

0-9 MONTHS (PDQ-II)

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

Child's Name _____

Person Completing PDQ-II _____

Relation to Child _____

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 _____ completed wks

CONTINUE ANSWERING UNTIL 3 "NOS" ARE CIRCLED

<p>1. Equal Movements When your baby is lying on his back, can he move each of his arms as easily as the other and each of his legs as easily as the other? Circle NO if your baby makes jerky or uncoordinated movements with one or both of his arms or legs.</p> <p style="text-align: right;">YES NO</p>	<p>For Office Use</p> <p>90% 75%</p>	<p>8. Head Up 90 Degrees When your baby is on her stomach on a flat surface, can she lift her head and chest to look straight ahead like this picture?</p> <p style="text-align: right;">YES NO</p>	<p>For Office Use</p> <p>90% 75%</p>
<p>2. Responds to Sounds Does your baby respond (with eye movements, change in breathing or other change in activity) to a new sound outside his line of vision?</p> <p style="text-align: right;">YES NO</p>	<p>0 0 L</p>	<p>9. Hands Together Does your baby play with his hands by touching them together?</p> <p style="text-align: right;">YES NO</p>	<p>4 2-3 FMA</p>
<p>3. Regards Face When your baby is lying on her back, does she look at you and watch your face?</p> <p style="text-align: right;">YES NO</p>	<p>0 0 PS</p>	<p>10. Regards Own Hand Have you seen your baby stare at his own hand for at least 5 seconds?</p> <p style="text-align: right;">YES NO</p>	<p>4 3 PS</p>
<p>4. Vocalizes Does your baby make sounds other than crying, such as uh, eh or cooing?</p> <p style="text-align: right;">YES NO</p>	<p>0-3 0 L</p>	<p>11. Squeals Does your baby make happy, excited, high-pitched squealing sounds which are not crying?</p> <p style="text-align: right;">YES NO</p>	<p>4-1 2-3 L</p>
<p>5. Smiles Responsively When you smile and talk to your baby, does he smile back at you?</p> <p style="text-align: right;">YES NO</p>	<p>1-2 1 PS</p>	<p>12. Bears Weight on Legs When you stand your baby up, holding her under the arms, does she try to stand on her feet and support some of her own weight?</p> <p style="text-align: right;">YES NO</p>	<p>4-1 3-2 GM</p>
<p>6. Head Up 45 Degrees When your baby is on her stomach on a flat surface, can she lift her head at least as far as this picture?</p> <p style="text-align: right;">YES NO</p>	<p>2-3 1-3 GM</p>	<p>13. Follows 180 Degrees While your baby is on his back, move your hand from one side to the other above his face. Did your baby watch your hand by turning his head from one side <i>all the way</i> to the other side like this picture?</p> <p style="text-align: right;">YES NO</p>	<p>4-2 3-3 FMA</p>
<p>7. "Ooo"/"Aaa" Does your baby make vowel sounds such as "ooo" or "aaa"?</p> <p style="text-align: right;">YES NO</p>	<p>2-3 1-2 L</p>		

(Please turn page) ©Wm. K. Frankenburg, M.D., 1975, 1986, 1998

CONTINUE ANSWERING UNTIL 3 "NOs" ARE CIRCLED

69. Knows 2 Actions

Show your child the pictures in #58, 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 2 or more pictures correctly?

YES NO

70. Broad Jump

Without letting your child take a running jump, tell her to jump length-wise over this questionnaire. Did she do this without landing on the paper?

YES NO

71. Balances - Each Foot 3 Seconds

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

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 3 seconds or more on the right foot and on the left foot?

YES NO

72. Knows 2 Adjectives

Write your child's answer 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 at least 2 questions correctly with words, not with just motions or gestures?

YES NO

For
Office Use

90% 75%

3y-2 2y-9 L

3y-2 2y-10 GM

3y-4 2y-9 GM

3y-7 3y L

73. Thumb Wiggle

Make a fist with your thumb pointing up, as in the picture below, and wiggle your thumb. Have your child imitate you, first with one hand and then with the other. Did your child make a fist and wiggle the thumb of either hand without moving any other finger?

YES NO



74. Names One Color

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

YES NO



75. Use of 2 Objects

Write your child's answer 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 at least 2 questions correctly?

YES NO

76. Counts 1

Tear 4 small pieces off a piece of paper. Tell your child to give you one piece of paper. If he gives you more than one, circle NO. If your child gives you only one, ask him, "How many pieces of paper do I have?" If he answered "one", circle YES. If he answered anything else, circle NO.

