State of Hawaii
Department of Human Services
Social Services Division

ADMISSION TO FOSTER HOME (FH) or EMERGENCY SHELTER HOME (ESH)

Child's Name Ronela Pascual Sex F DOB 12/28/01
CPSS Case No. 66615 Ethnicity Filipina
FH or ESH name _____ Date Placed _____ Time Placed _____
School – Grade –

Authorized Visitors

Name n/a Relationship –
Name n/a Relationship –

Name of CWS staff transporting the child to the FH or ESH _____

Social Worker's Name _____ Phone _____
✓ Please Print (after hours)

Site of Pre-placement Exam _____

↓ FOR PHYSICIAN or NURSE PRACTITIONER ONLY ↓

Medical Information

Child's Current Complaints Rash on knees
P.C.P. (if known) DANICO S. PERLAS, MD
Allergies 0 Medications _____
Uses Eyeglasses/Contacts? Yes ☐ No ☐ If Yes, Does Child Have Them? Yes ☐ No ☐

Physical Examination & Disposition

Height 28 1/2 Weight 18.13 lbs
Head Lice? Yes ☐ No ☑
Visible Dental Problems? Yes ☐ No ☑
Medical Problems Found? Yes ☑ No ☐
Details Eczema lesions, underweight
Injuries Present? Yes ☐ No ☑
Details _____

Photos Taken of Injuries? Yes ☐ No ☐

Medications Prescribed _____

Follow-up appointment _____

Medically Cleared for Placement? Yes ☑ No ☐

DANICO S. PERLAS, MD — PRINTED name of Physician or Nurse Practitioner

[signature] MD 3/14/03 — SIGNATURE & date of Physician or Nurse Practitioner

Prepare in duplicate: 1 – FH or ESH, 2 – Case Record

[redacted]

Child's Name Ronela Pascual Parent's Name Dela Pascual

Child's Birthday December 28, 2001 Child's Age 5 1/2 Today's Date AUG 21 2007

Please list any concerns about your child's learning, development, and behavior.

Do you have any concerns about how your child talks and makes speech sounds?
Circle one: (No) Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?
Circle one: (No) Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?
Circle one: (No) Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?
Circle one: (No) Yes A little COMMENTS:

Do you have any concerns about how your child behaves?
Circle one: (No) Yes A little COMMENTS:

Do you have any concerns about how your child gets along with others?
Circle one: (No) Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?
Circle one: (No) Yes A little COMMENTS:

Do you have any concerns about how your child is learning preschool or school skills?
Circle one: (No) Yes A little COMMENTS:

Please list any other concerns.

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302 California Ave. Suite 208
Wahiawa, HI 96786

___ Responds to music
___ Enjoys being center of attention

___ Has 10 words vocabulary with meaning
___ Points to objects named by adult
___ Follows simple directions or requests
___ Finds security in blanket, toys, thumb

2-3 years*

___ Walks up and down stairs
___ Jumps up and down
___ Builds tower of four blocks
___ Has 200-300 word vocabulary
___ Uses short sentences
___ Begins cooperation in toilet training
___ Has daytime bladder control
___ Shows fear of parents leaving
___ Resists bedtime
___ Can repeat three numbers

3-4 years*

___ Draws non-detailed pictures
___ Copies circle, cross, attempts letters
___ Buttons clothes, laces shoes
___ Bushes teeth
___ Names colors
___ Ask many questions
___ Good sense of "mine" and "yours"
___ Plays cooperatively with others
___ Dramatizes experiences

4-5 years* AUG 21 2007

___ Draws without supervision
X Prints first name
X Talks constantly
___ Asks for definitions
X Names days of the week
___ Counts to 10
___ Has dreams/nightmares

5-9 years* AUG 21 2007

✓ Learning to read
___ Reads
___ Prints sentences
___ Relates to time
___ Knows value of coins
___ Likes to have secrets

9-13 years*

___ Growth "spurt" occurs
___ Physical changes (puberty)
___ Interested in religion/ morality
___ Increased interest in sexuality
___ Creative talents may appear
___ Privacy is important
___ May have vocational inspiration

Signature: Ida Paswal
Print: _____

Relationship: mother
Reviewed by: _____

Date: 08/21/07

*Wong and Whaley, 1981, C.V. Mosby Co., 1986 J.B. Lippencott Co.

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To assist our staff in recognizing your child's level of growth and development and to better anticipate the needs, please indicate your child's accomplishments* to date with a check ( ).

0-2 months*

___ Eyes follow bright moving objects
___ Immediately drops objects placed in hands
___ Respond to sounds of bell
___ Gains satisfaction from feeding, cuddling, rocking
___ Has intense need for sucking pleasure
___ Quiets when picked up

2-3 months*

___ Turns from back to side
___ Begins to lift head
___ Begins to vocalize
___ Crying becomes differentiated
___ Begins social smile
___ Recognizes familiar face

3-4 months*

___ Rest on foreams, keeps head midline
___ Makes crawling movements
___ Has preference for back or stomach
___ Discovers hands, strikes at objects
___ Babbles and coos
___ Turns head to follow familiar person

4-6 months*

___ Eyes focus on small objects
___ Sits with minimal support
___ Rolls over
___ Reaches for objects
___ Begins to respond to "no, no"
___ Sleeps through the night

7-10 months*

___ Shows momentary sitting
___ Discovers feet
___ Rolls over well
___ Says "ma" "da"
___ Laughs out loud
___ Fears strangers
___ Drops and picks up objects

10-12 months*

___ Sits without support
___ Crawls
___ Pulls self up
___ Starts feeding self finger foods
___ Responds to own name
___ Smiles at self in mirror

12-18 months*

___ Cruises around furniture
___ Stands alone
___ Builds tower of two blocks
___ May use spoon

18 months*

___ Walks without support
___ Throws ball
___ Builds tower of three blocks
___ Uses spoon

CHILD LEAD RISK QUESTIONNAIRE

(For children six months up to six years of age)

Date: AUG 21 2007

CHILD:

Name: Pascual Ronela B. (Last — First — MI)

Birth Date: 12/28/01

Address: _____

Sex: ☐ Male ☒ Female

City: _____ Zip Code: _____

PARENT/GUARDIAN:

Name: Pascual Ofelia B. (Last — First — MI)

Home Phone: _____

Cell / ~~Work Phone~~: _____

Health Insurance:

☐ Military ☐ None ☐ Other: _____

Ethnicity (Check all that apply):

☐ African American	☐ Chinese	☐ Hispanic	☐ Samoan
☐ Native American	☒ Filipino	☐ Japanese	☐ Vietnamese
☐ Caucasian	☐ Hawaiian	☐ Korean	☐ Other: _____

1. Is the child enrolled in the WIC or QUEST program?			
2. Has the child had an elevated blood lead level in the past or have a sibling or playmate with lead poisoning?	☐ Yes	☒ No	☐ Unknown
3. HOUSING EXPOSURE:			
Does the child live or regularly visit a home or place built before 1950?	☐ Yes	☒ No	☐ Unknown
Does the child live or regularly visit a home or place built before 1978, that is being or has been recently remodeled or renovated?	☐ Yes	☒ No	☐ Unknown
4. OCCUPATIONAL/HOBBY-RELATED EXPOSURE:			
Does the child spend time with anyone with a job or hobby in:			
Automotive repair/car batteries	☐ Yes	☒ No	☐ Unknown
Ceramics/pottery using lead glazes	☐ Yes	☒ No	☐ Unknown
Fishing sinkers/fishing activities/boat repair	☐ Yes	☒ No	☐ Unknown
Painting/electrical/plumbing/soldering/welding	☐ Yes	☒ No	☐ Unknown
Remodeling/renovation	☐ Yes	☒ No	☐ Unknown

Blood lead testing is recommended if there are any "Yes" or "Unknown" answers checked.

Physician Name:	Danilo S. Perlas, M.D., Inc.	Phone Number:
Address:	302 California Ave. Suite 208 Wahiawa, HI 96786	*Send original copy to lab w/patient.* *Please retain a second copy for records.*
Program use only:	Test Date: ____/____/____	Test Result: _____ µg/dL

Laboratory: Return form to: Childhood Lead Poisoning Surveillance Program
741-A Sunset Ave. Room 204
Honolulu, HI 96816

CLPSP-001 5/98

Phone: 733-9044 Fax: 733-9032

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___ Uses spoon

Roncio Pascual
12/28/01

12/9/02

BEHAVIORAL ASSESSMENT

An assessment (screen) of a child's behavior is an integral part of a EPSDT complete periodic screen. Since there is no simple yet specific tool which screens for age appropriate behavior over the wide age range covered by EPSDT, the physician should use whatever method he/she chooses to identify the presence or absence of significant behavioral difficulties.

