

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

4-6 YEARS (PDQ-II)

Child's Name _____
 Person Completing PDQ-II _____
 Relation to Child _____

CONTINUE ANSWERING UNTIL 3 "NOS" ARE CIRCLED

For Office Use	
Today's Date _____	yr _____ mo _____ day _____
Child's Birthdate _____	yr _____ mo _____ day _____
Subtract to get Child's Exact Age _____	yr _____ mo _____ day _____
PDQII Age: _____	yr _____ mo _____ day _____ completed wks _____

77. Copies Circle
 Have your child draw this figure in the space below. Do not say "circle". Say, "Draw a picture just like this one," and point to the picture below. Do not help or correct your child. Give 3 chances.



Look at these examples and score your child's best drawing.
 Circle YES if like one of these
 Circle NO if like one of these



Did your child draw a circle?

YES NO

4y 3y-8 FMA

For Office Use

90% 75%

80. Speech All-Understandable
 When your child talks to people who don't know him well, do they usually understand everything he is saying

YES NO

4y-2 3y-3 L

For Office Use

90% 75%

81. Hops on One Foot
 Have your child hop on one foot several times without holding on to anything. Skipping does not count. Did she hop 2 or more times?

YES NO

4y-2 3y-10 GM

82. Dresses, No Help
 Can your child pick out clothes to wear and dress himself completely without help?

YES NO

4y-6 4y PS

78. Use of 3 Objects
 Write your child's answers to the following questions. Ask the questions one at a time and wait for your child to answer. Give no help except to repeat the question.

"What do you do with a cup?"

"What is a chair used for?"

"What is a pencil used for?"

Count any action word (such as "drink" for cup) as correct. An answer like "milk" for cup is not correct. Did your child answer all 3 questions correctly?

YES NO

4y-1 3y-4 L

79. Knows 4 Actions

Show your child the pictures below and ask her to point to the correct picture as you ask, one at a time. "Which one flies--says meow--talks--barks--gallops?" Did your child point to 4 or 5 pictures correctly?

YES NO

4y-2 3y-2 L



83. Copies +
 Do not tell your child the name of this picture. Do not give help. Say, "Draw a picture just like this one," and point to the picture below. Give 3 chances.



Look at these examples and score your child's best drawing.
 Circle YES if like one of these
 Circle NO if like one of these



YES NO

4y-8 4y FMA

84. Understands 4 Prepositions

Give your child a piece of paper or some small object. Do not point or look when giving your child the following directions:
 "Put the paper (or object) under the chair."
 "Put the paper behind you."
 "Put the paper on the chair."
 "Put the paper in front of you."
 Did your child follow all four directions correctly?

YES NO

4y-8 3y-9 L

CONTINUE ANSWERING UNTIL 3 "NOS" ARE CIRCLED

For Office Use
90% 75%

For Office Use
90% 75%

85. Names 4 Colors

Point to the squares below, one at a time, and ask your child to name each color. Do not let your child know if her responses are right or wrong. Did your child name all four colors correctly?

YES NO

4y-9 4y-2 L



86. Brushes Teeth, No Help

Does your child brush his own teeth alone, including putting toothpaste on the brush and brushing all front and back teeth?

YES NO

5y 4y-2 PS

87. Defines 5 Words

Write your child's answers to the following questions. Ask the questions one at a time and wait for an answer after each one. Give no help except to repeat questions.

- "What is a ball?" _____
- "What is a lake?" _____
- "What is a desk?" _____
- "What is a house?" _____
- "What is a banana?" _____
- "What is a curtain?" _____
- "What is a fence?" _____
- "What is a ceiling?" _____

Correct answers are those that tell something about the object's use, shape, what it is made of, or general category (such as, banana is "fruit").

YES NO

5y-3 4y-7 L

88. Picks Longer Line

Do not correct your child or give her help. Do not use the word bigger. Show your child the 2 lines to the right. Say, "Point to the line that is longer." After she points, turn the drawing *upside down* and say, "Point to the line that is longer." After she points, turn the drawing *upside down* again and say a third time, "Point to the line that is longer." Did your child point to the longer line all 3 times?

YES NO

5y-3 4y FMA

89. Knows 3 Adjectives

Write your child's answers to the following questions. Give no help except to repeat the question.

- "What do you do when you are cold?" _____
- "What do you do when you are tired?" _____
- "What do you do when you are hungry?" _____

Examples of correct answers:

- Cold- "shiver," "put on a coat", "go inside"
(not "take medicine" or "cough")
- Tired- "yawn", "go to sleep", "lie down", "take a nap"
- Hungry- "eat", "ask for something to eat", "have lunch"

Did your child answer all 3 questions correctly with words, not with just motions or gestures?

YES NO

5y-3 3y-9 L

90. Draws Person - 6 Parts

Have your child draw in the space below or on a separate sheet of paper. Say, "Draw a picture of a person (or man, woman, boy, girl)." Do not give any help or ask about any missing parts. When your child is finished, count the parts (head, eyes, mouth, hair, etc.). Count a pair (eyes, arms, legs, ears, etc.) as one part. If there is only one of a pair (eye, arm, leg, ear, etc.), do not count it. Did your child draw a person with 6 or more parts?

YES NO

5y-7 5y-1 FMA

91. Balances - Each Foot 8 Seconds

Have your child balance on the right foot as long as he can without holding on to anything. Show him how, if necessary. Estimate seconds by counting slowly.

How many seconds did your child balance? _____

Now have your child balance on his left foot.

How many seconds did your child balance? _____

Did your child balance 8 seconds or more on the right foot and on the left foot?

YES NO

5y-10 5y-4 GM

KIDS FIRST PEDIATRICS, PC

Port Jefferson Station (631) 331 - 7267 Fax (631) 331- 7289 Wading River (631) 929 - 0325 Fax (631) 929 - 0360

PATIENT DATA:

Patient Name		Date of Birth		Age	
Phone	H / W	Phone	H / W		

Date of Encounter _____ **HISTORIAN:** __ mom __ dad __ other _____

Lead Exposure Risk Assessment Questionnaire (V15.86)

To be completed at the child's 1st, 2nd, 3rd, 4th, 5th, and 6th year well visit.

Place in chart immediately following scheduled well visit.

These questions serve as a risk assessment tool based on currently accepted public health guidelines. Children found to be at risk for lead exposure should receive a blood lead test whenever such risk is identified.

Risk Assessment Questionnaire		Answer	
		Yes	No
1.	Does your child live in or regularly visit a house / building built before 1978 with peeling or chipping paint, or with recent, ongoing or planned renovation or remodeling? Note: This could include a day care center, preschool, and the home of a babysitter or a relative.		
2.	Has your family / child ever lived outside the United States or recently arrived from a foreign country?		
3.	Does your child have a brother, sister, housemate or playmate being followed or treated for lead poisoning?		
4.	Does your child frequently put things in his / her mouth such as toys, jewelry, or keys? Does your child eat non-food items (pica)? Note: This may include toys or jewelry products that have been specifically recalled by the Consumer Products Safety Commission (CPSC) due to identification of unsafe levels of lead.		
5.	Does your child frequently come in contact with an adult whose job or hobby involves exposure to lead? Note: Jobs such as house painting, renovations, construction, welding or pottery making. Hobby examples are making stained glass or pottery, fishing, making firearms and collecting lead figures.		
6.	Does your child live near an active lead smelter, battery recycling plant, or another industry likely to release lead or does your child live near a heavily traveled major highway where soil and dust may be contaminated with lead? Note: May need to alert parent / caregiver if such an industry is local. Ask any additional questions that may be specific to situations in a particular community.		

Reviewing Provider _____