

# ***The Components and Phases of ASQ***



Screening and monitoring systems should accurately discriminate between infants and children who require further evaluation and those who do not. In addition, the screening and monitoring procedures should be kept at a low cost because large groups of children are involved. The ASQ system was developed to reliably identify children in need of further assessment and to do so at a low cost. The three components of the ASQ system—the questionnaires, the procedures for using and scoring the questionnaires, and the support materials that accompany the questionnaires—are described in this chapter. This chapter also describes the three phases of the ASQ system—planning the monitoring program, using and scoring the questionnaires, and evaluating the monitoring program.

## **COMPONENTS OF THE ASQ SYSTEM**

### **Questionnaires**

The ASQ system revolves around the use and scoring of its associated questionnaires. There are 19 questionnaires, which are designed to be administered at 4, 6, 8, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33, 36, 42, 48, 54, and 60 months. Each questionnaire contains simple questions addressing five specific developmental areas and one Overall section, which focuses on general parental concerns. Each questionnaire consists of the following elements:

- A title page that indicates the child's age, explains the questionnaires briefly, lists points to remember when completing the questionnaires, and provides a space for the program's identifying information
- An information sheet that asks for the child's name and other identifying information as well as who is completing the questionnaire
- Three or four pages with a total of 30 questions about the child's development, written in simple language and arranged hierarchically from easy to more difficult
- An Information Summary Sheet to be completed by the person scoring the questionnaire that includes a space for recording the child's identifying information, space for comments about the child's overall development,

scoring instructions, a grid that indicates developmental cutoff points, and an optional chart for recording responses to specific questionnaire items

Each questionnaire contains 30 questions, which are divided into the following five areas of development:

- *Communication*, which addresses babbling, vocalizing, listening, and understanding
- *Gross motor*, which focuses on arm, body, and leg movements
- *Fine motor*, which pertains to hand and finger movements
- *Problem solving*, which addresses learning and playing with toys
- *Personal-social*, which focuses on solitary social play and play with toys and other children

An *Overall* section asks about general parental concerns.

The questionnaire items were developed by examining the content of developmentally based, norm-referenced tests. Content that matched a specific test interval (e.g., 4, 8, 12 months) was used as the basis for the development of specific ASQ items. After the content was selected, a set of specific criteria was used to guide the writing of each questionnaire item. These criteria required that items 1) address important developmental milestones, 2) target behavior appropriate for the developmental quotient range of 75–100 for each age interval, 3) be easy for parents to observe and administer, and 4) use words that do not exceed a sixth-grade reading level. To further assist parents in using the questionnaires reliably, small illustrations are provided, where possible, beside the item to help convey the intent of the question. Figure 1 shows an item from the 16 month questionnaire. When relevant, written examples of the desired target behavior are included with the question. Throughout the questionnaires, male and female pronouns are alternated by item. The questionnaires are also available in Spanish.

***Ages & Stages Questionnaires Spanish Version*** All 19 of the questionnaires have been translated into Spanish, as have many of the form letters provided in this guide (see Appendix C). The Spanish questionnaires have been field tested with Spanish-speaking parents in a variety of geographic regions of the United States (e.g., Arizona, Texas, Washington); however, separate cutoff points have not been empirically derived as yet.

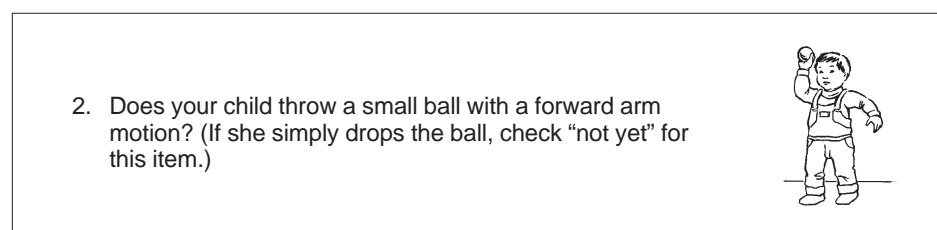


Figure 1. The questions on the *Ages & Stages Questionnaires*, like the one shown here, are straightforward and worded simply. Each of the questionnaires features 30 questions distributed evenly across five areas of development (communication, gross motor, fine motor, problem solving, and personal-social) and one Overall section designed to address parental concerns. Many are accompanied by illustrations to assist parents in evaluating their child's behavior and development.