The behavioral assessment (screen) requirement can be met by the physician asking simple questions which would assist him/her in detecting behavioral difficulties. The questions should examine:

1. Issues about the child him/herself (i.e. bodily functions such as feeding, sleeping, stooling)

2. Issues about the family relationships affecting the child (i.e. father, mother, grandparents, siblings, and others in the household)

3. Issues surrounding day care, preschool, or school

4. Peer relationships in school and other arenas such as sports, hobbies, music/dance/art, part time jobs, etc.

Examples are as follows:

1. INFANCY

   a. Questions about maternal postpartum blues/depression
   b. Questions about sleeping, eating, and other aspects of the baby's daily schedule
   c. Questions about the baby's relationship with the rest of the family and whether anything in the baby's behavior bothers family members

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2. EARLY CHILDHOOD

a. Questions about temper tantrums, stranger anxiety, separation anxiety, sleep problems, nightmares, and other phobias such as fear of dogs
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c. Questions about the child's relationship with family, about any troubles in the home, and about anything in the child's behavior which bothers family members.

3. ELEMENTARY SCHOOL AGE

a. Questions about the child's relationship with parents and siblings and problems within the family
b. Questions about school problems such as frequent absences, cutting classes, relationships with classmates and teachers
c. Questions about sleep problems such as insomnia, and eating problems such as excessive dieting
d. Questions about activities outside the home or school and relationships with friends

4. JUNIOR HIGH SCHOOL AND HIGH SCHOOL AGE

a. Questions such as those asked of elementary school age children can be addressed to parent or child
b. Teens can be asked to complete a questionnaire
c. On the following pages are examples of questionnaires appropriate for adolescents to complete. The first form is used by Dr. Christine Hara in her practice and by the Kapiolani Medical Center and the second form is used by Dr. David Paperny and by the Kaiser-Permanente Medical Care Program. Physicians are welcomed to use either of these forms.

BEHAVIORAL ASSESSMENT

Rona La Pascua 8/30/02
DOB: 12/28/01

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Roncio Pascual
12/28/01

12/9/02

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Ronda Pascual

10/30/01

4/29/02

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BEHAVIORAL ASSESSMENT

Roman Prescun 2/28/01
DOB: 12/8/01

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Ronelia Pascual
12/8/01

1/30/02

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Post-it® Fax Note 7671	Date 1/4/02	# of pages ▶ 1
To Liezel	From Jocelyn	
Co./Dept. WGH - Med. Records	Co. Dr. Perlas	
Phone #	Phone # 622-5556	
Fax # 621-4271	Fax # 621-4594	

RECORDS RELEASE AUTHORITY

TO: Wahiawa Gen. Hosp - Medical Records

I, Dela Pascual (mother) hereby request that
(Patient's name or guardian)

you release to:

DANILO S. PERLAS, M.D., F.A.A.P.
302 California Ave., Suite 208
Wahiawa, HI 96786
Telephone: (808) 622-5556

Re: Ronelig Pascual
DOB: 10/28/01

a report of my diagnosis, treatment, prognosis and recommendations, as well as other data pertinent to your treatment of me from birth to _____.

JAN 04 2002
(Date of Request)

Dela Pascual
(Patient's Signature)

Jocelyn Candelario
(Witness)

(Address)

1/4/2002
(Date)

(City, State, Zip Code)

#13109 - Medical Arts Press, Mpls., MN 5547

CHILD LEAD RISK QUESTIONNAIRE

(For children six months up to six years of age)

Date: 4/14/06

CHILD:

Name: PASCUA (Last) RONELA (First) B. (MI) Birth Date: 12/28/01

Address: Sex: ☐ Male ☑ Female

City: Zip Code:

PARENT/GUARDIAN:

Name: PASCUA (Last) RONNEL (First) C. (MI) Home Phone:

Work Phone:

Health Insurance:

☐ QUEST/Medicaid ☐ Military

☐ None

Ethnicity (Check all that apply):

☐ African American ☐ Chinese ☐ Hispanic ☐ Samoan

☐ Native American ☑ Filipino ☐ Japanese ☐ Vietnamese

☐ Caucasian ☐ Hawaiian ☐ Korean ☐ Other: _____

1. Is the child enrolled in the WIC or QUEST program?

2. Has the child had an elevated blood lead level in the past or have a sibling or playmate with lead poisoning? ☐ Yes ☑ No ☐ Unknown

3. HOUSING EXPOSURE:

Does the child live or regularly visit a home or place built before 1950? ☐ Yes ☑ No ☐ Unknown

Does the child live or regularly visit a home or place built before 1978; that is being or has been recently remodeled or renovated? ☐ Yes ☑ No ☐ Unknown

4. OCCUPATIONAL/HOBBY-RELATED EXPOSURE:

Does the child spend time with anyone with a job or hobby in:

Automotive repair/car batteries	☐ Yes	☑ No	☐ Unknown
Ceramics/pottery using lead glazes	☐ Yes	☑ No	☐ Unknown
Fishing sinkers/fishing activities/boat repair	☐ Yes	☑ No	☐ Unknown
Painting/electrical/plumbing/soldering/welding	☐ Yes	☑ No	☐ Unknown
Remodeling/renovation	☐ Yes	☑ No	☐ Unknown

Blood lead testing is recommended if there are any "Yes" or "Unknown" answers checked.

Physician Name:	Danilo S. Perlas, M.D., Inc.	Phone Number:
Address:	302 California Ave. Suite 208 Wahiawa, HI 96786	*Send original copy to lab w/patient.* *Please retain a second copy for records.*
Program use only:	Test Date: ____/____/____	Test Result: _____ µg/dL

Laboratory: Return form to: Childhood Lead Poisoning Surveillance Program
741-A Sunset Ave. Room 204
Honolulu, HI 96816

CLPSP-001 5/98

Phone: 733-9044 Fax: 733-9032

CHILD LEAD RISK QUESTIONNAIRE

(For children six months up to six years of age)

Date: MAR 28 2003

CHILD:

Name: PaGoval (Ronela) B
Last First MI

Birth Date: 12 / 28 / 01

Address: _____

Sex: ☐ Male ☑ Female

City: _____ Zip Code: _____

PARENT/GUARDIAN:

Name: PaGoval Dela B
Last First MI

Home Phone: _____

Work Phone: _____

Health Insurance:

☐ Military

☐ None ☐ Other: _____

Ethnicity (Check all that apply):

☐ African American	☐ Chinese	☐ Hispanic	☐ Samoan
☐ Native American	☑ Filipino	☐ Japanese	☐ Vietnamese
☐ Caucasian	☐ Hawaiian	☐ Korean	☐ Other: _____

1. Is the child enrolled in the WIC or QUEST program?			
2. Has the child had an elevated blood lead level in the past or have a sibling or playmate with lead poisoning?	☐ Yes	☑ No	☐ Unknown
3. HOUSING EXPOSURE:			
Does the child live or regularly visit a home or place built before 1950?	☐ Yes	☑ No	☐ Unknown
Does the child live or regularly visit a home or place built before 1978, that is being or has been recently remodeled or renovated?	☑ Yes	☐ No	☐ Unknown
4. OCCUPATIONAL/HOBBY-RELATED EXPOSURE:			
Does the child spend time with anyone with a job or hobby in:			
Automotive repair/car batteries	☐ Yes	☐ No	☑ Unknown
Ceramics/pottery using lead glazes	☐ Yes	☐ No	☑ Unknown
Fishing sinkers/fishing activities/boat repair	☐ Yes	☐ No	☑ Unknown
Painting/electrical/plumbing/soldering/welding	☐ Yes	☐ No	☑ Unknown
Remodeling/renovation	☐ Yes	☐ No	☑ Unknown

Blood lead testing is recommended if there are any "Yes" or "Unknown" answers checked.

Physician Name:	Danilo S. Perlas, M.D., Inc.	Phone Number:
Address:	302 California Ave. Suite 208 Wahiawa, HI 96786	*Send original copy to lab w/patient.* *Please retain a second copy for records.*
Program use only:	Test Date: ____/____/____	Test Result: _____ µg/dL

Laboratory: Return form to: Childhood Lead Poisoning Surveillance Program
741-A Sunset Ave. Room 204
Honolulu, HI 96816

CLPSP-001 5/98

Phone: 733-9044 Fax: 733-9032

CHILD LEAD RISK QUESTIONNAIRE

(For children six months up to six years of age)

Date: ____/____/____

CHILD:

Name: Pascual Rona B
Last First MI

Birth Date: 12/28/01

Address: _____

Sex: ☐ Male ☑ Female

City: _____ Zip Code: _____

PARENT/GUARDIAN:

Name: Pascual Dela B
Last First MI

Home Phone: _____

Work Phone: _____

Health Insurance:

☐ Military

☐ None ☐ Other: _____

Ethnicity (Check all that apply):

☐ African American	☐ Chinese	☐ Hispanic	☐ Samoan
☐ Native American	☑ Filipino	☐ Japanese	☐ Vietnamese
☐ Caucasian	☐ Hawaiian	☐ Korean	☐ Other: _____

1. Is the child enrolled in the WIC or QUEST program?			
2. Has the child had an elevated blood lead level in the past or have a sibling or playmate with lead poisoning?	☐ Yes	☑ No	☐ Unknown
3. HOUSING EXPOSURE:			
Does the child live or regularly visit a home or place built before 1950?	☐ Yes	☑ No	☐ Unknown
Does the child live or regularly visit a home or place built before 1978, that is being or has been recently remodeled or renovated?	☐ Yes	☑ No	☐ Unknown
4. OCCUPATIONAL/HOBBY-RELATED EXPOSURE:			
Does the child spend time with anyone with a job or hobby in:			
Automotive repair/car batteries	☐ Yes	☑ No	☐ Unknown
Ceramics/pottery using lead glazes	☐ Yes	☑ No	☐ Unknown
Fishing sinkers/fishing activities/boat repair	☐ Yes	☑ No	☐ Unknown
Painting/electrical/plumbing/soldering/welding	☐ Yes	☑ No	☐ Unknown
Remodeling/renovation	☐ Yes	☑ No	☐ Unknown

Blood lead testing is recommended if there are any "Yes" or "Unknown" answers checked.

