



# ASQ-3™ CD-ROM



# Ages & Stages Questionnaires®

A Parent-Completed  
Child Monitoring System

THIRD EDITION

by  
Jane Squires, Ph.D.,  
& Diane Bricker, Ph.D.

with assistance from Elizabeth Twombly, M.S.,  
Robert Nickel, M.D., Jantina Clifford, Ph.D.,  
Kimberly Murphy, Robert Hoselton, LaWanda Potter, M.S.,  
Linda Mounts, M.A., & Jane Farrell, M.S.

• P A U L • H •  
**BROOKES**  
PUBLISHING CO.®

Baltimore • London • Sydney

Copyright © 2009 by Paul H. Brookes Publishing Co.  
All rights reserved.

"Paul H. Brookes Publishing Co." is a registered trademark of  
Paul H. Brookes Publishing Co. Inc.

Ages & Stages Questionnaires® is a registered trademark  
and ASQ® is a trademark of Paul H. Brookes Publishing Co., Inc.

# About This CD-ROM



This CD-ROM contains 1) your End User License Agreement, 2) printable ASQ-3 PDFs, 3) information about ASQ, 4) information about the authors, 5) training information, and 6) order forms. The ASQ-3 PDFs are organized as a single comprehensive set and also within six individual folders to help you easily locate and print the specific materials you need.

The master set ("Master Set.pdf") includes in a single PDF file all ASQ-3 questionnaires, cover sheets (family information sheets) in data template format, scoring sheets (Information Summary sheets), intervention activities, and supplemental materials. You may print this PDF in its entirety, or you may print specific pages of this PDF by clicking the appropriate bookmark in the PDF, selecting "Print," and typing the corresponding page number(s) you wish to print.

The materials included in "Master Set.pdf" are also organized in six folders to facilitate your use of ASQ-3. You may print the contents of these folders as needed. The contents of the six folders are as follows (and the contents of Sets A–D are summarized in the chart on the next page):

Set A: 21 PDFs, one for each questionnaire plus its corresponding *standard* family information sheet. Convenient for users who want to print a questionnaire with a family-friendly family information sheet and who do NOT need to print the Information Summary sheet

Set B: 21 PDFs, one for each individual questionnaire plus its corresponding *standard* family information sheet and Information Summary sheet. Convenient for users who want to print a questionnaire with a family-friendly family information sheet and Information Summary sheet

Set C: 21 PDFs, one for each questionnaire plus its corresponding *data template* family information sheet. Convenient for users who want to print a questionnaire with a family information sheet designed to improve legibility and support data management and who do NOT need to print the Information Summary sheet

Set D: 21 PDFs, one for each individual questionnaire plus its corresponding *data template* family information sheet. Convenient for users who want to print a questionnaire with a family information sheet designed to improve legibility and support data management and an Information Summary sheet

Intervention activities: 11 age-appropriate intervention activity sheets that may be provided to parents or other caregivers

Supplemental materials: What Is ASQ-3™?, a mailing sheet, Parent Conference Sheet, and Child Monitoring Sheet

	Individual questionnaires	Standard family information sheets	Data template family information sheets	Information Summary sheets
Set A	✓	✓		
Set B	✓	✓		✓
Set C	✓		✓	
Set D	✓		✓	✓

You may print and photocopy these PDF documents from a computer located within your own facilities at a single physical site in the course of your service provision to children and their families. Printed copies may only be made from this original ASQ-3 CD-ROM. Electronic reproduction is prohibited. These PDFs may also be posted on and printed from a local area network (LAN) provided that all other stipulations of the End User License Agreement are met and all employees with access to the PDFs on this CD-ROM work at the same physical site as the purchaser. This CD-ROM cannot be shared among agency sites. See the [End User License Agreement](#) for further details regarding conditions related to the posting and printing of the files on this CD-ROM.

# Master Set Contents



*For individual files of the questionnaires with and without summaries, see the folders on this CD-ROM. See "About This CD-ROM" for more information about the file sets on this CD-ROM.*

