



<b>GUIDELINE</b>	
<b>Ages and Stages Questionnaires™</b>	
<b>Scope (Staff):</b>	Community health staff
<b>Scope (Area):</b>	CAHS-CH, WACHS
<b>Child Safe Organisation Statement of Commitment</b>	
The Child and Adolescent Health Service (CAHS) commits to being a child safe organisation by meeting the National Child Safe Principles and National Child Safe Standards. This is a commitment to a strong culture supported by robust policy documents to ensure the safety and wellbeing of children at CAHS.	

**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**

According to the Australian Early Development Census data from 2018, approximately 20% of children are developmentally vulnerable.<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</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>3, 4</sup> Consideration of parent/caregiver concerns is a key component in identifying developmental issues. 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 appropriate 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. The ASQ™ is parent-completed: it draws on parent knowledge, engaging them in the process, highlighting key milestones and enhancing their sensitivity to their child’s development.<sup>6</sup> Research has shown that the ASQ™ is very useful for early identification of the at-risk population and used to improve the early identification of young children and improve outcomes.<sup>7</sup> 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™)*, the *Ages and Stages Questionnaires: Social-Emotional, Second Edition (ASQ:SE-2™)* and the *ASQ-TRAK* for use with Aboriginal\* clients. The ASQ-3™ can be used from 1 month until 66 months, ASQ:SE-2™ used from 1 month until 72 months and the ASQ-TRAK used as per Table 1.

## Key Points

- Training **must** be completed by all Community health staff prior to using any ASQ™ tool, including using ASQ-TRAK with Aboriginal clients.
- **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. Staff will use the most culturally appropriate screening tool available when working with Aboriginal families. If there is not an age-appropriate ASQ-TRAK questionnaire then the ASQ-3 is required to be used.
- If the ASQ-3™ and ASQ:SE-2™ have not been received by the parent/caregiver 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; or
  - if the family declines to complete an ASQ-3™ or ASQ:SE-2™ document this in electronic recording system.
- If the ASQ™ tools have been offered but not completed, **nurses will use their clinical judgement about the need to complete them.**
- ASQ's™ and/or ASQ:SE-2™ can be initiated in response to clinician concern or developmental concerns identified by parents/caregivers and teachers.
- Child development outcomes are enhanced by informing parents/caregivers about developmental milestones and their child's development, and encouraging positive parent-child interaction. ASQ activity sheets including games and other fun activities, to promote age specific development are available to support this.
- 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/caregiver-completed screening tools supports family centred practice and acknowledges that parents/caregivers are experts in the development of their own children.

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\* OD 0435/13 - Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

- 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/caregivers in the completion and review of ASQ-3™ and ASQ:SE-2™, when required.
- Referral pathways for ASQ-3™ and ASQ:SE-2™ for Child and Adolescent Health Service – Community Health (CAHS-CH) and the Western Australian Country Health Service (WACHS) are located in Appendices 1 and 2.
- Where a referral to the Child Development Service is indicated, a scanned version of a completed ASQ-3™/ASQ-TRAK, accompanied by an ASQ:SE-2™, should accompany the referral. For CAHS-CH staff, attach the scanned questionnaire in the ASQ screen on CDIS.

### 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**.

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.

The licence agreement does not permit the emailing of blank ASQs™. However, staff and parents/caregivers 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/caregivers and their children. Each sheet contains activities that correspond to age intervals in the ASQ-3™ and ASQ:SE-2™.
- ASQ™ Parent and ASQ™ follow-up letters. These are available on the Information Hub Child Health and School Health Staff Forms 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 clinical observations and 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. The date that the ASQ-3 was completed must be recorded and used to assist with this calculation.
- 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/caregiver 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 sheet is used to interpret results with parents and should **not** be sent to parents/caregivers with the ASQ-3™ prior to its completion.
  - A score **above the cut-off** 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 in the **grey (monitoring)** zone requires follow-up and use of ASQ™ activity sheets promoting age specific development should be considered. A follow-up of two months is recommended, as this allows sufficient time for the child to practice new skills.
    - If the client remains in the monitoring zone at follow-up, use clinical observation and judgement, along with parent/caregiver concerns to decide if a referral is warranted.
  - 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.