Physician Name:	Danilo S. Perlas, M.D., Inc.	Phone Number:
Address:	302 California Ave. Suite 208 Wahiawa, HI 96786	*Send original copy to lab w/patient.* *Please retain a second copy for records.*
Program use only:	Test Date: ____/____/____	Test Result: _____ µg/dL

Laboratory: Return form to: Childhood Lead Poisoning Surveillance Program
741-A Sunset Ave. Room 204
Honolulu, HI 96816

CLPSP-001 5/98

Phone: 733-9044 Fax: 733-9032

CHILD LEAD RISK QUESTIONNAIRE

(For children six months up to six years of age)

Date: 9/28/01

CHILD:

Name: Pascual Ronela B
Last First MI

Birth Date: 12/28/01

Address:

Sex: ☐ Male ☑ Female

City: Zip Code:

PARENT/GUARDIAN:

Name: Pascual Dela B
Last First MI

Home Phone:

Work Phone:

Health Insurance:

☐ Military

☐ None ☐ Other: _____

Ethnicity (Check all that apply):

☐ African American	☐ Chinese	☐ Hispanic	☐ Samoan
☐ Native American	☑ Filipino	☐ Japanese	☐ Vietnamese
☐ Caucasian	☐ Hawaiian	☐ Korean	☐ Other: _____

1. Is the child enrolled in the WIC or QUEST program?

2. Has the child had an elevated blood lead level in the past or have a sibling or playmate with lead poisoning?	☐ Yes	☑ No	☐ Unknown
3. HOUSING EXPOSURE:			
Does the child live or regularly visit a home or place built before 1950?	☐ Yes	☑ No	☐ Unknown
Does the child live or regularly visit a home or place built before 1978, that is being or has been recently remodeled or renovated?	☐ Yes	☑ No	☐ Unknown
4. OCCUPATIONAL/HOBBY-RELATED EXPOSURE:			
Does the child spend time with anyone with a job or hobby in:			
Automotive repair/car batteries	☐ Yes	☑ No	☐ Unknown
Ceramics/pottery using lead glazes	☐ Yes	☑ No	☐ Unknown
Fishing sinkers/fishing activities/boat repair	☐ Yes	☑ No	☐ Unknown
Painting/electrical/plumbing/soldering/welding	☐ Yes	☑ No	☐ Unknown
Remodeling/renovation	☐ Yes	☑ No	☐ Unknown

Blood lead testing is recommended if there are any "Yes" or "Unknown" answers checked.

Physician Name:	Danilo S. Perlas, M.D., Inc.	Phone Number:
Address:	302 California Ave. Suite 208 Wahiawa, HI 96786	*Send original copy to lab w/patient.* *Please retain a second copy for records.*
Program use only:	Test Date: ____/____/____	Test Result: _____ µg/dL

Laboratory: Return form to: Childhood Lead Poisoning Surveillance Program
741-A Sunset Ave. Room 204
Honolulu, HI 96816

Phone: 733-9044 Fax: 733-9032

CLPSP-001 5/98

CHILD LEAD RISK QUESTIONNAIRE

(For children six months up to six years of age)

Date: JUN 2 8 2002 ____/____/____

CHILD:

Name: P-Scval Ronela G — Last / First / MI

Birth Date: 12 / 28 / 01

Address: _____

Sex: ☐ Male ☑ Female

City: _____ Zip Code: _____

PARENT/GUARDIAN:

Name: P-Scval Dela G — Last / First / MI

Home Phone: _____

Work Phone: _____

Health Insurance:

☐ Military ☐ None ☐ Other: _____

Ethnicity (Check all that apply):

☐ African American	☐ Chinese	☐ Hispanic	☐ Samoan
☐ Native American	☑ Filipino	☐ Japanese	☐ Vietnamese
☐ Caucasian	☐ Hawaiian	☐ Korean	☐ Other: _____

1. Is the child enrolled in the WIC or QUEST program?			
2. Has the child had an elevated blood lead level in the past or have a sibling or playmate with lead poisoning?	☐ Yes	☐ No	☒ Unknown
3. HOUSING EXPOSURE:			
Does the child live or regularly visit a home or place built before 1950?	☐ Yes	☒ No	☐ Unknown
Does the child live or regularly visit a home or place built before 1978, that is being or has been recently remodeled or renovated?	☐ Yes	☒ No	☐ Unknown
4. OCCUPATIONAL/HOBBY-RELATED EXPOSURE:			
Does the child spend time with anyone with a job or hobby in:			
Automotive repair/car batteries	☐ Yes	☒ No	☐ Unknown
Ceramics/pottery using lead glazes	☐ Yes	☒ No	☐ Unknown
Fishing sinkers/fishing activities/boat repair	☐ Yes	☒ No	☐ Unknown
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Remodeling/renovation	☐ Yes	☒ No	☐ Unknown

Blood lead testing is recommended if there are any "Yes" or "Unknown" answers checked.

Physician Name:	Danilo S. Perlas, M.D., Inc.	Phone Number:
Address:	302 California Ave. Suite 208 Wahiawa, HI 96786	*Send original copy to lab w/patient.* *Please retain a second copy for records.*
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Laboratory: Return form to: Childhood Lead Poisoning Surveillance Program
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CLPSP-001 5/98

Phone: 733-9044 Fax: 733-9032

FORM HK-Q81

HEAR-KIT™
QUESTIONNAIRE

Instructions: *This form for use by professional interviewer of the baby's parent for screening of hearing and communication development of infants through the first 24 months. It may be adapted beyond that age, or for special child, as needed.*

Child's Name Jonavin Pascua Age 2 mos Phone _____

Address _____

NUMBER OF MONTHS - AGE OF CHILD
[Eliminate questions with screened blocks]

Check the correct box in column of age child tested: Check YES/NO

	FEB 28 2002	4	6	8	10	12	MAY 28 2003	18	24
HEARING:									
1. Have you had any worry about your child's hearing?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
2. When he's sleeping in a quiet room, does he move and begin to wake up when there's a loud sound?	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
3. Does he try to turn his head toward an interesting sound, or when his name is called?		YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
4. Does he enjoy ringing a bell or shaking a rattle?				YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
5. Does he try to imitate you if you make his own sounds?					YES NO	YES NO	YES ON	YES NO	YES NO
6. Is he beginning to repeat some of the words that you make?							YES NO	YES NO	YES NO
DEVELOPMENTAL AND COMMUNICATION									
7. Does he lift up his head when he's lying on his stomach?	YES NO								
8. Does he smile at you when you smile at him?	YES NO								
9. Does he move both hands together in the same way?	YES NO								
10. Does he look at your face without your making gestures at him?	YES NO								
11. Does he lift his head up to 90° and look straight ahead?		YES NO							
12. Does he touch his hands together and play with them?		YES NO							
13. Does he laugh and giggle without being tickled or touched?		YES NO							
14. Does he coo to himself and make noises when he's alone?		YES NO							
15. Does he lift up his head and chest with his arms?			YES NO						
16. Does he keep his head steady when sitting?			YES NO						
17. Does he roll over in his crib?			YES NO						
18. Does he reach for objects within his reach and hold them?			YES NO						
19. Does he see small objects like peas or raisins?			YES NO						
20. Does he support most of his weight on his legs?				YES NO					

CONTINUED ON BACK

	2	4	6	8	10	12	15	18	24
21. Can he sit alone unaided for five minutes?				YES NO					
22. Can he sit and look for objects that have fallen out of sight?				YES NO					
23. Can he pick up two objects, one in each hand?				YES NO					
24. Can he transfer an object from one hand to the other?				YES NO					
25. Can he feed himself a cracker?				YES NO					
26. Does he make a number of different sounds and change their pitch?				YES NO					
27. Does he clap his hands in imitation and make noises at the same time?				YES NO					
28. Does he play peek-a-boo with you?					YES NO				
29. Can he stand for at least five seconds, holding onto crib or chair?					YES NO				
30. Does he try to hold onto a toy when it's pulled away?					YES NO				
31. Is he shy or afraid of strangers?					YES NO				
32. Can he pull himself to standing position alone?					YES NO				
33. Can he pick up a raisin or a pea?						YES NO			
34. Can he get into a sitting position without help?						YES NO			
35. Does he wave bye-bye or pat-a-cake when you tell him to?						YES NO			
36. Can he say "mama" or "dada"?						YES NO			
37. Can he identify familiar objects, such as a car, a dog?							YES NO		
38. Can he use three or four words correctly other than mama, dada?							YES NO		
39. Does he imitate rhythm and inflection of adult speech?							YES NO		

ARING, DEVELOPMENTAL AND COMMUNICATION – 18 mos. & 24 mos.