About This CD-ROM .....	.2–3
ASQ-3 Questionnaires (with data template family information sheets)	
2 Month ASQ-3 .....	.6–10
2 Month ASQ-3 Information Summary .....	.11
4 Month ASQ-3 .....	.12–16
4 Month ASQ-3 Information Summary .....	.17
6 Month ASQ-3 .....	.18–23
6 Month ASQ-3 Information Summary .....	.24
8 Month ASQ-3 .....	.25–30
8 Month ASQ-3 Information Summary .....	.31
9 Month ASQ-3 .....	.32–37
9 Month ASQ-3 Information Summary .....	.38
10 Month ASQ-3 .....	.39–44
10 Month ASQ-3 Information Summary .....	.45
12 Month ASQ-3 .....	.46–51
12 Month ASQ-3 Information Summary .....	.52
14 Month ASQ-3 .....	.53–58
14 Month ASQ-3 Information Summary .....	.59
16 Month ASQ-3 .....	.60–65
16 Month ASQ-3 Information Summary .....	.66
18 Month ASQ-3 .....	.67–72
18 Month ASQ-3 Information Summary .....	.73
20 Month ASQ-3 .....	.74–79
20 Month ASQ-3 Information Summary .....	.80
22 Month ASQ-3 .....	.81–86
22 Month ASQ-3 Information Summary .....	.87
24 Month ASQ-3 .....	.88–94
24 Month ASQ-3 Information Summary .....	.95
27 Month ASQ-3 .....	.96–102
27 Month ASQ-3 Information Summary .....	.103

30 Month ASQ-3 .....	104–110
30 Month ASQ-3 Information Summary .....	111
33 Month ASQ-3 .....	112–118
33 Month ASQ-3 Information Summary .....	119
36 Month ASQ-3 .....	120–126
36 Month ASQ-3 Information Summary .....	127
42 Month ASQ-3 .....	128–134
42 Month ASQ-3 Information Summary .....	135
48 Month ASQ-3 .....	136–142
48 Month ASQ-3 Information Summary .....	143
54 Month ASQ-3 .....	144–150
54 Month ASQ-3 Information Summary .....	151
60 Month ASQ-3 .....	152–159
60 Month ASQ-3 Information Summary .....	160
 Intervention Activity Sheets .....	161–172
Activities for Infants 1–4 Months Old .....	162
Activities for Infants 4–8 Months Old .....	163
Activities for Infants 8–12 Months Old .....	164
Activities for Infants 12–16 Months Old .....	165
Activities for Toddlers 16–20 Months Old .....	166
Activities for Toddlers 20–24 Months Old .....	167
Activities for Children 24–30 Months Old .....	168
Activities for Children 30–36 Months Old .....	169
Activities for Children 36–48 Months Old .....	170
Activities for Children 48–60 Months Old .....	171
Activities for Children 60–66 Months Old .....	172
 What Is ASQ-3™? (parent handout) .....	173
Mailing Sheet .....	174
Parent Conference Sheet .....	175
Child Monitoring Sheet .....	176
 About the ASQ-3 .....	177–180
About the Authors .....	181–183
ASQ Training .....	184
ASQ Ordering Guide .....	185–188
End User License Agreement .....	189–191



# Ages & Stages Questionnaires®

1 month 0 days through 2 months 30 days

## 2 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--	--

  
M M D D Y Y Y Y



### Baby's information

Baby's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Baby's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Baby's date of birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
M M D D Y Y Y Y

If baby was born  
3 or more weeks  
prematurely, # of  
weeks premature:

--	--

Baby's gender:

Male  Female

### Person filling out questionnaire

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to baby:

- Parent  Guardian  Teacher  Child care provider  
 Grandparent or other relative  Foster parent  Other:

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Baby ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days:

--	--

  
M M      D D

Program ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If premature, adjusted age, in months and days:

--	--

  
M M      D D

Program name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



## 2 Month Questionnaire

1 month 0 days  
through 2 months 30 days

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

### Important Points to Remember:

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

### Notes:

---

---

---

---

## COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby sometimes make throaty or gurgling sounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your baby make cooing sounds such as "ooo," "gah," and "aah"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. When you speak to your baby, does she make sounds back to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Does your baby smile when you talk to him?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your baby chuckle softly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. After you have been out of sight, does your baby smile or get excited when she sees you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

COMMUNICATION TOTAL

—

## GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. While your baby is on his back, does he wave his arms and legs, wiggle, and squirm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. When your baby is on her tummy, does she turn her head to the side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. When your baby is on his tummy, does he hold his head up longer than a few seconds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. When your baby is on her back, does she kick her legs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. While your baby is on his back, does he move his head from side to side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

GROSS MOTOR TOTAL

—

**FINE MOTOR**

1. Is your baby's hand usually tightly closed when he is awake? (If your baby used to do this but no longer does, mark "yes.")

YES      SOMETIMES      NOT YET  
            —

2. Does your baby grasp your finger if you touch the palm of her hand?



           —

3. When you put a toy in his hand, does your baby hold it in his hand briefly?



           —

4. Does your baby touch her face with her hands?

           —

5. Does your baby hold his hands open or partly open when he is awake (rather than in fists, as they were when he was a newborn)?



           —\*

6. Does your baby grab or scratch at her clothes?

           —

**FINE MOTOR TOTAL**

\*If Fine Motor item 5 is marked "yes," mark Fine Motor item 1 as "yes."

