



Best Beginnings

Developmental • Autism • Social-Emotional • Maternal Depression Screening
An ACHIA Early Screening and Referral Collaborative

ASQ-3 MCHAT-R/F Scoring Quiz





QUIZ FOCUS

- Development: ASQ-3
 - Selecting Correct Age Screen
 - Adjust Score if needed
- Autism: MCHAT-R/F
 - When and How to Use Follow Up questions

Answer Questions written in **RED font**



ASQ3 Appropriate Screening Means....

- Documentation in the medical record of validated screening at recommended age
- ASQ screen age range correct
- ASQ age adjusted if patient premature
- Screen completed in the preferred language
- Screen scored accurately (score adjusted if indicated)
- Screen result documented in the medical record
- Screen interpretation documented in the medical record



ASQ-3 Recommended Resources to Answer Quiz

Utilize one or more of the following:

- Online Screen if available to your practice
- EMR if screen embedded in your medical record
- *Website <https://agesandstages.com/free-resources/asq-calculator/>
- Age Administration Chart (ACHIA QI TeamSpace/QI Tools <https://achia.org/qi-teamspace>)

*For purposes of this quiz, website recommended if you do not have alternative online or EMR embedded process already established in your clinic.

ASQ-3: Select Appropriate Age Screen

Scenario A

For the following patient here for a Well Visit and missed ASQ3 at 9MO so needs one today:

- Date of Service: 2/1/2020
- Childs Date of Birth: 12/1/2018
- Born 8 weeks premature

What is the child's

A. Chronological Age?

B. Adjusted age?

C. Which ASQ3 to use ?

<https://agesandstages.com/free-resources/asq-calculator/>

ASQ-3: Select Appropriate Age Screen

Scenario B

A patient is here for a 2 year old check up.

- Date of Service: 2/18/2020
- Date of birth: 11/29/2017

Which age ASQ 3 should be used?

<https://agesandstages.com/free-resources/asq-calculator/>

ASQ-3: Select Appropriate Age Screen

Scenario C

A patient is here for a 2 year old check up.

- Date of Service: 2/18/2020.
- Date of birth: 11/29/2017
- Patient is 8 weeks premature

Which age ASQ 3 should be used?

<https://agesandstages.com/free-resources/asq-calculator/>

ASQ3- Adjust Score (continued)

According to the chart below, **Is the child above the cut off? At the cutoff? or below the cutoff for Fine motor?**

SCORE AND TRANSFER TOTALS TO CHART BELOW: See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	25.17		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	38.07		●	●	●	●	●	●	●	●	●	●	○	○	○
Fine Motor	35.16		●	●	●	●	●	●	●	●	●	○	○	○	○
Problem Solving	29.78		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	31.54		●	●	●	●	●	●	●	○	○	○	○	○	○



MCHAT-R/F





MCHAT- R/F Appropriate Screening Means....

- Documentation in the medical record of validated screening at recommended age
- Screen completed in the preferred language
- Follow up questions administered for screens with an initial score of 3-7 and, if indicated, score re-calculated
- Screen result documented in the medical record
- Screen interpretation documented in the medical record



MCHAT- R/F – Recommended Resources to Answer Quiz

Utilize one or more of the following:

- Online Screen if available to your practice
- EMR if screen embedded in your medical record
- MCHAT User's Manual located in ACHIA QI TeamSpace/Practice Tools and Resources/Autism
<https://achia.org/qi-teamspace>
 - Instructions for scoring are on bottom of page 2
 - Screen is on page 3

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs)	Yes	No
5. Does your child make <u>unusual</u> finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE, pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee)	Yes	No

All responses
EXCEPT 2, 5, and
12 should be YES

Each at risk
response = 1

Results:
0-2: Low risk-
continue routine care
3-7: Medium Risk-
ask follow up
questions
8 and >: high risk-
refer



MCHAT- R/F

Scenario 1

An MCHAT-R/F is administered at the 18-month well visit. After clarifying answers, the score is '3' based on the following :

1. If you point at something across the room, does the child look at it? **NO**
12. Does your child get upset by everyday noises (Example, does your child scream or cry to noise such as a vacuum cleaner or loud music?) **YES**
18. Does your child understand when you tell him or her to do something? (For Example if you don't point, can your child understand 'put the book on the chair' or 'bring me the blanket?) **NO**

With a score of three what is your next step?