40. Can he identify familiar pictures when you name them?								YES NO	
41. Does he name things when he wants them, like candy, juice?								YES NO	
42. Can he match a sound with an object like "meow" to a cat?								YES NO	
43. Can he point to at least one part of his body (eyes, feet, etc.) when you tell him to, without his seeing your lips?									YES NO
44. Can he point to the right picture if you say "where's the cat" (or dog, or man, or horse) without his seeing your lips?									YES NO
45. Does he give you a toy when you ask him to, without his seeing your lips?									YES NO
46. Does he put a block on the table or chair when you ask him to without his seeing your lips?									YES NO

4-6 YEARS (PDQ-II)

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

Child's Name RONELA PASCUAN

Person Completing PDQ-II _____

Relation to Child _____

For Office Use

Today's Date _____yr_____mo_____day

Child's Birthdate _____yr_____mo_____day

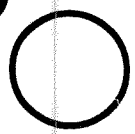
Subtract to get Child's Exact Age _____yr_____mo_____day

PDQII Age: _____yr_____mo_____completed wks

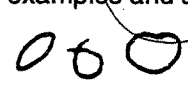
CONTINUE ANSWERING UNTIL 3 "**NOs**" ARE CIRCLED

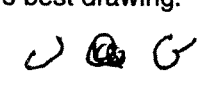
77. Copies Circle

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?" WATER

"What is a chair used for?" SIT DOWN

"What is a pencil used for?" FOR DRAW

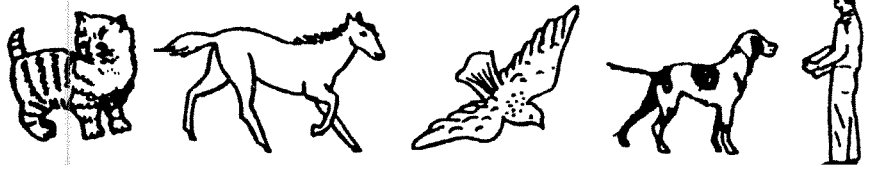
Count any action word (such as "drink" for cup) as correct. An answer like "milk" for cup is not correct. Did your child answer all 3 questions correctly? **YES** NO

For Office Use: 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

For Office Use: 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**

For Office Use: 4y-2 3y-10 GM

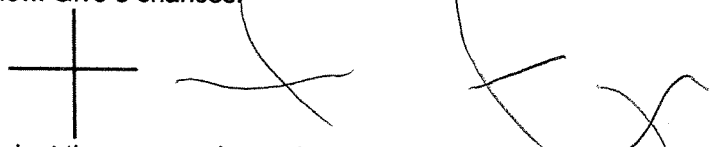
82. Dresses, No Help

Can your child pick out clothes to wear and dress himself completely without help? **YES** NO

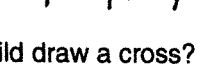
For Office Use: 4y-6 4y PS

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

For Office Use: 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**

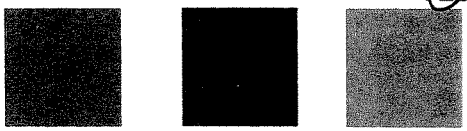
For Office Use: 4y-8 3y-9 L

(Please turn page)

CONTINUE ANSWERING UNTIL 3 "**NOs**" ARE CIRCLED

For Office Use

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** 90% 75% 4y-9 4y-2 L



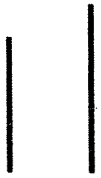
86. Brushes Teeth, No Help
Does your child brush his own teeth alone, including putting toothpaste on the brush and brushing all front and back teeth?
YES **NO** 5y 4y-2 PS

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?" FOR EAT
"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").
Did your child define at least 5 words correctly? **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



For Office Use

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?" GO SLEEP
"What do you do when you are hungry?" EAT NOODLES

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** 90% 75% 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? 2

Now have your child balance on his left foot.

How many seconds did your child balance? 3

Did your child balance 8 seconds or more on the right foot *and* on the left foot?
YES **NO** 5y-10 5y-4 GM

2-4 YEARS (PDQ-II)

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

Child's Name RONELA PASCUAL

Person Completing PDQ-II _____

Relation to Child FATHER

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

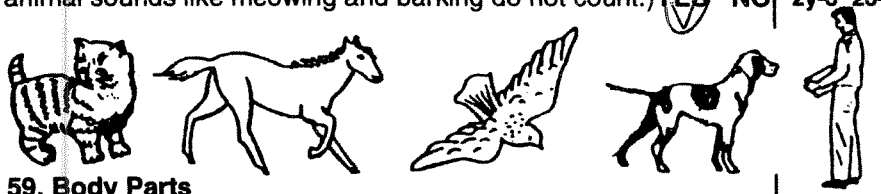
CONTINUE ANSWERING UNTIL 3 **"NOs"** ARE CIRCLED

57. Combines Words
Does your child put two words together when she speaks, such as "Want drink" and "Get down"? Do not count "thank you" and "bye-bye". YES NO

For Office Use: 90% 75% 2y-1 22-1 L

58. Names One Picture
Point to the pictures below, one at a time, and say, "What is this?" If your child does not know what the picture is, do not name it for him. Did your child name at least one picture correctly (cat, horse, bird, dog, man)? (The name of a pet counts, but animal sounds like meowing and barking do not count.) YES NO

For Office Use: 2y-3 23-3 L



59. Body Parts
Circle the body parts your child points to on *you, without help*, as you name them one at a time: eye--ear--nose--mouth--hand--foot--tummy--hair. Did your child point to all 8 parts correctly? YES NO

For Office Use: 2y-4 22-2 L

60. Jumps Up
Without letting your child take a running jump, tell him to jump over this questionnaire placed on the floor. Did he get both feet off the floor at once when trying to jump over the paper? YES NO

For Office Use: 2y-4 2y-2 GM

61. Puts on Clothing
Can your child put on any of her own clothing such as shoes, pants or T-shirt? YES NO

For Office Use: 2y-6 2y-2 PS

62. Points to 4 Pictures
Show your child the pictures in #58 again, and tell him, one at a time, "Point to the: bird--man--dog--cat--horse." Did your child point to at least 4 pictures correctly? YES NO

For Office Use: 2y-6 2y-1 L

63. Tower of 8 Cubes
Can your child stack 8 or more small blocks on top of each other? If she has never tried this, Circle **NO**. YES NO

For Office Use: 90% 75% 2y-7 2y FMA

64. Speech Half-Understandable
When your child talks to people who don't know him well, do they usually understand at least half of what your child is saying? YES NO

For Office Use: 2y-10 2y-1 L

65. Names 4 Pictures
For #58, did your child name at least 4 pictures correctly? YES NO

For Office Use: 2y-10 2y-7 L

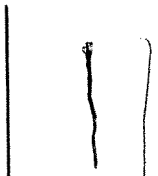
66. Washes and Dries Hands
Can your child wash and dry her hands well enough so you don't have to do them over? If you do not allow her to wash and dry her hands by herself, circle **NO**. YES NO

For Office Use: 3y-1 2y-3 PS

67. Names Friend
Ask your child to tell you the name of one of his friends. Did your child name someone who is *not* a family member or pet? YES NO

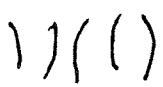
For Office Use: 3y-1 2y-9 PS

68. Imitates Vertical Line
Do not help or correct your child with this task. Draw a straight vertical line beside the one illustrated below. Say to your child, "Draw a line like I did." Your child should not trace the line. YES NO

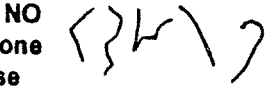


Look at these examples and score your child's drawing.

Circle YES if like one of these



Circle NO if like one of these



YES NO

For Office Use: 3y-2 2y-9 FMA

(Please turn page)

CONTINUE ANSWERING UNTIL 3 "**NOs**" ARE CIRCLED

For Office Use

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

90% 75%
3y-2 2y-9 L

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

3y-2 2y-10 GM

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? 2

Now have your child balance on his left foot.

How many seconds did your child balance? 2

Did your child balance 3 seconds or more on the right foot *and* on the left foot? **YES** NO

3y-4 2y-9 GM

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

3y-7 3y L

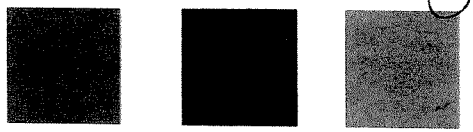
For Office Use

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

90% 75%
3y-7 3y-3 FMA

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

3y-8 3y-3 L



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?" SIT DOWN

"What is a pencil used for?" FOR DRAW

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

3y-9 3y-4 L

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 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

3y-10 3y-6 L

9-24 MONTHS (PDQ-II)

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

Child's Name Ronela Pascual

Person Completing PDQ-II _____

Relation to Child mother

For Office Use
MAR 28 2003

Today's Date 2003 yr 3 mo 28 day
Child's Birthdate 2001 yr 12 mo 28 day
Subtract to get Child's Exact Age 1 yr 3 mo 0 day
PDQII Age: _____yr_____mo_____completed wks

CONTINUE ANSWERING UNTIL 3 "NOs" ARE CIRCLED

28. Mama/Dada, Non-Specific
Does your baby make either "mama" or "dada" sounds?
(YES) NO — 90% 9 — 75% 7-3 — L

29. Pulls To Stand
When in a crib or beside furniture, can your baby pull herself up to a standing position without help?
(YES) NO — 90% 9-3 — 75% 9 — GM

30. Gets to Sitting
When crawling or lying down, can your baby get into a sitting position without help?
(YES) NO — 90% 9-3 — 75% 9 — GM

31. Combines Syllables
Does your baby repeat the same sounds several times in a row like "dadadada," or "gagagaga"?
(YES) NO — 90% 10 — 75% 7-1 — L

32. Thumb-Finger Grasp
When your baby picks up a tiny object, such as a raisin, does he do so by squeezing it between his thumb and at least one finger like either of these pictures?