**PROBLEM SOLVING**

1. Does your baby look at objects that are 8–10 inches away?

YES      SOMETIMES      NOT YET  
            —

2. When you move around, does your baby follow you with his eyes?

           —

3. When you move a toy slowly from side to side in front of your baby's face (about 10 inches away), does your baby follow the toy with her eyes, sometimes turning her head?

           —

4. When you move a small toy up and down slowly in front of your baby's face (about 10 inches away), does your baby follow the toy with his eyes?

           —

5. When you hold your baby in a sitting position, does she look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of her?

           —

6. When you dangle a toy above your baby while he is lying on his back, does he wave his arms toward the toy?



           —

**PROBLEM SOLVING TOTAL**

**PERSONAL-SOCIAL**

1. Does your baby sometimes try to suck, even when she's not feeding?
2. Does your baby cry when he is hungry, wet, tired, or wants to be held?
3. Does your baby smile at you?
4. When you smile at your baby, does she smile back?



5. Does your baby watch his hands?

6. When your baby sees the breast or bottle, does she seem to know she is about to be fed?

PERSONAL-SOCIAL TOTAL **OVERALL**

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

1. Did your baby pass the newborn hearing screening test? If no, explain:  YES  NO

2. Does your baby move both hands and both legs equally well? If no, explain:  YES  NO

3. Does either parent have a family history of childhood deafness, hearing impairment, or vision problems? If yes, explain:  YES  NO

**OVERALL** (continued)

4. Has your baby had any medical problems? If yes, explain:

 YES NO

5. Do you have concerns about your baby's behavior (for example, eating, sleeping)? If yes, explain:

 YES NO

6. Does anything about your baby worry you? If yes, explain:

 YES NO



## 2 Month ASQ-3 Information Summary

1 months 0 days through  
2 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	22.77		<input type="radio"/>												
Gross Motor	41.84		<input type="radio"/>												
Fine Motor	30.16		<input type="radio"/>												
Problem Solving	24.62		<input type="radio"/>												
Personal-Social	33.71		<input type="radio"/>												

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1. Passed newborn hearing screening test? **Yes** **NO** 4. Any medical problems? **YES** **No**  
Comments: \_\_\_\_\_

2. Moves both hands and both legs equally well? **Yes** **NO** 5. Concerns about behavior? **YES** **No**  
Comments: \_\_\_\_\_

3. Family history of hearing impairment? **YES** **No** 6. Other concerns? **YES** **No**  
Comments: \_\_\_\_\_

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the **□** area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the **■** area, it is close to the cutoff. Provide learning activities and monitor.

If the baby's total score is in the **■■** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

3 months 0 days through 4 months 30 days

## 4 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--

  
 M M D D Y Y Y Y



### Baby's information

Baby's first name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial: 

--

Baby's last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Baby's date of birth: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If baby was born  
3 or more weeks  
prematurely, # of  
weeks premature: 

--	--

Baby's gender:

Male

Female

M M D D Y Y Y Y

### Person filling out questionnaire

First name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial: 

--

Last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to baby:

Parent

Guardian

Teacher

Child care provider

Grandparent

Foster parent

Other: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Baby ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 M M      

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 D D

Program ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If premature, adjusted age, in months and days: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 M M      

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 D D

Program name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



## 4 Month Questionnaire

3 months 0 days  
through 4 months 30 days

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

### Important Points to Remember:

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

### Notes:

---

---

---

---

## COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby chuckle softly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. After you have been out of sight, does your baby smile or get excited when he sees you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Does your baby stop crying when she hears a voice other than yours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Does your baby make high-pitched squeals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your baby laugh?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your baby make sounds when looking at toys or people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

COMMUNICATION TOTAL

—

## GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. While your baby is on his back, does he move his head from side to side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. When your baby is on his tummy, does he hold his head up so that his chin is about 3 inches from the floor for at least 15 seconds?		<input type="radio"/>	<input type="radio"/>	—
4. When your baby is on her tummy, does she hold her head straight up, looking around? (She can rest on her arms while doing this.)		<input type="radio"/>	<input type="radio"/>	—

**GROSS MOTOR**

(continued)

5. When you hold him in a sitting position, does your baby hold his head steady?

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

6. While your baby is on her back, does your baby bring her hands together over her chest, touching her fingers?



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

GROSS MOTOR TOTAL

**FINE MOTOR**

1. Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)?



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

2. When you put a toy in her hand, does your baby wave it about, at least briefly?

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

3. Does your baby grab or scratch at his clothes?

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

4. When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about, or trying to chew it?

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

5. Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position or when he is on his tummy?

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

6. When you hold your baby in a sitting position, does she reach for a toy on a table close by, even though her hand may not touch it?