## ASQ Support Materials

In addition to this *User's Guide*, which contains complete instructions for each of the phases of the ASQ system and all of its components, numerous support materials accompany the *Ages & Stages Questionnaires*. Several of these materials are included in this guide:

- Sample forms to help with establishing the system (e.g., letters to parents, letters to physicians, demographic forms, evaluation forms)
- Guidelines for choosing referral criteria
- Supplemental materials, such as activities sheets that correspond to the ASQ age intervals
- ASQ technical report information (see Appendix F) that summarizes psychometric studies on the questionnaires (e.g., sample descriptions, analyses of reliability and validity, procedures for establishing cutoff points, comparisons of risk and nonrisk groups of children)

**Information Summary Sheet** Each *Ages & Stages Questionnaire* is accompanied by an Information Summary Sheet, which has the following two purposes: 1) to assist with scoring (see Chapter 5), and 2) to provide a summary of the child's performance on the questionnaire. The Information Summary Sheet can be kept by program staff as a record of the child's performance on the individual questionnaires so the questionnaires themselves can be returned to parents or service providers for future reference. The scoring section of the sheet is designed to be used primarily by service providers. Program staff can choose to use the entire Information Summary Sheet or only the scoring section, or they may choose not to use this form at all.

**The Ages & Stages Questionnaires on a Home Visit** A videotape (Farrell & Potter, 1995) describing procedures for completing the questionnaires with parents while on a home visit is also available. Cultural adaptations, techniques for assisting parents to complete questionnaires, and suggestions for working in the home environment are enacted.

## THREE PHASES OF THE ASQ SYSTEM

The ASQ system is composed of three phases, each of which is outlined next. Figure 2 provides an overview and relationship of the phases.

### Planning the Monitoring Program

The first phase in the ASQ system is planning the monitoring program, which can involve the following seven steps:

1. Establish goals and objectives of the monitoring program.
2. Determine resources to conduct the monitoring program.
3. Determine method of using the questionnaires.
4. Select criteria for participation in the program.
5. Involve parents.
6. Involve physicians.
7. Outline referral criteria.

These steps, each of which is discussed in detail in Chapter 4, are suggested areas for consideration before beginning to use the questionnaires. Some programs may not need to devote planning time to all of the steps because agency policies may already address them. For example, program goals and objectives may already be delineated, and referral criteria may already be defined by state guidelines. Completing the planning phase helps to ensure that the monitoring system will run smoothly and efficiently once it is begun.

### **Using and Scoring the Questionnaires**

The second phase of the ASQ system focuses on implementation—record keeping, step-by-step directions for scoring the questionnaires, and procedures for determining follow-up for children who are identified as needing further evaluation. This phase, which contains the details for day-to-day operation of the monitoring system, includes the following five steps:

1. Assemble child files.
2. Keep track of questionnaires.
3. Use the questionnaires.
4. Score the questionnaires.
5. Determine appropriate follow-up.

Chapter 5 outlines each of these steps and includes suggestions for maintaining child and family records and for establishing a tickler system.

### **Evaluating the Monitoring Program**

The final phase of the ASQ system has two steps:

1. Assess progress in the establishment and maintenance of the monitoring program.
2. Evaluate the system's effectiveness.

Chapter 6 describes this final phase and includes a worksheet to guide evaluation of progress. Information helpful in measuring effectiveness, including how to calculate over- and underreferral rates and how to survey parents for feedback, is given. Completing evaluation activities on an ongoing basis helps to ensure that program procedures are efficient and that the monitoring system is effective—that is, that children in need of further diagnostic assessment are being identified.