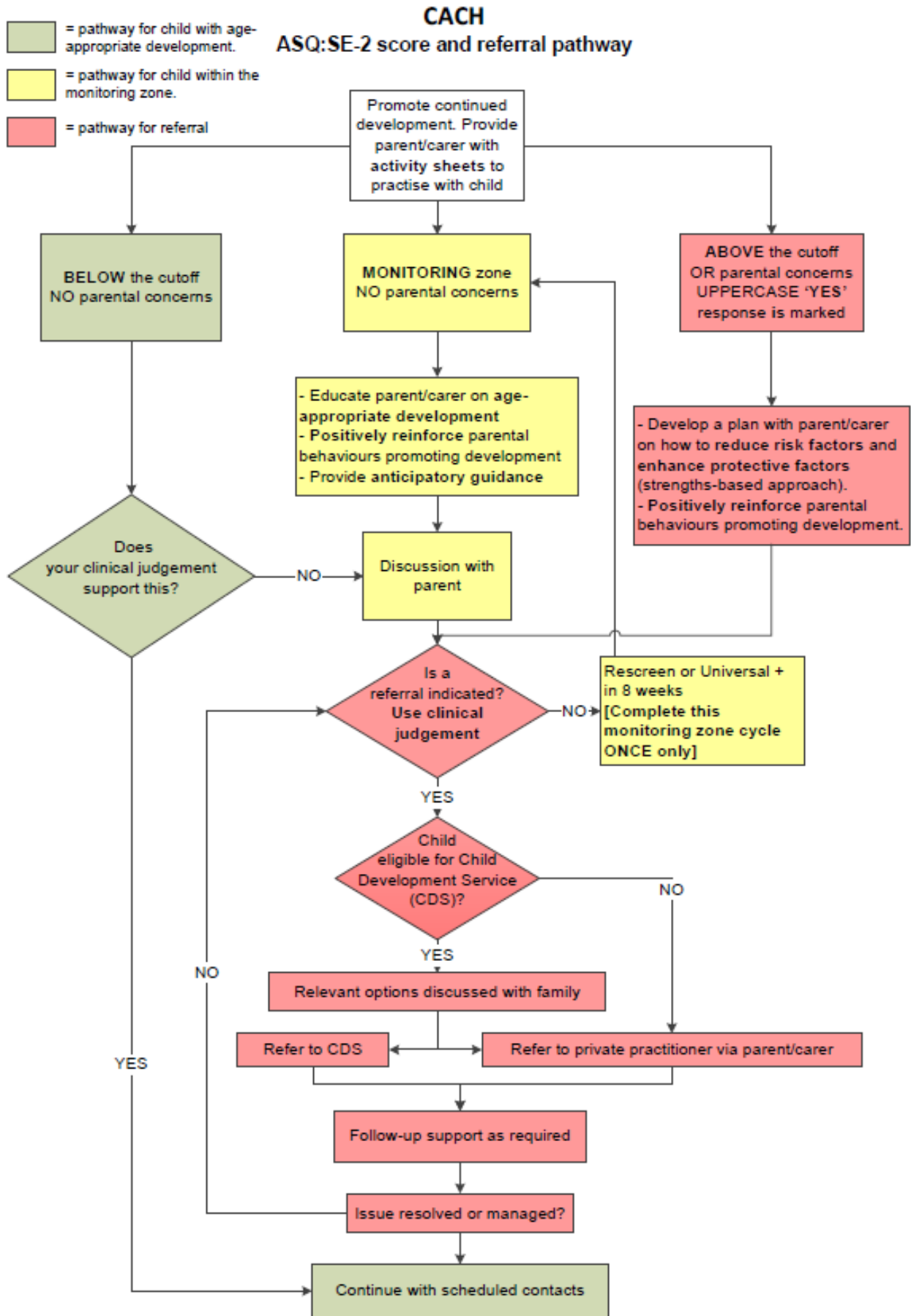
References
1. Oberklaid F, Drever K. Is my child normal? Milestones and red flags for referral. Australian Family Physician. 2011 9/01;40:666-70.
2. Oberklaid F. Is developmental assessment worthwhile? Australian Family Physician 29:8.2000.
3. Centre for Community Child Health. <a href="#">Early childhood and the life course</a> . Royal Children's Hospital, 2006 [cited 2013 January 10].
4. Marks K. <a href="#">Early interventioners assemble! Implementing the ASQ-3 &amp; ASQ-SE in a medical home setting</a> . 2013 [cited 2016 May 10].
5. Squires J, Twombly E. Ages & stages questionnaires third edition ASQ-3 user's guide. Baltimore: Paul H. Brookes Publishing Co. 2009.