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

FINE MOTOR TOTAL

**PROBLEM SOLVING**

YES	SOMETIMES	NOT YET
-----	-----------	---------

1. When you move a toy slowly from side to side in front of your baby's face (about 10 inches away), does your baby follow the toy with his eyes, sometimes turning his head?

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

2. When you move a small toy up and down slowly in front of your baby's face (about 10 inches away), does your baby follow the toy with her eyes?

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

3. When you hold your baby in a sitting position, does he look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of him?

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

4. When you put a toy in her hand, does your baby look at it?

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

5. When you put a toy in his hand, does your baby put the toy in his mouth?

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

**PROBLEM SOLVING**

(continued)

6. When you dangle a toy above your baby while she is lying on her back, does your baby wave her arms toward the toy?



YES      SOMETIMES      NOT YET

            —

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

1. Does your baby watch his hands?



YES      SOMETIMES      NOT YET

            —

2. When your baby has her hands together, does she play with her fingers?

            —

3. When your baby sees the breast or bottle, does he seem to know he is about to be fed?

            —

4. Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with her free hand?

            —

5. Before you smile or talk to your baby, does he smile when he sees you nearby?

            —

6. When in front of a large mirror, does your baby smile or coo at herself?

            —

PERSONAL-SOCIAL TOTAL

—

**OVERALL**

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

1. Does your baby use both hands and both legs equally well? If no, explain:

 YES     NO

2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:

 YES     NO

**OVERALL** (continued)

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:

YES  NO

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

YES  NO

5. Do you have concerns about your baby's vision? If yes, explain:

YES  NO

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

YES  NO

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

YES  NO

8. Does anything about your baby worry you? If yes, explain:

YES  NO



## 4 Month ASQ-3 Information Summary

3 months 0 days through  
4 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	34.60		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	38.41		●	●	●	●	●	●	●	●	●	●	○	○	○
Fine Motor	29.62		●	●	●	●	●	●	●	●	●	●	○	○	○
Problem Solving	34.98		●	●	●	●	●	●	●	●	●	●	○	○	○
Personal-Social	33.16		●	●	●	●	●	●	●	●	●	●	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |   |            |           |                             |            |    |
|---|------------|-----------|-----------------------------|------------|----|
| 1. Uses both hands and both legs equally well?    | Yes        | <b>NO</b> | 5. Concerns about vision?   | <b>YES</b> | No |
| Comments:   | Comments:  |           |                             |            |    |
| 2. Feet are flat on the surface most of the time? | Yes        | <b>NO</b> | 6. Any medical problems?    | <b>YES</b> | No |
| Comments:   | Comments:  |           |                             |            |    |
| 3. Concerns about not making sounds?              | <b>YES</b> | No        | 7. Concerns about behavior? | <b>YES</b> | No |
| Comments:   | Comments:  |           |                             |            |    |
| 4. Family history of hearing impairment?          | <b>YES</b> | No        | 8. Other concerns?          | <b>YES</b> | No |
| Comments:   | Comments:  |           |                             |            |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the **white** area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the **gray** area, it is close to the cutoff. Provide learning activities and monitor.

If the baby's total score is in the **black** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

5 months 0 days through 6 months 30 days

## 6 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--

  
M M D D Y Y Y Y



### Baby's information

Baby's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--	--

Baby's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Baby's date of birth:

--	--	--	--	--	--	--	--	--	--	--	--	--

M M D D Y Y Y Y

If baby was born  
3 or more weeks  
prematurely, # of  
weeks premature:

--	--

Baby's gender:

Male  Female

### Person filling out questionnaire

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--	--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to baby:

- Parent  Guardian  Teacher  Child care provider
- Grandparent  Foster parent  Other: \_\_\_\_\_
- or other relative

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Baby ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days:

--	--	--	--	--	--

M M      D D

Program ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If premature, adjusted age, in months and days:

--	--	--	--	--	--

M M      D D

Program name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



## 6 Month Questionnaire

5 months 0 days  
through 6 months 30 days

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

### Important Points to Remember:

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

### Notes:

---

---

---

---

## COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby make high-pitched squeals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. If you call your baby when you are out of sight, does she look in the direction of your voice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. When a loud noise occurs, does your baby turn to see where the sound came from?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your baby make sounds like "da," "ga," "ka," and "ba"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

COMMUNICATION TOTAL

—

## GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. While your baby is on his back, does your baby lift his legs high enough to see his feet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. When your baby is on her tummy, does she straighten both arms and push her whole chest off the bed or floor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Does your baby roll from his back to his tummy, getting both arms out from under him?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. When you put your baby on the floor, does she lean on her hands while sitting? (If she already sits up straight without leaning on her hands, mark "yes" for this item.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—



**GROSS MOTOR**

(continued)

5. If you hold both hands just to balance your baby, does he support his own weight while standing?



YES

SOMETIMES

NOT YET

—

6. Does your baby get into a crawling position by getting up on her hands and knees?



—

GROSS MOTOR TOTAL

—

**FINE MOTOR**

1. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?