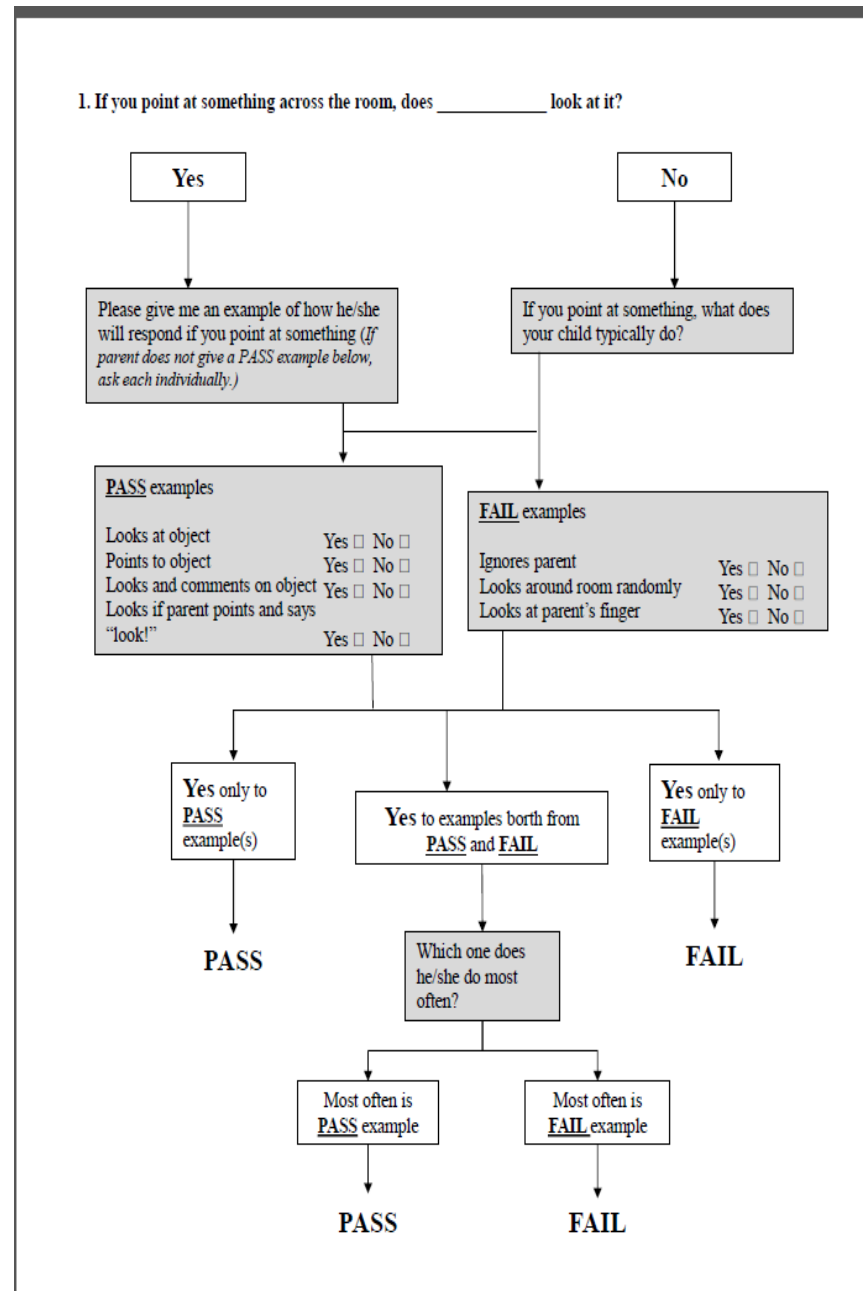


In asking the follow up questions for #1, you discover that the child ignores the parent but looks at the object. He will most often look at the object.

Is this now a Pass or a Fail for #1?

The score was originally a three – what is it now?

What is the next scoring step?





In asking the follow up questions for # 12, you find that the child does not like vacuum cleaners and hand dryers in restrooms. He will covers his ears and tell you he does not like the noise.

Is this now a Pass or Fail for #12?

What is the next step?