(YES) NO — 90% 10 — 75% 9 — FMA

33. Plays Pat-A-Cake
Can your baby play "pat-a-cake" with someone without any help, such as helping him clap his hands?
YES (NO) — 90% 11-1 — 75% 10-1 — PS

34. Stands - 5 Seconds
Can your baby stand alone (without having to hold on to something) for about 5 seconds?
(YES) NO — 90% 11-2 — 75% 10-3 — GM

35. Jabbers
When your baby is playing alone, does he jabber as though really talking? This jabbering does not have to be understandable.
(YES) NO — 90% 12 — 75% 8-1 — L

36. Indicates Wants
Can your child let you know what she wants without crying or whining? Examples of this are pointing, or pulling on you.
YES (NO) — 90% 12-3 — 75% 11 — PS

37. Mama/Dada Specific
Does your child say "Dada" when he wants or sees his father?
Does your child say "Mama" when he wants or sees his mother?
Circle YES if your child says either one.
(YES) NO — 90% 13-1 — 75% 11 — L

38. Stands Alone
Can your child stand alone (without having to hold on to something) for 15 seconds or more?
YES NO — 90% 13-3 — 75% 12-2 — GM

39. Puts Toy in Cup
Can your child put a small object (such as finger food or a toy) into a cup, letting go of it and leaving it there for at least a few seconds?
YES (NO) — 90% 13-3 — 75% 12-1 — FMA

40. Waves Bye-Bye
When you or someone else waves and says "bye-bye" to your child, can your child wave back without help?
(YES) NO — 90% 14 — 75% 9 — PS

41. Stoops and Recovers
Without holding on to something or touching the floor, can your child bend over or stoop to pick up a toy or other object on the floor and stand up again?
(YES) NO — 90% 14-2 — 75% 13-1 — GM

For Office Use
90% 75%

CONTINUE ANSWERING UNTIL 3 "**NOs**" ARE CIRCLED

For Office Use

42. Walks well
Can your child walk all the way across a large room without falling or wobbling from side to side? **YES NO** — 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

Plays Ball
ou 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
n your child hold a cup or glass by herself and drink from it ıout 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

For Office Use

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** — 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

9-24 MONTHS (PDQ-II)

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

Child's Name _____

Person Completing PDQ-II _____

Relation to Child _____

For Office Use.

Today's Date 2002 yr 12 mo 30 day

Child's Birthdate 2001 yr 12 mo 01 day

Subtract to get Child's Exact Age 1 yr 6 mo 29 day

PDQII Age: _____yr_____mo_____completed wks

CONTINUE ANSWERING UNTIL 3 "NOs" ARE CIRCLED

		For Office Use		
		90%	75%	
28. Mama/Dada, Non-Specific Does your baby make either "mama" or "dada" sounds?	(YES) NO	9	7-3	L
29. Pulls To Stand When in a crib or beside furniture, can your baby pull herself up to a standing position without help?	(YES) NO	9-3	9	GM
30. Gets to Sitting When crawling or lying down, can your baby get into a sitting position without help?	(YES) NO	9-3	9	GM
31. Combines Syllables Does your baby repeat the same sounds several times in a row like "dadadada," or "gagagaga"?	YES (NO)	10	7-1	L
32. Thumb-Finger Grasp When your baby picks up a tiny object, such as a raisin, does he do so by squeezing it between his thumb and at least one finger as in either of these pictures?	(YES) NO	10	9	FMA
33. Plays Pat-A-Cake Can your baby play "pat-a-cake" with someone without any help, such as helping him clap his hands?	(YES) NO	11-1	10-1	PS
34. Stands - 5 Seconds Can your baby stand alone (without having to hold on to something) for about 5 seconds?	(YES) NO	11-2	10-3	GM
35. Jabbers When your baby is playing alone, does he jabber as though really talking? This jabbering does not have to be understandable.	(YES) NO	12	8-1	L
36. Indicates Wants Can your child let you know what she wants without crying or whining? Examples of this are pointing, or pulling on you.	(YES) NO	12-3	11	PS
37. Mama/Dada Specific Does your child say "Dada" when he wants or sees his father? Does your child say "Mama" when he wants or sees his mother? Circle **YES** if your child says either one.	(YES) NO	13-1	11	L
38. Stands Alone Can your child stand alone (without having to hold on to something) for 15 seconds or more?	(YES) NO	13-3	12-2	GM
39. Puts Toy in Cup Can your child put a small object (such as finger food or a toy) into a cup, letting go of it and leaving it there for at least a few seconds?	YES (NO)	13-3	12-1	FMA
40. Waves Bye-Bye When you or someone else waves and says "bye-bye" to your child, can your child wave back without help?	(YES) NO	14	9	PS
41. Stoops and Recovers Without holding on to something or touching the floor, can your child bend over or stoop to pick up a toy or other object on the floor and stand up again?	YES (NO)	14-2	13-1	GM

CONTINUE ANSWERING UNTIL 3 "**NOs**" ARE CIRCLED

For Office Use

42. Walks well
Can your child walk all the way across a large room without falling or wobbling from side to side? YES (NO) — 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 — 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

9-24 MONTHS (PDQ-II)

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

Child's Name Ronela Pascual

Person Completing PDQ-II _____

Relation to Child Mother

For Office Use

Today's Date SEP 2 3 2002 2002 yr 9 mo 28 day

Child's Birthdate 2001 yr 12 mo 28 day

Subtract to get Child's Exact Age _____ yr 9 mo 0 day

PDQII Age: _____ yr _____ mo _____ completed wks

CONTINUE ANSWERING UNTIL 3 **"NOs"** ARE CIRCLED

28. Mama/Dada, Non-Specific
Does your baby make either "mama" or "dada" sounds?
YES NO — 90% 9 — 75% 7-3 — L

29. Pulls To Stand
When in a crib or beside furniture, can your baby pull herself up to a standing position without help?
YES NO — 90% 9-3 — 75% 9 — GM

30. Gets to Sitting
When crawling or lying down, can your baby get into a sitting position without help?
YES NO — 90% 9-3 — 75% 9 — GM

31. Combines Syllables
Does your baby repeat the same sounds several times in a row like "dadadada," or "gagagaga"?
YES NO — 90% 10 — 75% 7-1 — L

32. Thumb-Finger Grasp
When your baby picks up a tiny object, such as a raisin, does he do so by squeezing it between his thumb and at least one finger like either of these pictures?

YES NO — 90% 10 — 75% 9 — FMA

33. Plays Pat-A-Cake
Can your baby play "pat-a-cake" with someone without any help, such as helping him clap his hands?
YES NO — 90% 11-1 — 75% 10-1 — PS

34. Stands - 5 Seconds
Can your baby stand alone (without having to hold on to something) for about 5 seconds?
YES NO — 90% 11-2 — 75% 10-3 — GM

35. Jabbers
When your baby is playing alone, does he jabber as though really talking? This jabbering does not have to be understandable.
YES NO — 90% 12 — 75% 8-1 — L

36. Indicates Wants
Can your child let you know what she wants without crying or whining? Examples of this are pointing, or pulling on you.
YES NO — 90% 12-3 — 75% 11 — PS

37. Mama/Dada Specific
Does your child say "Dada" when he wants or sees his father? Does your child say "Mama" when he wants or sees his mother? Circle **YES** if your child says either one.
YES NO — 90% 13-1 — 75% 11 — L

38. Stands Alone
Can your child stand alone (without having to hold on to something) for 15 seconds or more?
YES NO — 90% 13-3 — 75% 12-2 — GM

39. Puts Toy in Cup
Can your child put a small object (such as finger food or a toy) into a cup, letting go of it and leaving it there for at least a few seconds?
YES NO — 90% 13-3 — 75% 12-1 — FMA

40. Waves Bye-Bye
When you or someone else waves and says "bye-bye" to your child, can your child wave back without help?
YES NO — 90% 14 — 75% 9 — PS

41. Stoops and Recovers
Without holding on to something or touching the floor, can your child bend over or stoop to pick up a toy or other object on the floor and stand up again?
YES NO — 90% 14-2 — 75% 13-1 — GM

(Please turn page)

CONTINUE ANSWERING UNTIL 3 "**NOs**" ARE CIRCLED

	For Office Use	
	90%	75%
42. Walks well Can your child walk all the way across a large room without falling or wobbling from side to side? **YES NO**	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

	For Office Use	
	90%	75%
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**	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

0-9 MONTHS (PDQ-II)