YES

SOMETIMES

NOT YET

—

2. Does your baby reach for or grasp a toy using both hands at once?

—

3. Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? (*If he already picks up a small object the size of a pea, mark "yes" for this item.*)



—

4. Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it?



—

5. Does your baby try to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn't able to pick it up? (*If he already picks up the crumb or Cheerio, mark "yes" for this item.*)



—

6. Does your baby pick up a small toy with only one hand?



—

FINE MOTOR TOTAL

—

**PROBLEM SOLVING**

1. When a toy is in front of your baby, does she reach for it with both hands?

YES

SOMETIMES

NOT YET

—

2. When your baby is on his back, does he turn his head to look for a toy when he drops it? (*If he already picks it up, mark "yes" for this item.*)

—

3. When your baby is on her back, does she try to get a toy she has dropped if she can see it?

—

**PROBLEM SOLVING**

(continued)

YES

SOMETIMES

NOT YET

4. Does your baby pick up a toy and put it in his mouth?



---

5. Does your baby pass a toy back and forth from one hand to the other?



---

6. Does your baby play by banging a toy up and down on the floor or table?



---

PROBLEM SOLVING TOTAL

---

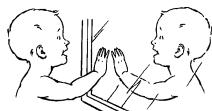
**PERSONAL-SOCIAL**

YES

SOMETIMES

NOT YET

1. When in front of a large mirror, does your baby smile or coo at herself?



---

2. Does your baby act differently toward strangers than he does with you and other familiar people? (Reactions to strangers may include staring, frowning, withdrawing, or crying.)



---

3. While lying on her back, does your baby play by grabbing her foot?



---

4. When in front of a large mirror, does your baby reach out to pat the mirror?



---

5. While your baby is on his back, does he put his foot in his mouth?



---

6. Does your baby try to get a toy that is out of reach? (She may roll, pivot on her tummy, or crawl to get it.)

---

PERSONAL-SOCIAL TOTAL

---

## OVERALL

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

1. Does your baby use both hands and both legs equally well? If no, explain:

YES

NO

2. When you help your baby stand, are his feet flat on the surface most of the time?  
If no, explain:

YES

NO

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:

YES

NO

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

YES

NO

5. Do you have concerns about your baby's vision? If yes, explain:

YES

NO

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

 YES NO

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

 YES NO

8. Does anything about your baby worry you? If yes, explain:

 YES NO



# 6 Month ASQ-3 Information Summary

5 months 0 days through  
6 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	29.65		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	22.25		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	25.14		●	●	●	●	●	●	●	●	●	○	○	○	○
Problem Solving	27.72		●	●	●	●	●	●	●	●	●	○	○	○	○
Personal-Social	25.34		●	●	●	●	●	●	●	●	●	○	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |   |            |           |                             |            |    |
|---|------------|-----------|-----------------------------|------------|----|
| 1. Uses both hands and both legs equally well?    | Yes        | <b>NO</b> | 5. Concerns about vision?   | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |
| 2. Feet are flat on the surface most of the time? | Yes        | <b>NO</b> | 6. Any medical problems?    | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |
| 3. Concerns about not making sounds?              | <b>YES</b> | No        | 7. Concerns about behavior? | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |
| 4. Family history of hearing impairment?          | <b>YES</b> | No        | 8. Other concerns?          | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the **white** area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the **gray** area, it is close to the cutoff. Provide learning activities and monitor.

If the baby's total score is in the **black** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

7 months 0 days through 8 months 30 days

## 8 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--

 M M D D Y Y Y Y



### Baby's information

Baby's first name: 

--	--	--	--	--	--	--	--	--	--	--	--

Middle initial: 

--

Baby's last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Baby's date of birth: 

--	--	--	--	--	--	--	--	--	--

If baby was born  
3 or more weeks  
prematurely, # of  
weeks premature: 

--	--

Baby's gender:

Male  Female

M M D D Y Y Y Y

### Person filling out questionnaire

First name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial: 

--

Last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to baby:

Parent  Guardian  Teacher  Child care provider

City: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Grandparent or other relative  Foster parent  Other: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--

### PROGRAM INFORMATION

Baby ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 M M      D D

Program ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If premature, adjusted age, in months and days: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 M M      D D

Program name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--



## 8 Month Questionnaire

7 months 0 days  
through 8 months 30 days

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

### Important Points to Remember:

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

### Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COMMUNICATION

1. If you call to your baby when you are out of sight, does she look in the direction of your voice?
2. When a loud noise occurs, does your baby turn to see where the sound came from?
3. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?
4. Does your baby make sounds like "da," "ga," "ka," and "ba"?
5. Does your baby respond to the tone of your voice and stop his activity at least briefly when you say "no-no" to him?
6. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (The sounds do not need to mean anything.)

