The Most Asked Ask Jane questions

We receive questions from ASQ users all around the world every day. On this page, we've compiled the most commonly asked questions all in one place for your easy reference.

If you have a question not listed below, be sure to check out our full archive of Ask Jane questions. And, we encourage you to submit new Ask Jane questions.

Q: When do you adjust for prematurity with ASQ-3™ and ASQ:SE?

A: With ASQ-3, adjusting for prematurity is necessary if a child was born 3 or more weeks before his or her due date and is chronologically under 2 years of age. To calculate a child's adjusted age quickly, use the ASQ-3™ Age Calculator. With ASQ:SE, you do not need to adjust for prematurity. The ASQ:SE questionnaire intervals cover a larger time frame than the ASQ-3 questionnaires. And the relationship between prematurity and social-emotional development is less significant than the relationship with physical development. However, if your program is already adjusting a child's age for the ASQ-3, you can use adjusted age for the ASQ:SE as well.

Q: When should providers use the ASQ:SE? Our supervisor's view is that the ASQ-3 should be used as the "primary" tool and the ASQ:SE as a "follow-up" tool if problems are identified. Is there any guidance that would support this?

A: I recommend screening all children with the ASQ:SE, as well as the ASQ-3, if your program has the available staff resources and time. Ensuring that social-emotional development is on track is important for a child's future success. If you only have the capacity to use the ASQ:SE for some children, you may want to use the ASQ-3 first and follow-up with the ASQ:SE when parents or teachers have concerns about behavioral issues or autism or when the ASQ-3 scores are low (even in the monitoring zone) in the communication or personal-social areas.

Q: Are the ASQ-3 and ASQ:SE reliable screeners for detecting autism?

A: We are continuing to conduct research on the reliability of the ASQ-3 and ASQ:SE related to early detection of autism. Developmental pediatrician Robert Nickel, M.D., has conducted two pilot studies related to ASQ and autism detection, each with about 100 children, and has found over 95% agreement between the ASQ classification (i.e., typical, risk) and children with DSM-IV diagnoses of autism. That is, he has found that children who were brought to a developmental clinic for suspected ASD and who scored below the cutoffs on the ASQ (most often in the communication and personal-social domains) were identified as having ASD on clinical tests and assessments. Because this is a clinical population with suspected developmental problems, however, the agreement with the ASQ is inflated.

A separate study by Khaled Alkherainej, Ph.D., compared the ASQ-3 and ASQ:SE with the Social Communication Questionnaire, a screener for autism spectrum disorders. There was high agreement between the 3 tools at identifying children in need of further assessment, indicating that ASQ-3 and ASQ:SE are promising questionnaires for identifying children at risk for ASD. This was a study with a small sample size and additional research needs to be conducted.

We hear from many programs around the United States that are using the ASQ:SE for autism screening and feel that it works very well together with an interview with parents. Some programs that use the ASQ-3 choose to follow up with the M-CHAT for children that score in the risk range, particularly in the communication and personal-social domains. We are continuing to work on gathering more empirical data about the use of ASQ-3 and ASQ:SE and autism detection, and we plan to have some additional information to share with the publication of the 2nd edition of ASQ:SE in 2015.

Q: Our pediatric medical clinic would like to implement the 9, 18, & 30 Month ASQ-3 for developmental screening. However, we are a very busy practice and have very little resources to provide support to families in completing ASQ-3 questionnaires. We barely have time to score the questionnaires! How have other clinics found ways to effectively implement ASQ-3 screening? What steps do you recommend for achieving the highest questionnaire completion rates?

A: (from ASQ developer Jane Squires and pediatrician Kevin Marks, M.D.): We're glad that your pediatric practice recognizes the importance of using a standardized tool for developmental screening. Most pediatric practices are very busy so it's important to realize that screening doesn't have to be overly time consuming. Simple strategies can be incorporated into office visits to help identify children at risk.

Some pediatric practices choose to have caregivers complete ASQ-3 questionnaires before scheduled well-child visits. With ASQ Family Access, pediatric practices can enable caregivers to complete questionnaires online at home through a secure, customizable website. Pre-visit screening can also occur through a mail-out program, where office staff mail ASQ-3 questionnaires to caregivers 2–4 weeks prior to the appointment and caregivers bring the completed questionnaire to the visit. If a caregiver arrives at the visit without having completing the questionnaire, the questionnaire can be completed in the waiting room.

For practices with high percentages of parents who may require assistance when completing the questionnaires, it is recommended that questionnaire administration occur in the office setting for maximum completion rates. Caregivers should arrive at the well-child visit 15 minutes earlier than the appointment to allow time for questionnaire completion in the waiting room. Items necessary for questionnaire completion, such as cups, books, and stuffed animals, can be stored together in a quiet corner. A practice can order an ASQ-3 Materials Kit to ensure that all the needed items are available. If a computer with internet access is available in the waiting room, ASQ-3 questionnaires can be completed online with ASQ Family Access.