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

Child's Name Ronela Pascual

Person Completing PDQ-II _____

Relation to Child Mother

For Office Use

Today's Date 2002 yr 9 mo 28 day

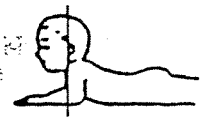
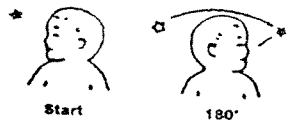
SEP 2 8 2002 Child's Birthdate 2001 yr 12 mo 28 day

Subtract to get Child's Exact Age _____ yr 9 mo 0 day

PDQII Age: _____ yr _____ mo _____ completed wks

CONTINUE ANSWERING UNTIL 3 **"NOs"** ARE CIRCLED

	For Office Use 90%	75%	
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. YES (NO)	0	0	GM
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? (YES) NO	0	0	L
3. Regards Face When your baby is lying on her back, does she look at you and watch your face? (YES) NO	0	0	PS
4. Vocalizes Does your baby make sounds other than crying, such as uh, eh or cooing? (YES) NO	0-3	0	L
5. Smiles Responsively When you smile and talk to your baby, does he smile back at you? (YES) NO	1-2	1	PS
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? (YES) NO 	2-3	1-3	GM
7. "Ooo"/"Aaa" Does your baby make vowel sounds such as "ooo" or "aaa"? (YES) NO	2-3	1-2	L

	For Office Use 90%	75%	
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? (YES) NO 	3-2	2-3	GM
9. Hands Together Does your baby play with his hands by touching them together? (YES) NO	4	2-3	FMA
10. Regards Own Hand Have you seen your baby stare at his own hand for at least 5 seconds? (YES) NO	4	3	PS
11. Squeals Does your baby make happy, excited, high-pitched squealing sounds which are not crying? (YES) NO	4-1	2-3	L
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? (YES) NO	4-1	3-2	GM
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 *all the way* to the other side like this picture?  (YES) NO	4-2	3-3	FMA

(Please turn page)

CONTINUE ANSWERING UNTIL 3 "**NOs**" ARE CIRCLED

For Office Use

14. Chest Up-Arm Support
When your baby is on her stomach on a flat surface, can she lift her chest using her arms to hold herself up like this picture?
YES NO — 90% 4-2, 75% 4, GM

15. Regards Small Object
Can your baby focus her eyes on small objects the size of a pea, [illegible]in or a penny?
YES NO — 5, 4-1, FMA

16. Rolls Over
Has your baby rolled over at least 2 times, from stomach to back, or back to stomach?
YES NO — 5-1, 4-1, GM

17. Turns to Sound
Does your baby usually turn his head toward a soft sound, when the source of the sound is out of sight?
YES NO — 5-2, 4-3, L

18. Reaches
Can your baby pick up a toy if it is placed within her reach?
YES NO — 5-2, 5, FMA

19. Works For Toy
When your baby wants something that is out of easy reach, does [illegible]r baby try to get it by stretching his arms or body?
YES NO — 5-3, 5-1, PS

20. Feeds Self
Can your baby feed herself a cracker or cookie? If she has never been given one, Circle **NO**.
YES NO — 6-2, 5-3, PS

21. Turns To Voice
When your baby is playing and you come up quietly behind him, does your baby usually turn his head as though he heard you?
YES NO — 6-2, 5-2, L

For Office Use

22. Sits, No Support
Without being propped by pillows, a chair, or a wall, can your baby sit by herself for at least 10 seconds?
YES NO — 90% 6-3, 75% 6-1, GM

23. Looks For Yarn
Please follow directions carefully. Hold a tissue or some other soft object up high and shake or wave it. When your baby is looking at it, drop it to the floor. Did your baby look down to see where it went?
YES NO — 7, 6-2, FMA

24. Rakes Raisin
Can your baby pick up tiny objects, such as raisins or pieces of food with either his whole hand using a raking or grabbing motion, or with his thumb and fingers like any of these pictures?
YES NO — 7-1, 6-2, FMA

25. Single Syllables
Does your baby make sounds that have both consonants and vowels such as "da", "ba", "ga", or "ma"?
YES NO — 7-2, 6-2, L

26. Stands Holding On
Can your baby stand holding on to a chair or table for 10 seconds or more?
YES NO — 8-2, 7-3, GM

27. Imitates Speech Sounds
Does your baby ever copy you when you make some speech sounds like kissing, coughing or saying a word?
YES NO — 8-3, 6, L

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

0-9 MONTHS (PDQ-II)

Child's Name Ronela Pascual

Person Completing PDQ-II _____

Relation to Child Mother

For Office Use JUN 29 2002

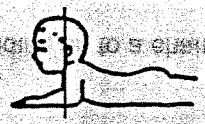
Today's Date 2002 yr 6 mo 29 day

Child's Birthdate 2001 yr 10 mo 28 day

Subtract to get Child's Exact Age _____ yr 6 mo 1 day

PDQII Age: _____ yr _____ mo _____ completed wks

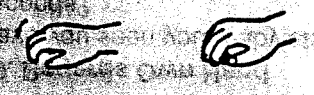
CONTINUE ANSWERING UNTIL 3 **"NOs"** ARE CIRCLED

		For Office Use		
		90%	75%	
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.	YES NO	0	0	GM
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?	YES NO	0	0	L
3. Regards Face When your baby is lying on her back, does she look at you and watch your face?	YES NO	0	0	PS
4. Vocalizes Does your baby make sounds other than crying, such as uh, eh or cooing?	YES NO	0-3	0	L
5. Smiles Responsively When you smile and talk to your baby, does he smile back at you?	YES NO	1-2	1	PS
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? 	YES NO	2-3	1-3	GM
7. "Ooo"/"Aaa" Does your baby make vowel sounds such as "ooo" or "aaa"?	YES NO	2-3	1-2	L
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? 	YES NO	3-2	2-3	GM
9. Hands Together Does your baby play with his hands by touching them together?	YES NO	4	2-3	FMA
10. Regards Own Hand Have you seen your baby stare at his own hand for at least 5 seconds?	YES NO	4	3	PS
11. Squeals Does your baby make happy, excited, high-pitched squealing sounds which are not crying?	YES NO	4-1	2-3	L
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?	YES NO	4-1	3-2	GM
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 *all the way* to the other side like this picture? 	YES NO	4-2	3-3	FMA

(Please turn page)

CONTINUE ANSWERING UNTIL 3 "**NOs**" ARE CIRCLED

	For Office Use		
	90%	75%	
14. Chest Up-Arm Support			
When your baby is on her stomach on a flat surface, can she lift her chest using her arms to hold herself up like this picture? **YES** **NO**	4-2	4	GM
			
15. Regards Small Object			
Can your baby focus her eyes on small objects the size of a pea, raisin or a penny? **YES** **NO**	5	4-1	FMA
16. Rolls Over			
Has your baby rolled over at least 2 times, from stomach to back, or back to stomach? **YES** **NO**	5-1	4-1	GM
17. Turns to Sound			
Does your baby usually turn his head toward a soft sound, when the source of the sound is out of sight? **YES** **NO**	5-2	4-3	L
18. Reaches			
Can your baby pick up a toy if it is placed within her reach? **YES** **NO**	5-2	5	FMA
19. Works For Toy			
When your baby wants something that is out of easy reach, does her baby try to get it by stretching his arms or body? **YES** **NO**	5-3	5-1	PS
20. Feeds Self			
Can your baby feed herself a cracker or cookie? If she has never been given one, Circle **NO**. **YES** **NO**	6-2	5-3	PS
21. Turns To Voice			
When your baby is playing and you come up quietly behind him, does your baby usually turn his head as though he heard you? **YES** **NO**	6-2	5-2	L

	For Office Use		
	90%	75%	
22. Sits, No Support			
Without being propped by pillows, a chair, or a wall, can your baby sit by herself for at least 10 seconds? **YES** **NO**	6-3	6-1	GM
23. Looks For Yarn			
Please follow directions carefully. Hold a tissue or some other soft object up high and shake or wave it. When your baby is looking at it, drop it to the floor. Did your baby look down to see where it went? **YES** **NO**	7	6-2	FMA
24. Rakes Raisin			
Can your baby pick up tiny objects, such as raisins or pieces of food with either his whole hand using a raking or grabbing motion, or with his thumb and fingers like any of these pictures? **YES** **NO**	7-1	6-2	FMA
			
25. Single Syllables			
Does your baby make sounds that have both consonants and vowels such as "da", "ba", "ga", or "ma"? **YES** **NO**	7-2	6-2	L
26. Stands Holding On			
Can your baby stand holding on to a chair or table for 10 seconds or more? **YES** **NO**	8-2	7-3	GM
27. Imitates Speech Sounds			
Does your baby ever copy you when you make some speech sounds like kissing, coughing or saying a word? **YES** **NO**	8-3	6	L

0-9 MONTHS (PDQ-II)