YES

SOMETIMES

NOT YET

COMMUNICATION TOTAL

## GROSS MOTOR

1. When you put your baby on the floor, does she lean on her hands while sitting? (If she already sits up straight without leaning on her hands, mark "yes" for this item.)



YES

SOMETIMES

NOT YET

2. Does your baby roll from his back to his tummy, getting both arms out from under him?

**GROSS MOTOR**

(continued)

3. Does your baby get into a crawling position by getting up on her hands and knees?



YES	SOMETIMES	NOT YET	—
-----	-----------	---------	---

4. If you hold both hands just to balance your baby, does he support his own weight while standing?



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

5. When sitting on the floor, does your baby sit up straight for several minutes *without* using her hands for support?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	— *
-----------------------	-----------------------	-----------------------	-----

6. When you stand your baby next to furniture or the crib rail, does he hold on without leaning his chest against the furniture for support?



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

**GROSS MOTOR TOTAL**

\*If Gross Motor Item 5 is marked "yes" or "sometimes," mark Gross Motor Item 1 "yes."

**FINE MOTOR**

1. Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? (If she already picks up a small object, mark "yes" for this item.)



YES	SOMETIMES	NOT YET	—
-----	-----------	---------	---

2. Does your baby pick up a small toy, holding it in the center of his hand with his fingers around it?



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

3. Does your baby *try* to pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion, even if she isn't able to pick it up? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)



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

4. Does your baby pick up a small toy with only one hand?



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

**FINE MOTOR**

(continued)

5. Does your baby *successfully* pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion? (*If he already picks up a crumb or Cheerio, mark "yes" for this item.*)



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

6. Does your baby pick up a small toy with the *tips* of her thumb and fingers? (*You should see a space between the toy and her palm.*)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—*
-----------------------	-----------------------	-----------------------	----

**FINE MOTOR TOTAL**

\*If Fine Motor Item 6 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."

**PROBLEM SOLVING**

YES	SOMETIMES	NOT YET	—
-----	-----------	---------	---

1. Does your baby pick up a toy and put it in his mouth?



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

2. When your baby is on her back, does she try to get a toy she has dropped if she can see it?

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

3. Does your baby play by banging a toy up and down on the floor or table?



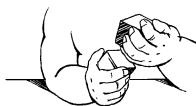
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
-----------------------	-----------------------	-----------------------	---

4. Does your baby pass a toy back and forth from one hand to the other?



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

5. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?



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

6. When holding a toy in his hand, does your baby bang it against another toy on the table?



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

**PROBLEM SOLVING TOTAL**

**PERSONAL-SOCIAL**

YES

SOMETIMES

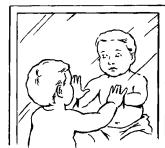
NOT YET

1. When lying on her back, does your baby play by grabbing her foot?



—

2. When in front of a large mirror, does your baby reach out to pat the mirror?



—

3. Does your baby try to get a toy that is out of reach? (He may roll, pivot on his tummy, or crawl to get it.)



—

4. While your baby is on her back, does she put her foot in her mouth?

—

5. Does your baby drink water, juice, or formula from a cup while you hold it?

—

6. Does your baby feed himself a cracker or a cookie?

—

PERSONAL-SOCIAL TOTAL

—

**OVERALL**

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

1. Does your baby use both hands and both legs equally well? If no, explain:

 YES NO

2. When you help your baby stand, are his feet flat on the surface most of the time?  
If no, explain:

 YES NO

**OVERALL** (continued)

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:

YES       NO

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

YES       NO

5. Do you have concerns about your baby's vision? If yes, explain:

YES       NO

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

YES       NO

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

YES       NO

8. Does anything about your baby worry you? If yes, explain:

YES       NO



# 8 Month ASQ-3 Information Summary

7 months 0 days through  
8 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	33.06		●	●	●	●	●	●	●	●	●	○	○	○	○
Gross Motor	30.61		●	●	●	●	●	●	●	●	●	●	○	○	○
Fine Motor	40.15		●	●	●	●	●	●	●	●	●	●	●	○	○
Problem Solving	36.17		●	●	●	●	●	●	●	●	●	●	●	○	○
Personal-Social	35.84		●	●	●	●	●	●	●	●	●	●	●	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |   |            |           |                             |            |    |
|---|------------|-----------|-----------------------------|------------|----|
| 1. Uses both hands and both legs equally well?    | Yes        | <b>NO</b> | 5. Concerns about vision?   | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |
| 2. Feet are flat on the surface most of the time? | Yes        | <b>NO</b> | 6. Any medical problems?    | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |
| 3. Concerns about not making sounds?              | <b>YES</b> | No        | 7. Concerns about behavior? | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |
| 4. Family history of hearing impairment?          | <b>YES</b> | No        | 8. Other concerns?          | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the **white** area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the **gray** area, it is close to the cutoff. Provide learning activities and monitor.