YES NO

For
Office Use

90% 75%

3y-7 3y-3 FMA

3y-8 3y-3 L

3y-9 3y-4 L

3y-10 3y-6 L

4-6 YEARS
(PDQ-II)

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

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

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 _____ completed wks

CONTINUE ANSWERING UNTIL 3 "NOs" ARE CIRCLED

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

For Office Use
90% 75%

4y 3y-8 FMA

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



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

For Office Use
90% 75%
4y-2 3y-3 L

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

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

Did your child draw a cross?

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

(Please turn page) ©Wm. K. Frankenburg, M.D., 1975, 1986, 1998

CONTINUE ANSWERING UNTIL 3 "NOs" ARE CIRCLED

42. Walks well

Can your child walk all the way across a large room without falling or wobbling from side to side?

YES NO

For
Office Use
90% 75%
14-3 13-2 GM

43. One Word

Does your child say at least one *other* word besides "Mama," "Dada" and names of family members or pets?

YES NO

15 13-1 L

44. Plays Ball

If you roll a small ball to your child, can she roll or throw it back to you? If your child only hands the ball to you, or if you have never tried this, circle **NO**.

YES NO

15-3 11-3 PS

45. Scribbles

Without moving his hand or showing him how to do it, give your child a pencil and see if he will scribble on a piece of paper. If he bangs or mouths the pencil, circle **NO**. Circle **YES** only if he scribbles without help.

YES NO

16-1 14-3 FMA

46. Two Words

Does your child say 2 or more words *other than* "Mama," "Dada" and names of family members or pets?

YES NO

16-2 14-2 L

47. Drinks from a Cup

Can your child hold a cup or glass by herself and drink from it without spilling much? The cup should not have a spout or lid.

YES NO

17 15 PS

48. Helps in House

Does your child do things to help you, such as picking up his toys or bringing something to you when asked?

YES NO

17-1 15-3 PS

49. Three Words

Does your child say three or more words *other than* "Mama," "Dada" and names of family members or pets?

YES NO

18 15-3 L

50. Dumps Raisin

Can your child dump something small such as a raisin or piece of cereal from a small bottle, glass or cup? If she has not had the opportunity to try this, circle **NO**.

YES NO

For
Office Use
90% 75%
19-1 15-3 FMA

51. Uses Spoon/Fork

Does your child feed himself with a spoon or fork without spilling much?

YES NO

19-3 17-2 PS

52. Runs

Can your child run across a room without falling or tripping?

YES NO

19-3 17-3 GM

53. Tower of 3 Cubes

Can your child stack three or more small blocks on top of each other? If she has never tried this, circle **NO**.

YES NO

20-2 17 FMA

54. Six Words

Does your child say six or more words *other than* "Mama," "Dada" and names of family members or pets?

YES NO

21-1 18-3 L

55. Kicks Ball Forward

Without holding on to anything, can your child kick a small ball (like a tennis ball)? Circle **YES** only if you have seen your child do this with a *small* ball.

YES NO

23 20-3 GM

56. Removes Garment

Can your child take off any of his clothes, such as pajamas (tops or bottoms) or pants? Do not count diapers, hats, socks or shoes.

YES NO

23-3 20-1 PS

Denver Developmental Materials, Inc.
P.O. Box 371075
Denver, Colorado 80237-5075
Tele. #: (303) 355-4729
(800) 419-4729

Patient Name: _____ DOB: _____

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (eg you've seen it once or twice), please answer as if the child does not do it.

1. Does your child take an interest in other children?	Yes No
2. Does your child ever use his/her index finger to point, to indicate interest in something?	Yes No
3. Does your child ever bring objects over to you (parent) to show you something?	Yes No
4. Does your child imitate you? (eg You make a face- will your child imitate it?)	Yes No
5. If you point at a toy across the room, does your child look at it?	Yes No
6. Does your child respond to his/her name when you call?	Yes No
7. Does your child enjoy being swung, bounced on your knee, etc?	Yes No
8. Does your child like climbing on things, such as up stairs?	Yes No
9. Does your child enjoy playing peek-a-boo/hide-and-seek?	Yes No
10. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?	Yes No
11. Does your child ever use his/her index finger to point, to ask for something?	Yes No
12. Can your child play properly with small toys (eg cars or blocks) without just mouthing, fiddling, or dropping them?	Yes No
13. Does your child look you in the eye for more than a second or two?	Yes No
14. Does your child smile in response to your face or your smile?	Yes No
15. Does your child walk?	Yes No
16. Does your child look at things you are looking at?	Yes No
17. Does your child try to attract your attention to his/her own activity?	Yes No
18. Does your child understand what people say?	Yes No
19. Does your child look at your face to check your reactions when faced with something unfamiliar?	Yes No
20. Does your child ever seem oversensitive to noise? (eg plugging ears)	Yes No
21. Does your child make unusual finger movements near his/her face?	Yes No
22. Have you ever wondered if your child is deaf?	Yes No
23. Does your child sometimes stare at nothing or wander with no purpose?	Yes No