Related internal policies, procedures, guidelines and resources
The following documents can be accessed in the Community Health Manual via the <a href="#">HealthPoint</a> link or the <a href="#">Internet</a> link
Child Development Service referral form (CHS300-4)
Digitisation and Disposal of Patient Records – OD0583/15
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
<b>External resources</b>
<a href="#">Tips for screening children from diverse cultures</a>
<a href="#">Guidelines for Cultural and Linguistic Adaptation of ASQ-3™ and ASQ:SE</a>
<a href="#">Online ASQ Age Calculator and Adjusted Score Calculator</a>
Tips for Using ASQ with Premature Children
Welcome letters (on ASQ CDs)
Referral pathways (ASQ-3™; ASQ:SE-2™; CACH and WACHS)

## Appendix A: Referral Pathways



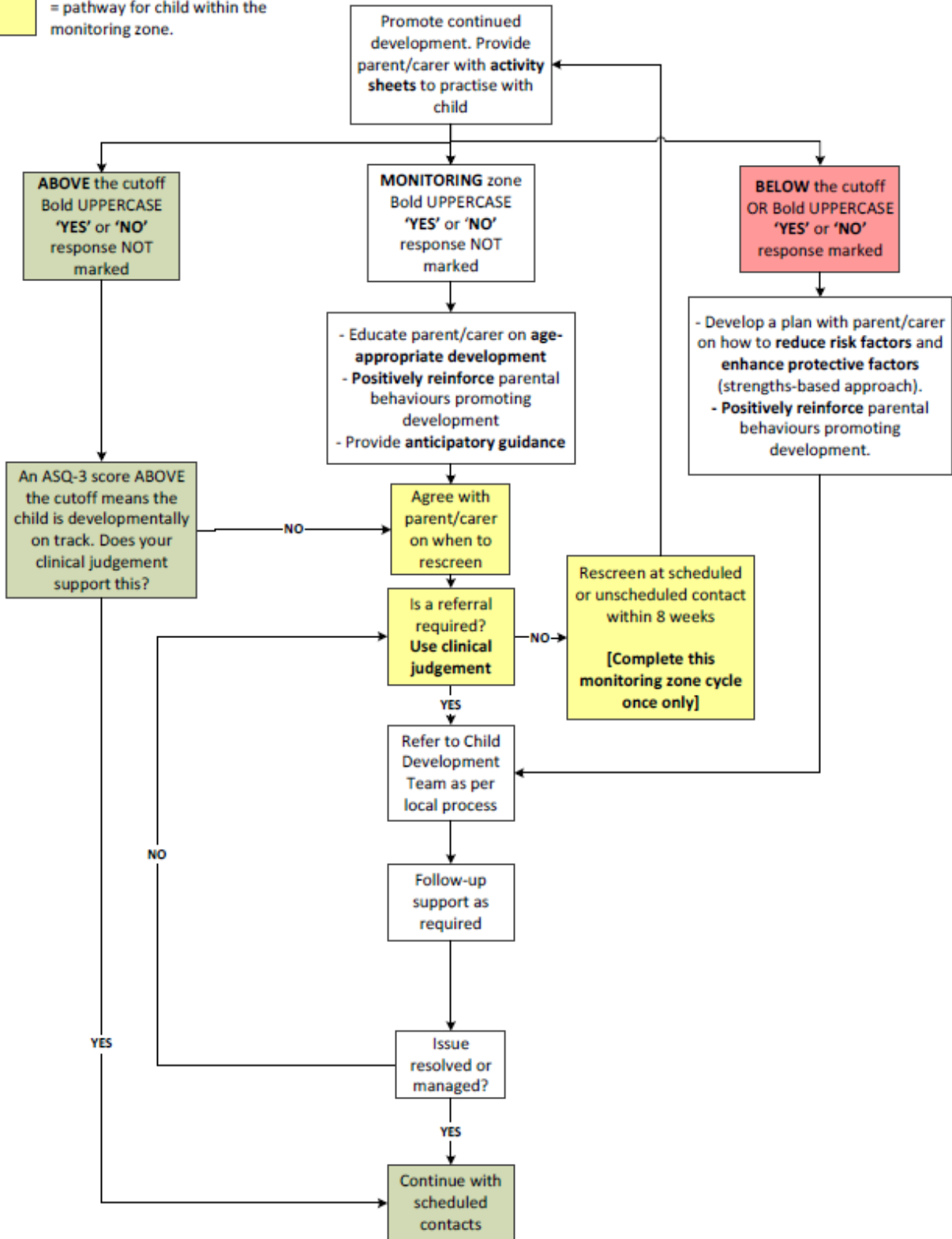


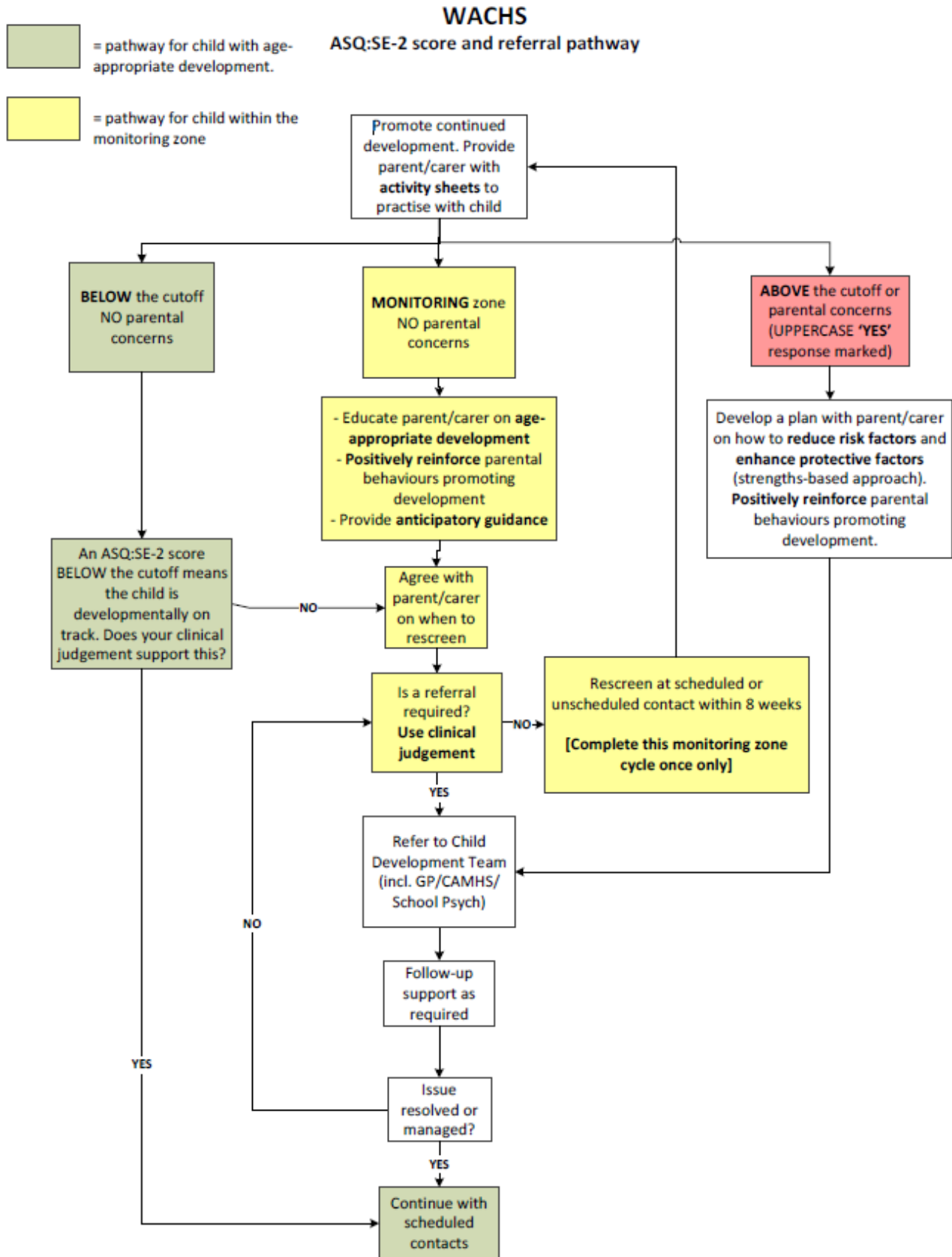


**WACHS**


**ASQ-3 score and referral pathway**

- = pathway for child with age-appropriate development.
- = pathway for child within the monitoring zone.





This document can be made available in alternative formats on request for a person with a disability.

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Standards Applicable:	NSQHS Standards:  1.7, 1.8		
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