If the baby's total score is in the **black** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

## 9 Month Questionnaire

9 months 0 days through 9 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--

M M D D Y Y Y Y



### Baby's information

Baby's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Baby's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Baby's date of birth:

--	--	--	--	--	--	--	--

If baby was born  
3 or more weeks  
prematurely, # of  
weeks premature:

--	--

Baby's gender:

Male    Female

### Person filling out questionnaire

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to baby:

- Parent    Guardian    Teacher    Child care provider  
 Grandparent or other relative    Foster parent    Other: \_\_\_\_\_

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code:

--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Baby ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days:

--	--	--	--

--	--	--

M M      D D

Program ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If premature, adjusted age, in months and days:

--	--	--	--

--	--	--

M M      D D

Program name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



## 9 Month Questionnaire

9 months 0 days  
through 9 months 30 days

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

### Important Points to Remember:

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

### Notes:

---

---

---

---

## COMMUNICATION

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your baby make sounds like "da," "ga," "ka," and "ba"?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? ( <i>The sounds do not need to mean anything.</i> )  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peek-a-boo," "clap your hands," "So Big")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," <i>without</i> your using gestures?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your baby say three words, such as "Mama," "Dada," and "Baba"? ( <i>A "word" is a sound or sounds your baby says consistently to mean someone or something.</i> )           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

COMMUNICATION TOTAL

—

## GROSS MOTOR

YES      SOMETIMES      NOT YET

1. If you hold both hands just to balance your baby, does she support her own weight while standing?



           —

2. When sitting on the floor, does your baby sit up straight for several minutes *without* using his hands for support?



           —

**GROSS MOTOR**

(continued)

3. When you stand your baby next to furniture or the crib rail, does she hold on without leaning her chest against the furniture for support?



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

4. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?



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

5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?

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

6. Does your baby walk beside furniture while holding on with only one hand?

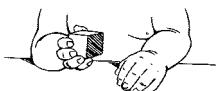
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
-----------------------	-----------------------	-----------------------	---

GROSS MOTOR TOTAL

**FINE MOTOR**

YES	SOMETIMES	NOT YET	—
-----	-----------	---------	---

1. Does your baby pick up a small toy with only one hand?



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

2. Does your baby *successfully* pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? (*If she already picks up a crumb or Cheerio, mark "yes" for this item.*)



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

3. Does your baby pick up a small toy with the *tips* of his thumb and fingers? (*You should see a space between the toy and his palm.*)



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

4. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (*The string may be attached to a toy.*)



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

5. Does your baby pick up a crumb or Cheerio with the *tips* of his thumb and a finger? He may rest his arm or hand on the table while doing it.



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—*
-----------------------	-----------------------	-----------------------	----

6. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?

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

FINE MOTOR TOTAL

\*If Fine Motor Item 5 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."

**PROBLEM SOLVING**

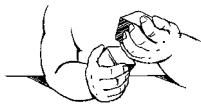
1. Does your baby pass a toy back and forth from one hand to the other?



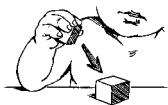
YES      SOMETIMES      NOT YET

            —

2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?


            —

3. When holding a toy in his hand, does your baby bang it against another toy on the table?


            —

4. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?

            —

5. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?

            —

6. After watching you hide a small toy under a piece of paper or cloth, does your baby find it? (*Be sure the toy is completely hidden.*)

            —

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

1. While your baby is on her back, does she put her foot in her mouth?



YES      SOMETIMES      NOT YET

            —

2. Does your baby drink water, juice, or formula from a cup while you hold it?

            —

3. Does your baby feed himself a cracker or a cookie?

            —

4. When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? (*If she already lets go of the toy into your hand, mark "yes" for this item.*)

            —

5. When you dress your baby, does he push his arm through a sleeve once his arm is started in the hole of the sleeve?

            —

6. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?