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

Child's Name Ronela Balbar Pascual

Person Completing PDQ-II _____

Relation to Child Mother

For Office Use

APR 2 9 2002

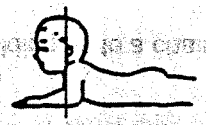
Today's Date 2002 yr 4 mo 29 day

Child's Birthdate 2001 yr 10 mo 28 day

Subtract to get Child's Exact Age _____ yr 4 mo 1 day

PDQII Age: _____ yr _____ mo _____ completed wks

CONTINUE ANSWERING UNTIL 3 **"NOs"** ARE CIRCLED

		For Office Use		
		90%	75%	
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.	(YES) NO	0	0	GM
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?	(YES) NO	0	0	L
3. Regards Face When your baby is lying on her back, does she look at you and watch your face?	(YES) NO	0	0	PS
4. Vocalizes Does your baby make sounds other than crying, such as uh, eh or cooing?	(YES) NO	0-3	0	L
5. Smiles Responsively When you smile and talk to your baby, does he smile back at you?	(YES) NO	1-2	1	PS
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? 	(YES) NO	2-3	1-3	GM
7. "Ooo"/"Aaa" Does your baby make vowel sounds such as "ooo" or "aaa"?	YES (NO)	2-3	1-2	L
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? 	(YES) NO	3-2	2-3	GM
9. Hands Together Does your baby play with his hands by touching them together?	(YES) NO	4	2-3	FMA
10. Regards Own Hand Have you seen your baby stare at his own hand for at least 5 seconds?	(YES) NO	4	3	PS
11. Squeals Does your baby make happy, excited, high-pitched squealing sounds which are not crying?	(YES) NO	4-1	2-3	L
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?	(YES) NO	4-1	3-2	GM
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 *all the way* to the other side like this picture? 	(YES) NO	4-2	3-3	FMA

(Please turn page)

CONTINUE ANSWERING UNTIL 3 "**NOs**" ARE CIRCLED

14. Chest Up-Arm Support
When your baby is on her stomach on a flat surface, can she lift her chest using her arms to hold herself up like this picture?
YES NO

15. Regards Small Object
Can your baby focus her eyes on small objects the size of a pea, raisin or a penny?
YES NO

16. Rolls Over
Has your baby rolled over at least 2 times, from stomach to back, or back to stomach?
YES NO

17. Turns to Sound
Does your baby usually turn his head toward a soft sound, when the source of the sound is out of sight?
YES NO

18. Reaches
Can your baby pick up a toy if it is placed within her reach?
YES NO

19. Works For Toy
When your baby wants something that is out of easy reach, does your baby try to get it by stretching his arms or body?
YES NO

20. Feeds Self
Can your baby feed herself a cracker or cookie? If she has never been given one, Circle **NO**.
YES NO

21. Turns To Voice
When your baby is playing and you come up quietly behind him, does your baby usually turn his head as though he heard you?
YES NO

For Office Use		
90%	75%	
4-2	4	GM
5	4-1	FMA
5-1	4-1	GM
5-2	4-3	L
5-2	5	FMA
5-3	5-1	PS
6-2	5-3	PS
6-2	5-2	L

22. Sits, No Support
Without being propped by pillows, a chair, or a wall, can your baby sit by herself for at least 10 seconds?
YES NO

23. Looks For Yarn
Please follow directions carefully. Hold a tissue or some other soft object up high and shake or wave it. When your baby is looking at it, drop it to the floor. Did your baby look down to see where it went?
YES NO

24. Rakes Raisin
Can your baby pick up tiny objects, such as raisins or pieces of food with either his whole hand using a raking or grabbing motion, or with his thumb and fingers like any of these pictures?
YES NO

25. Single Syllables
Does your baby make sounds that have both consonants and vowels such as "da", "ba", "ga", or "ma"?
YES NO

26. Stands Holding On
Can your baby stand holding on to a chair or table for 10 seconds or more?
YES NO

27. Imitates Speech Sounds
Does your baby ever copy you when you make some speech sounds like kissing, coughing or saying a word?
YES NO

For Office Use		
90%	75%	
6-3	6-1	GM
7	6-2	FMA
7-1	6-2	FMA
7-2	6-2	L
8-2	7-3	GM
8-3	6	L

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

0-9 MONTHS (PDQ-II)

Child's Name Ronel- Pascual

Person Completing PDQ-II _____

Relation to Child Mother

For Office Use JUN 2 9 2002

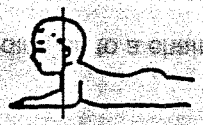
Today's Date 2002 yr 6 mo 29 day

Child's Birthdate 2001 yr 10 mo 28 day

Subtract to get Child's Exact Age _____ yr 6 mo 1 day

PDQII Age: _____ yr _____ mo _____ completed wks

CONTINUE ANSWERING UNTIL 3 "NOs" ARE CIRCLED

		For Office Use 90%	75%	
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.	YES NO	0	0	GM
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?	YES NO	0	0	L
3. Regards Face When your baby is lying on her back, does she look at you and watch your face?	YES NO	0	0	PS
4. Vocalizes Does your baby make sounds other than crying, such as uh, eh or cooing?	YES NO	0-3	0	L
5. Smiles Responsively When you smile and talk to your baby, does he smile back at you?	YES NO	1-2	1	PS
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? 	YES NO	2-3	1-3	GM
7. "Ooo"/"Aaa" Does your baby make vowel sounds such as "ooo" or "aaa"?	YES NO	2-3	1-2	L
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? 	YES NO	3-2	2-3	GM
9. Hands Together Does your baby play with his hands by touching them together?	YES NO	4	2-3	FMA
10. Regards Own Hand Have you seen your baby stare at his own hand for at least 5 seconds?	YES NO	4	3	PS
11. Squeals Does your baby make happy, excited, high-pitched squealing sounds which are not crying?	YES NO	4-1	2-3	L
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?	YES NO	4-1	3-2	GM
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 *all the way* to the other side like this picture? 	YES NO	4-2	3-3	FMA

(Please turn page)

CONTINUE ANSWERING UNTIL 3 "**NOs**" ARE CIRCLED

	For Office Use		
	90%	75%	

14. Chest Up-Arm Support
When your baby is on her stomach on a flat surface, can she lift her chest using her arms to hold herself up like this picture?

YES NO — 4-2 — 4 — GM

15. Regards Small Object
Can your baby focus her eyes on small objects the size of a pea, raisin or a penny?
YES NO — 5 — 4-1 — FMA

16. Rolls Over
Has your baby rolled over at least 2 times, from stomach to back, or back to stomach?
YES NO — 5-1 — 4-1 — GM

17. Turns to Sound
Does your baby usually turn his head toward a soft sound, when the source of the sound is out of sight?
YES NO — 5-2 — 4-3 — L

18. Reaches
Can your baby pick up a toy if it is placed within her reach?
YES NO — 5-2 — 5 — FMA

19. Works For Toy
When your baby wants something that is out of easy reach, does baby try to get it by stretching his arms or body?
YES NO — 5-3 — 5-1 — PS

20. Feeds Self
Can your baby feed herself a cracker or cookie? If she has never been given one, Circle **NO**.
YES NO — 6-2 — 5-3 — PS

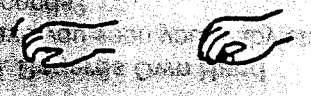
21. Turns To Voice
When your baby is playing and you come up quietly behind him, does your baby usually turn his head as though he heard you?
YES NO — 6-2 — 5-2 — L

	For Office Use		
	90%	75%	

22. Sits, No Support
Without being propped by pillows, a chair, or a wall, can your baby sit by herself for at least 10 seconds?
YES NO — 6-3 — 6-1 — GM

23. Looks For Yarn
Please follow directions carefully. Hold a tissue or some other soft object up high and shake or wave it. When your baby is looking at it, drop it to the floor. Did your baby look down to see where it went?
YES NO — 7 — 6-2 — FMA

24. Rakes Raisin
Can your baby pick up tiny objects, such as raisins or pieces of food with either his whole hand using a raking or grabbing motion, or with his thumb and fingers like any of these pictures?



YES NO — 7-1 — 6-2 — FMA

25. Single Syllables
Does your baby make sounds that have both consonants and vowels such as "da", "ba", "ga", or "ma"?
YES NO — 7-2 — 6-2 — L

26. Stands Holding On
Can your baby stand holding on to a chair or table for 10 seconds or more?
YES NO — 8-2 — 7-3 — GM

27. Imitates Speech Sounds
Does your baby ever copy you when you make some speech sounds like kissing, coughing or saying a word?
YES NO — 8-3 — 6 — L

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

0-9 MONTHS (PDQ-II)

Child's Name PAMELA PASCUAL

Person Completing PDQ-II

Relation to Child MOTHER

For Office Use

Today's Date FEB 28 2002 — 2002 yr 02 mo 28 day

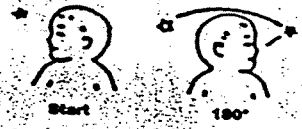
Child's Birthdate 2001 yr 12 mo 28 day

Subtract to get Child's Exact Age yr 2 mo 0 day

PDQII Age: yr mo completed wks

CONTINUE ANSWERING UNTIL 3 "NOs" ARE CIRCLED

	For Office Use		
	90%	75%	
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. YES NO	0	0	GM
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? YES NO	0	0	L
3. Regards Face When your baby is lying on her back, does she look at you and watch your face? YES NO	0	0	PS
4. Vocalizes Does your baby make sounds other than crying, such as uh, eh or cooing? YES NO	0-3	0	L
5. Smiles Responsively When you smile and talk to your baby, does he smile back at you? YES NO	1-2	1	PS
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? YES NO 	2-3	1-3	GM
7. "Ooo"/"Aaa" Does your baby make vowel sounds such as "ooo" or "aaa"? YES NO	2-3	1-2	L