**Table 1: ASQ-TRAK<sup>8</sup>****Key Information on ASQ-TRAK for Aboriginal clients:**

- ASQ-TRAK is based on seven of the 21 ASQ-3™ questionnaires. The ASQ:SE-2 still needs to be completed (see Key information on ASQ:SE-2 below).
- Modifications for the development of the ASQ-TRAK include;
  - Shorter questionnaires, general questions are excluded
  - Explanations of the overall questionnaire and each domain
  - Illustrations for every item
  - ASQ-TRAK questionnaires need to be administered jointly with the clinician and family by interview only, encouraging demonstration of each item
  - Culturally appropriate items and draw on materials.
- Screening ages for the ASQ-TRAK are; 2 months, 6 months, 12 months, 18 months, 24 months, 36 months and 48 months.
- The ASQ-3 (instead of the ASQ-TRAK) should be used for an Aboriginal client if the child is in the care of a non-Aboriginal family.
- The ASQ-TRAK kit includes a flip-chart with colour drawings for each of the seven questionnaires for parents/caregivers to view during the interview process.
- N.B. In the WA context, the ASQ-TRAK languages covered may not be suitable for all Aboriginal families.

**Key information on ASQ:SE-2™**

- The ASQ:SE-2™ focuses on a child's social and emotional behaviour, therefore to ensure a comprehensive view of development it should be used in conjunction with the ASQ-3™. The use of the ASQ:SE-2™ will assist in identifying children whose social or emotional development requires further assessment and intervention, it should, however, be used alongside clinical observations and judgement.
- 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, social communication, adaptive functioning, autonomy, affect and interaction with people. The tool takes approximately 10-15 minutes for the parent/caregiver 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 sheet is used to interpret results with parents and should **not** be sent to parents/caregivers with the ASQ:SE-2™ prior to its completion.

- 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 social-emotional **concern** and that **follow-up/further investigation and/or referral is required**.
    - If referral to CDS is indicated, always include completed ASQ-3™ or ASQ-TRAK with referral, regardless of score.
  - A score in the **grey (monitoring)** zone requires follow-up. The family may need information and support for any behaviours or 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

Community health nurses will document relevant findings according to CAHS-CH and WACHS processes.

### Hard copy:

All findings are to be recorded on the Scoring/Information Summary sheets for the respective tools and retained within the relevant paper records. The ASQ™ is returned to the parent/caregiver.

### Electronic:

- ASQ™ scores must always be recorded directly into the electronic health system.
- Where a parent/caregiver 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 and attached to the electronic record. The ASQ™ is then returned to the parent/caregiver. In CAHS-CH attach the questionnaire to the ASQ screen in CDIS.
- Scanned documents must meet the minimum requirements of the Department of Health Digitisation and Disposal of Patient Records policy (OD0583/15).



