



# 60 Month Questionnaire

57 months 0 days  
through 66 months 0 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

### Notes:

- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

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## COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Without your giving help by pointing or repeating directions, does your child follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				
3. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				
4. Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is _____" (bigger); "A cat is heavy, but a man is _____" (heavier); "A TV is small, but a book is _____" (smaller). Please write an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				

**COMMUNICATION** (continued)

5. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.") Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include: "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

6. Does your child repeat the sentences shown below back to you, without any mistakes? (Read the sentences one at a time. You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes.)

Jane hides her shoes for Maria to find.  
Al read the blue book under his bed.

COMMUNICATION TOTAL

**GROSS MOTOR**

1. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")



2. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)



3. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)



YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

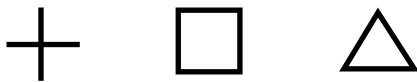
## GROSS MOTOR (continued)

- |  | YES                   | SOMETIMES             | NOT YET               |     |
|--|-----------------------|-----------------------|-----------------------|-----|
| 4. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? <i>(You may show him how to do this.)</i>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your child hop forward on one foot for a distance of 4–6 feet without putting down the other foot? <i>(You may give her two tries on each foot. Mark "sometimes" if she can hop on one foot only.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your child skip using alternating feet? <i>(You may show him how to do this.)</i>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

GROSS MOTOR TOTAL \_\_\_\_\_

## FINE MOTOR

- |   | YES                   | SOMETIMES             | NOT YET               |     |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? <i>(Mark "sometimes" if your child goes off the line three times.)</i>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| _____   |                       |                       |                       |     |
| 2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, <i>and</i> legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? <i>(Carefully watch your child's use of scissors for safety reasons.)</i>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|    |                       |                       |                       |     |
| 4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? <i>(Your child's drawings should look similar to the design of the shapes below, but they may be different in size. Mark "yes" if she copies all three shapes; mark "sometimes" if your child copies two shapes.)</i>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |



(Space for child's shapes)

**FINE MOTOR** (continued)

5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. (Mark "yes" if your child copies four of the letters and you can read them. Mark "sometimes" if your child copies two or three letters and you can read them.)

V H T C A

(Space for child's letters)

6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. (Mark "sometimes" if your child copies about half of the letters.)

(Space for adult's printing)

(Space for child's printing)

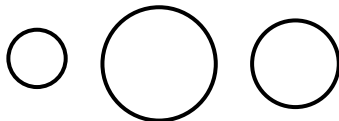
YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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FINE MOTOR TOTAL \_\_\_\_\_

**PROBLEM SOLVING**

1. When asked, "Which circle is smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)



2. When shown objects and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

**PROBLEM SOLVING** (continued)

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is <i>hard</i> , and a pillow is <i>soft</i> ." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

Please write your child's responses below:

A cow is *big*, and a mouse is

Ice is *cold*, and fire is

We see stars at *night*, and we see the sun during the

When I throw the ball *up*, it comes

(Mark "yes" if he finishes three of four sentences correctly. Mark "sometimes" if he finishes two of four sentences correctly.)

- |   |                       |                       |                       |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 5. Does your child know the names of numbers? (Mark "yes" if she identifies the three numbers below. Mark "sometimes" if she identifies two numbers.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|---|-----------------------|-----------------------|-----------------------|---|

**3      1      2**

- |  |                       |                       |                       |   |
|--|-----------------------|-----------------------|-----------------------|---|
| 6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" (Point to the letters out of order.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|--|-----------------------|-----------------------|-----------------------|---|

PROBLEM SOLVING TOTAL —

**PERSONAL-SOCIAL**

- |  | YES                   | SOMETIMES             | NOT YET               |   |
|--|-----------------------|-----------------------|-----------------------|---|
| 1. Can your child serve himself, taking food from one container to another, using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child wash her hands and face using soap and water and dry off with a towel without help?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your child tell you at least four of the following? Please mark the items your child knows.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

- |   |   |
|---|---|
| <input type="radio"/> a. First name       | <input type="radio"/> d. Last name        |
| <input type="radio"/> b. Age              | <input type="radio"/> e. Boy or girl      |
| <input type="radio"/> c. City he lives in | <input type="radio"/> f. Telephone number |

**PERSONAL-SOCIAL** (continued)

	YES	SOMETIMES	NOT YET	_____
4. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Does your child use the toilet by herself? <i>(She goes to the bathroom, sits on the toilet, wipes, and flushes.)</i> Mark "yes" even if she does this after you remind her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. Does your child usually take turns and share with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
				PERSONAL-SOCIAL TOTAL _____

**OVERALL**

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:  YES  NO

2. Do you think your child talks like other children her age? If no, explain:  YES  NO

3. Can you understand most of what your child says? If no, explain:  YES  NO

4. Can other people understand most of what your child says? If no, explain:  YES  NO

**OVERALL** (continued)

5. Do you think your child walks, runs, and climbs like other children his age?  
If no, explain:

 YES NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

 YES NO

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO

## Lead Exposure Risk Assessment Questionnaire for Children

In addition to the required testing of all children for lead with a blood lead test at one year of age and again at age two, assessment of risk for lead exposure should be done at each well-child visit or at least annually for each child six months to six years of age. The questions below 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.

Questions	Answer	
	Yes	No
<p>1. Does your child live in or regularly visit a house/building built before 1978 with peeling or chipping paint, or with recent or ongoing renovation or remodeling? <b>Note:</b> This could include a day care center, preschool, and the home of a babysitter or a relative.</p>		
<p>2. Has your family/child ever lived outside the United States or recently arrived from a foreign country?</p>		
<p>3. Does your child have a brother/sister, housemate/playmate being followed or treated for lead poisoning?</p>		
<p>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)? <b>Note:</b> This may include toys or jewelry products that have been recalled by the Consumer Products Safety Commission (CPSC) due to unsafe lead levels: <a href="http://www.nyhealth.gov/environmental/lead/recalls">www.nyhealth.gov/environmental/lead/recalls</a></p>		
<p>5. Does your child frequently come in contact with an adult whose job or hobby involves exposure to lead? <b>Note:</b> Jobs include house painting, plumbing, renovation, construction, auto repair, welding, electronics repair, jewelry or pottery making. Hobby examples are making stained glass or pottery, fishing, making or shooting firearms and collecting lead or pewter figurines.</p>		
<p>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 road where soil and dust may be contaminated with lead? <b>Note:</b> May need to alert parent/caregiver if such an industry is local.</p>		
<p>7. Does your family use products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter? <b>Note:</b> Lead has been found in traditional medicines such as Ayurvedic medicine, liga, greta, azarcon, litargirio, and in cosmetics such as kohl, surma, and sindoor. Lead exposure risk is higher with old, imported, painted, cracked or chipped china, and in low-fired and terra cotta pottery, often made in Latin America and the Middle East.</p>		

**If the answer to any of the above questions is YES, then the child is considered to be at risk for lead exposure and should receive a blood lead test.**

- Ask any additional questions that may be specific to a particular community (or population) e.g. high risk zip code, refugee child recently arrived in the United States, children with behavioral and/or developmental disabilities, children who receive Medicaid or children entering foster care.
- Ask if any of the above conditions are expected to change in the future (e.g. house remodeling).
- Tailor appropriate anticipatory guidance to the child and family.