	For Office Use		
	90%	75%	
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? YES NO 	3-2	2-3	GM
9. Hands Together Does your baby play with his hands by touching them together? YES NO	4	2-3	FMA
10. Regards Own Hand Have you seen your baby stare at his own hand for at least 5 seconds? YES NO	4	3	PS
11. Squeals Does your baby make happy, excited, high-pitched squealing sounds which are not crying? YES NO	4-1	2-3	L
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? YES NO	4-1	3-2	GM
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 *all the way* to the other side like this picture?  YES NO	4-2	3-3	FMA

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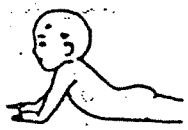
CONTINUE ANSWERING UNTIL 3 "NOs" ARE CIRCLED

For Office Use

14. Chest Up-Arm Support
When your baby is on her stomach on a flat surface, can she lift her chest using her arms to hold herself up like this picture?
YES NO — 90% 4-2 — 75% 4 — GM



15. Regards Small Object
Can your baby focus her eyes on small objects the size of a pea, a raisin or a penny?
YES NO — 5 — 4-1 — FMA

16. Rolls Over
Has your baby rolled over at least 2 times, from stomach to back, or back to stomach?
YES NO — 5-1 — 4-1 — GM

17. Turns to Sound
Does your baby usually turn his head toward a soft sound, when the source of the sound is out of sight?
YES NO — 5-2 — 4-3 — L

18. Reaches
Can your baby pick up a toy if it is placed within her reach?
YES NO — 5-2 — 5 — FMA

19. Works For Toy
When your baby wants something that is out of easy reach, does your baby try to get it by stretching his arms or body?
YES NO — 5-3 — 5-1 — PS

20. Feeds Self
Can your baby feed herself a cracker or cookie? If she has never been given one, Circle NO.
YES NO — 6-2 — 5-3 — PS

21. Turns To Voice
When your baby is playing and you come up quietly behind him, does your baby usually turn his head as though he heard you?
YES NO — 6-2 — 5-2 — L

For Office Use

22. Sits, No Support
Without being propped by pillows, a chair, or a wall, can your baby sit by herself for at least 10 seconds?
YES NO — 6-3 — 6-1 — GI

23. Looks For Yarn
Please follow directions carefully. Hold a tissue or some other soft object up high and shake or wave it. When your baby is looking at it, drop it to the floor. Did your baby look down to see where it went?
YES NO — 7 — 6 —

24. Rakes Raisin
Can your baby pick up tiny objects, such as raisins or pieces of food with either his whole hand using a raking or grabbing motion, or with his thumb and fingers like any of these pictures?
YES NO — 7-1 — 6-2 — FM

25. Single Syllables
Does your baby make sounds that have both consonants and vowels such as "da", "ba", "ga", or "ma"?
YES NO — 7-2 — 6-2 —

26. Stands Holding On
Can your baby stand holding on to a chair or table for 10 seconds or more?
YES NO — 8-2 — 7-3 — G

27. Imitates Speech Sounds
Does your baby ever copy you when you make some speech sounds like kissing, coughing or saying a word?
YES NO — 8-3 — 6 —

DENVER PRESCREENING DEVELOPMENTAL QUESTIONNAIRE II

0-9 MONTHS (PDQ-II)

Child's Name _____

Person Completing PDQ-II _____

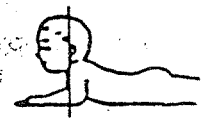
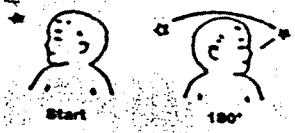
Relation to Child _____

For Office Use
JAN 3 0 2002

Today's Date 2002 yr 01 mo 30 day
Child's Birthdate 2001 yr 12 mo 28 day

Subtract to get Child's Exact Age ____ yr 1 mo 2 day
PDQII Age: ____ yr ____ mo ____ completed wks

CONTINUE ANSWERING UNTIL 3 "NOs" ARE CIRCLED

	For Office Use		
	90%	75%	
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. YES NO	0	0	GM
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? YES NO	0	0	L
3. Regards Face When your baby is lying on her back, does she look at you and watch your face? YES NO	0	0	PS
4. Vocalizes Does your baby make sounds other than crying, such as uh, eh or cooing? YES NO	0-3	0	L
5. Smiles Responsively When you smile and talk to your baby, does he smile back at you? YES NO	1-2	1	PS
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? YES NO 	2-3	1-3	GM
7. "Ooo"/"Aaa" Does your baby make vowel sounds such as "ooo" or "aaa"? YES NO	2-3	1-2	L
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? YES NO 	3-2	2-3	GM
9. Hands Together Does your baby play with his hands by touching them together? YES NO	4	2-3	FMA
10. Regards Own Hand Have you seen your baby stare at his own hand for at least 5 seconds? YES NO	4	3	PS
11. Squeals Does your baby make happy, excited, high-pitched squealing sounds which are not crying? YES NO	4-1	2-3	L
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? YES NO	4-1	3-2	GM
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 *all the way* to the other side like this picture? YES NO 	4-2	3-3	FMA

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CONTINUE ANSWERING UNTIL 3 "NOs" ARE CIRCLED

	For Office Use		
	90%	75%	
14. Chest Up-Arm Support When your baby is on her stomach on a flat surface, can she lift her chest using her arms to hold herself up like this picture? YES NO	4-2	4	GM
			
15. Regards Small Object Can your baby focus her eyes on small objects the size of a pea, a raisin or a penny? YES NO	5	4-1	FMA
16. Rolls Over Has your baby rolled over at least 2 times, from stomach to back, or back to stomach? YES NO	5-1	4-1	GM
17. Turns to Sound Does your baby usually turn his head toward a soft sound, when the source of the sound is out of sight? YES NO	5-2	4-3	L
18. Reaches Can your baby pick up a toy if it is placed within her reach? YES NO	5-2	5	FMA
19. Works For Toy When your baby wants something that is out of easy reach, does your baby try to get it by stretching his arms or body? YES NO	5-3	5-1	PS
20. Feeds Self Can your baby feed herself a cracker or cookie? If she has never been given one, Circle NO. YES NO	6-2	5-3	PS
21. Turns To Voice When your baby is playing and you come up quietly behind him, does your baby usually turn his head as though he heard you? YES NO	6-2	5-2	L

	For Office Use		
	90%	75%	
22. Sits, No Support Without being propped by pillows, a chair, or a wall, can your baby sit by herself for at least 10 seconds? YES NO	6-3	6-1	GM
23. Looks For Yarn Please follow directions carefully. Hold a tissue or some other soft object up high and shake or wave it. When your baby is looking at it, drop it to the floor. Did your baby look down to see where it went? YES NO	7	6-	FMA
24. Rakes Raisin Can your baby pick up tiny objects, such as raisins or pieces of food with either his whole hand using a raking or grabbing motion, or with his thumb and fingers like any of these pictures? YES NO	7-1	6-2	FMA
			
25. Single Syllables Does your baby make sounds that have both consonants and vowels such as "da", "ba", "ga", or "ma"? YES NO	7-2	6-2	L
26. Stands Holding On Can your baby stand holding on to a chair or table for 10 seconds or more? YES NO	8-2	7-3	GM
27. Imitates Speech Sounds Does your baby ever copy you when you make some speech sounds like kissing, coughing or saying a word? YES NO	8-3	6	L

Public Health Nursing Branch

State of Hawaii
Department of Health

CONSENT FOR RELEASE OF INFORMATION

TO: Dr Danilo Perlas
(Name of Individual or Organization Giving Information)

ADDRESS:

I, Dela Pascual THE UNDERSIGNED, REQUEST AND AUTHORIZE THE
(Parent/Legal Guardian/Patient, if 18 yrs. old)

RELEASE OF THE FOLLOWING INFORMATION, all office visit records since 12/30/02

RELATIVE TO: Rinela Pascual B.D. 12/28/01
(Name of Patient)

ADDRESS:

TO: Diane Takamune, PHN Central Oahu Nursing Office PHNB DOH
(Name of Individual or Organization Receiving Information)

ADDRESS: 910 California Ave. Rm 119 Wahiawa 96786

This information will be used for the following purpose(s) only:
case management

Mailed
FEB 28 2003

Should the medical record contain any information pertaining to alcohol and/or drug abuse, psychiatric evaluation, treatments and results, HIV testing and results, infectious diseases including Acquired Immune Deficiency Syndrome (AIDS), I, by initialing the following: CONSENT _____ DO NOT CONSENT _____ to release of this information to the requesting party. I understand that redisclosure of this information by the requesting party is strictly prohibited.

This consent may be withdrawn at any time upon written request of the parent, legal guardian or patient (if 18 years and over) or consent will be valid for the purposes stated above and for a period not to exceed one (1) year.

X Dela Pascual — X 1/27/03
(Signature of Parent, Legal Guardian or Patient, if 18 yrs old) (Date)

Diane Takamune PHN — 1/29/03
(Signature of Agency Representative) (Date)

PHN 28 (rev. 6/01)