Ideally, ASQ-3 questionnaires are scored by office staff or through ASQ Online before the pediatrician meets with the child and caregiver. With practice, a questionnaire can be scored in 2–3 minutes. The

pediatrician interprets the questionnaire results, questioning the caregiver if any questions were left blank. The pediatrician then shares results and any necessary next steps with the child's caregiver. Learn more practical tips for implementing a paper-based ASQ-3 screening system in a pediatric office.

Q: Can my pediatric practice be reimbursed for using ASQ-3?

A: Yes, ASQ-3 qualifies for 96110 billing to Medicaid and many private insurance companies.

Read a coding fact sheet for primary care physicians.

Q: Am I able to photocopy the ASQ questionnaires for my entire program?

A: You may photocopy ASQ-3 and ASQ:SE questionnaires (or print ASQ-3 and ASQ:SE questionnaires from the CD-ROM) for all children served by a single-site program. If your program has multiple sites (for example, a center on the north side of town and a center on the south side of town), you'll need a Starter Kit for **each** location. To learn more about photocopying rights, see the Photocopying Release in the Product Overview in your ASQ-3 or ASQ:SE questionnaire box.

Q: Can I email the questionnaires?

A: Blank questionnaires **may not** be emailed to anyone for any reason. However, you may always share a *completed* questionnaire with a family through email.

Get your additional questions about Rights & Permissions answered.

Check out ASQ Family Access to have parents complete ASQ questionnaires electronically.

Q: There is overlap between the age administration windows for the 9 Month ASQ-3 and 10 Month ASQ-3 questionnaires. The new 9 Month questionnaire has an age administration window of 9 months, 0 days through 9 months, 30 days, while the 10 Month questionnaire has an age administration window of 9 months 0 days through 10 months 30 days. Which questionnaire should my program use to screen children between 9 months, 0 days and 9 months, 30 days?

A: We developed the new 9 Month ASQ-3 questionnaire for use by medical practitioners who are conducting developmental screening at 9-month well-child visits, as recommended by the American Academy of Pediatrics. With the previous edition of ASQ, pediatricians found it difficult to switch between administering the 8 Month and 10 Month questionnaires depending on the child's age.
The developmental skill items and overall questions are identical on the 9 and 10 Month ASQ-3 questionnaires; the difference between the two questionnaires is in the cutoff scores for each age interval. If your program screens children along a continuum, as opposed to a one-time screening, I would recommend using the 10 Month ASQ-3 questionnaire for children ages 9 months, 0 days through 9 months, 30 days as we currently have more data collected on the 10 Month interval.

Q: As our program moves toward a Response to Intervention/Recognition and Response model with our infant through 5 year olds, we would like to use ASQ-3 as a tool for progress monitoring, as well as a screener for possible disabilities. Is ASQ currently being used as a progress monitoring tool? Does doing so violate any of the statistical properties of the instrument?

A: ASQ was developed and has been validated as a developmental screening tool. ASQ-3 reliably and accurately identifies children with delays that should receive in-depth assessment. The developers recognize that programs are interested in using ASQ for other purposes, such as eligibility determination, goal development, and progress monitoring. We suggest that programs follow the recommended practices issued by professional organizations in the field and use tools and other measures that have been specifically developed for assessment or progress monitoring. We do not recommend using ASQ-3, or other screening tools, for assessment or progress monitoring purposes until research has been conducted that demonstrates the validity of ASQ for those purposes.

However, we recognize that programs are limited by expertise, time, and cost. Using ASQ-3 for assessment or progress monitoring purposes is superior to using a measure that lacks adequate psychometric data or conducting no assessment or progress monitoring at all. If you choose to use ASQ-3 for purposes other than developmental screening, we advise you to qualify the outcome or results by noting the use of ASQ and how the choice may potentially affect the outcomes.

For more detail on using ASQ for purposes other than developmental screening, please read Developmental Screening Measures: Stretching the Use of the ASQ for Other Assessment Purposes in the January/March 2010 issue of *Infants & Young Children.*

Q: We have some children whose parents are aware of their child's delays or special needs. How can ASQ-3 be used to best serve these children?

A: The ASQ was designed to identify children with delays. Parents of children with disabilities may be discouraged when completing ASQ-3 questionnaires because their child can do only a few of the behaviors targeted. We do not recommend that parents complete an ASQ-3 on a child with moderate to severe disabilities.

If you are interested in having parents experience observing and completing a screening questionnaire, the age range can be covered up on a questionnaire and parents can be asked to complete a "younger" interval for children with mild/moderate disabilities (for example, a 16 Month ASQ-3 Questionnaire for a 24-month old child).

If you are interested in figuring out where a child is within a domain that may not be affected by the delay (for instance, gross motor skills on a child with language delays), selected domains on the ASQ-3 could be completed.

The ASQ:SE can be completed by all parents, however, as a measure of behavior and social-emotional skills. However, we do know that children with disabilities often score above the ASQ:SE cutoff points. The ASQ:SE can provide a profile of the child's strengths and competencies and problem behaviors for

parents and caregivers, but would not be used in most instances to compare the child's profile with normative cutoff scores.