## References

1. Commonwealth of Australia. Australian Early Development Census National Report 2018 A Snapshot of Early Childhood Development in Australia. Canberra ACT: Department of Education and Training; 2018.
2. Roshanfekar P, Gharibzadeh S, Mohammadinia L, Firoozeh S, Habibi E, Malekafzali H. Involving Mothers in Child Development Assessment in a Community-based Participatory Study Using Ages and Stages Questionnaires. *International Journal of Preventive Medicine*. 2017;8.
3. Tonelli M, Parkin P, Leduc D, Brauer P, Pottie K, Jaramillo Garcia A, et al. Recommendations on screening for developmental delay. *Canadian Medical Association Journal*. 2016;188(8):579-87.
4. Marks K. "Early Interventioners Assemble!". Implementing the ASQ-3™ & ASQ:SE2 in a Medical Home Setting 2013.
5. Squires J, Twombly E. *Ages & stages questionnaires third edition ASQ-3 user's guide*. Baltimore: Paul H. Brookes Publishing Co 2009.
6. Department of Health England. ASQ-3 and the 2 Year Child Health and Development Review - Part 1 England: Department of Health; [Available from: [http://cs1.e-learningforhealthcare.org.uk/public/ASQ/ASQ\\_01\\_001/d/ELFH\\_Session/304/session.html?lms=n#overview.html](http://cs1.e-learningforhealthcare.org.uk/public/ASQ/ASQ_01_001/d/ELFH_Session/304/session.html?lms=n#overview.html)].
7. Singh A, Yeh CJ, Blanchard SB. Ages and Stages Questionnaire: a global screening scale. *Boletín médico del Hospital Infantil de México*. 2017;74:5-12.
8. The University of Melbourne. ASQ-TRAK. In: Education MGSo, editor. Melbourne, Victoria: The University of Melbourne; cited 31.03.2020.

## Related policies, procedures and guidelines

The following documents can be accessed in the **Clinical Nursing Manual** via the [HealthPoint](#) link, [Internet](#) link or for WACHS staff in the [WACHS Policy](#) link

Aboriginal child health policy

Child Health Services Policy

Clinical Handover - Nursing

Physical assessment 0-4 years

School-aged health services - primary

Universal contact 4 months

Universal contact 12 months

Universal contact 2 years

Universal contact School Entry Health Assessment

The following documents can be accessed in the [CAHS-CH Operational Manual](#)

CDIS Client Information Management

Health / Medical Record Documentation
Language Services
The following documents can be accessed in the <a href="#">Department of Health Policy Frameworks</a>
Clinical Handover Policy ( <a href="#">MP0095</a> )
Clinical Incident Management Policy ( <a href="#">MP 0122/19</a> )
Digitisation and Disposal of Patient Records – OD0583/15
Health Language Services Policy – MP0051/17

Related CAHS-CH forms
The following forms can be accessed from the <a href="#">CAHS-Community Health Forms</a> page on HealthPoint
CHS310 ASQ Parent Letter - 4 months
CHS311 ASQ Parent Letter - 12 months / 2 years
CHS312 ASQ Follow-up required
CHS313 ASQ No follow-up required
CAH-000991 ASQ Parent Tip Sheet (PDF 1.6MB)
CHS663 Clinical Handover/Referral Form
CHS663E Clinical Handover/Referral Form - Electronic
CHS663-1 Clinical Handover/Referral Form Envelope

Related CAHS-CH resources
The following resources can be accessed from the <a href="#">CAHS-Community Health Resources</a> page on HealthPoint
Community health staff
How children develop
Indicators of need resource
Play and Learning Resources
Consumers



ASQ Parent Tip sheet
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<b>Related external resources</b>
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<a href="#">Tips for screening children from diverse cultures</a>
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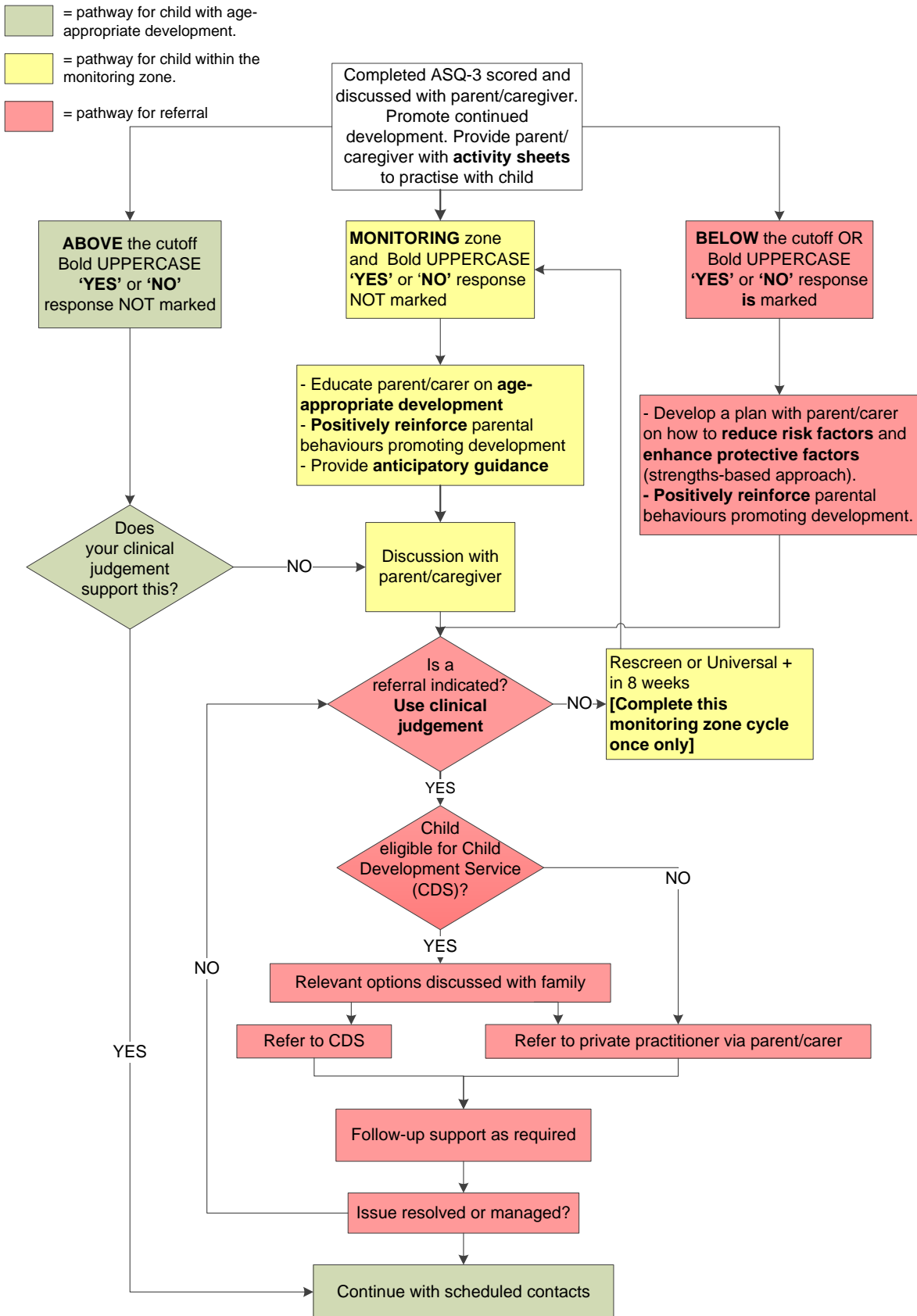
<a href="#">Guidelines for Cultural and Linguistic Adaptation of ASQ-3™ and ASQ:SE</a>
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<a href="#">Online ASQ Age Calculator and Adjusted Score Calculator</a>
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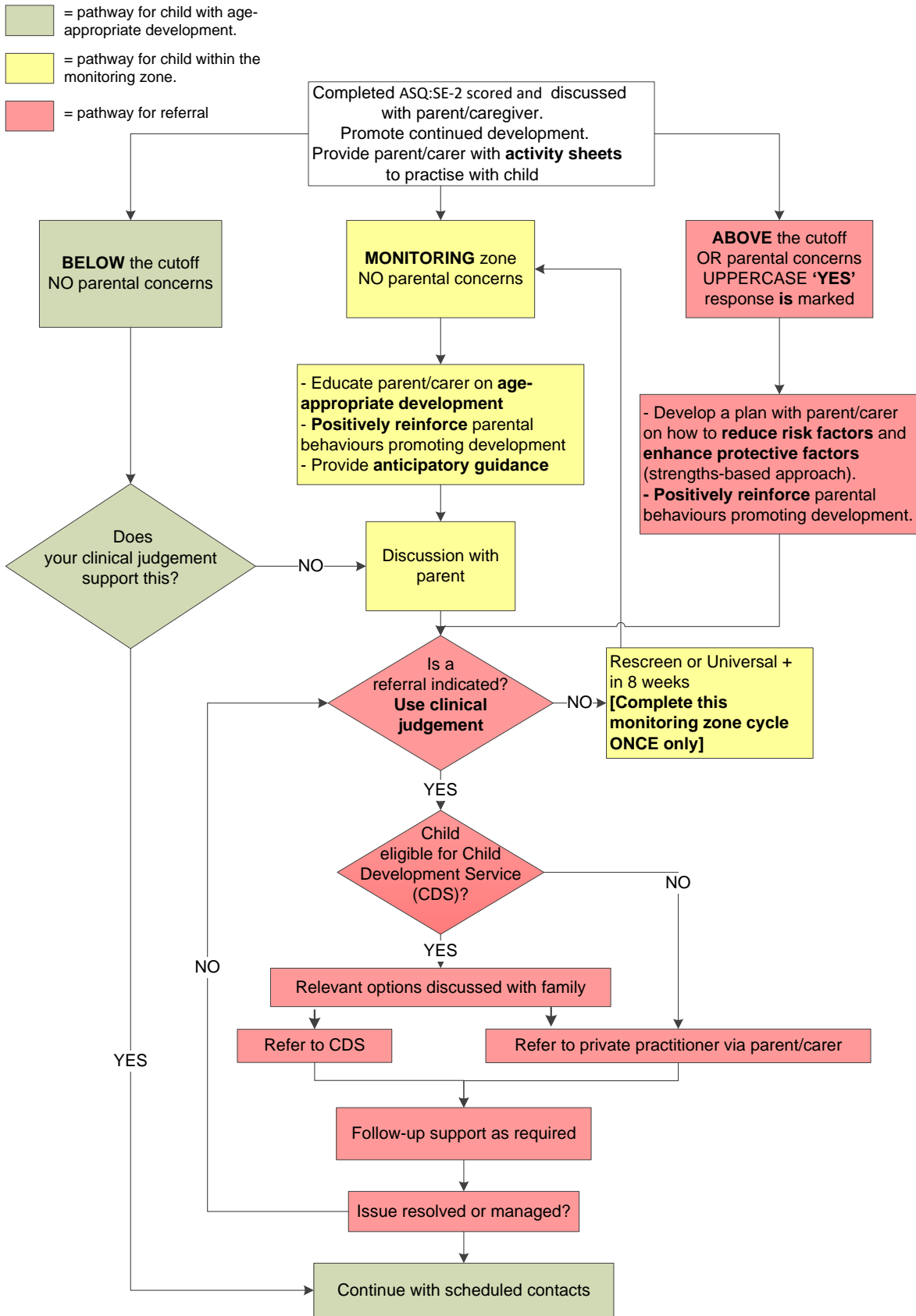
<a href="#">Tips for Using ASQ with Premature Children - Ages and Stages</a>
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Welcome letters (on ASQ CDs)
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## Appendix 1: ASQ-3 score and referral pathway



## Appendix 2: ASQ:SE-2 score and referral pathway



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

Document Owner:	Nurse Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	2008	Last Reviewed:	23 June 2020
Amendment Dates:		Next Review Date:	31 December 2024
Approved by:	Community Health Clinical Nursing Policy Governance Group	Date:	19 June 2020
Endorsed by:	Executive Director Operations	Date:	23 June 2020
Standards Applicable:	NSQHS Standards:  1.7, 1.27         Child Safe Standards: 1, 3, 4, 7, 10		

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## Healthy kids, healthy communities

Compassion
Excellence
Collaboration
Accountability
Equity
Respect

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