            —

PERSONAL-SOCIAL TOTAL

—

**OVERALL**

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

1. Does your baby use both hands and both legs equally well? If no, explain:

YES

NO

2. When you help your baby stand, are his feet flat on the surface most of the time?  
If no, explain:

YES

NO

3. Do you have concerns that your baby is too quiet or does not make sounds like  
other babies? If yes, explain:

YES

NO

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

YES

NO

5. Do you have concerns about your baby's vision? If yes, explain:

YES

NO

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

YES

NO

**OVERALL** (continued)

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

 YES NO

8. Does anything about your baby worry you? If yes, explain:

 YES NO



# 9 Month ASQ-3 Information Summary

9 months 0 days through  
9 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	13.97		●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	17.82		●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	31.32		●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	28.72		●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	18.91		●	●	●	●	●	●	●	●	●	●	●	●	●

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |   |            |           |                             |            |    |
|---|------------|-----------|-----------------------------|------------|----|
| 1. Uses both hands and both legs equally well?    | Yes        | <b>NO</b> | 5. Concerns about vision?   | <b>YES</b> | No |
| Comments:   | Comments:  |           |                             |            |    |
| 2. Feet are flat on the surface most of the time? | Yes        | <b>NO</b> | 6. Any medical problems?    | <b>YES</b> | No |
| Comments:   | Comments:  |           |                             |            |    |
| 3. Concerns about not making sounds?              | <b>YES</b> | No        | 7. Concerns about behavior? | <b>YES</b> | No |
| Comments:   | Comments:  |           |                             |            |    |
| 4. Family history of hearing impairment?          | <b>YES</b> | No        | 8. Other concerns?          | <b>YES</b> | No |
| Comments:   | Comments:  |           |                             |            |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the **white** area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the **gray** area, it is close to the cutoff. Provide learning activities and monitor.

If the baby's total score is in the **black** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

9 months 0 days through 10 months 30 days

## 10 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--	--

  
M M D D Y Y Y Y



### Baby's information

Baby's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Baby's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Baby's date of birth:

--	--	--	--	--	--	--	--	--	--

If baby was born  
3 or more weeks  
prematurely, # of  
weeks premature:

M M D D Y Y Y Y

Middle initial:

--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Baby's gender:

Male  Female

### Person filling out questionnaire

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to baby:

- Parent  Guardian  Teacher  Child care provider
- Grandparent or other relative  Foster parent  Other: \_\_\_\_\_

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Baby ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days:

--	--	--

--	--	--

--	--

--	--

Program ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If premature, adjusted age, in months and days:

--	--	--

--	--	--

--	--

--	--

Program name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

<p>Baby ID #:</p> <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>Program ID #:</p> <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <p>Program name:</p> <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																														<p>Age at administration, in months and days:</p> <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table> <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table> <p>If premature, adjusted age, in months and days:</p> <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table> <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>													



# 10 Month Questionnaire

9 months 0 days  
through 10 months 30 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

## COMMUNICATION

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your baby make sounds like "da," "ga," "ka," and "ba"?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? ( <i>The sounds do not need to mean anything.</i> )  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peek-a-boo," "clap your hands," "So Big")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," <i>without</i> your using gestures?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your baby say three words, such as "Mama," "Dada," and "Baba"? ( <i>A "word" is a sound or sounds your baby says consistently to mean someone or something.</i> )           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

COMMUNICATION TOTAL

—

## GROSS MOTOR

YES      SOMETIMES      NOT YET

1. If you hold both hands just to balance your baby, does she support her own weight while standing?



           —

2. When sitting on the floor, does your baby sit up straight for several minutes *without* using his hands for support?



           —

**GROSS MOTOR**

(continued)

3. When you stand your baby next to furniture or the crib rail, does she hold on without leaning her chest against the furniture for support?



YES

SOMETIMES

NOT YET

—

4. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?



—

5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?

—

6. Does your baby walk beside furniture while holding on with only one hand?

—

GROSS MOTOR TOTAL

—

**FINE MOTOR**

YES

SOMETIMES

NOT YET

1. Does your baby pick up a small toy with only one hand?



—

2. Does your baby *successfully* pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? (*If she already picks up a crumb or Cheerio, mark "yes" for this item.*)



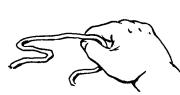
—

3. Does your baby pick up a small toy with the *tips* of his thumb and fingers? (*You should see a space between the toy and his palm.*)



—

4. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (*The string may be attached to a toy.*)



—

5. Does your baby pick up a crumb or Cheerio with the *tips* of his thumb and a finger? He may rest his arm or hand on the table while doing it.



—\*

6. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?

—

FINE MOTOR TOTAL

—

*\*If Fine Motor Item 5 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."*

**PROBLEM SOLVING**

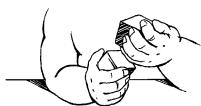
1. Does your baby pass a toy back and forth from one hand to the other?



YES      SOMETIMES      NOT YET

            —

2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?


            —

3. When holding a toy in his hand, does your baby bang it against another toy on the table?


            —

4. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?

            —

5. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?

            —

6. After watching you hide a small toy under a piece of paper or cloth, does your baby find it? (*Be sure the toy is completely hidden.*)

            —

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

1. While your baby is on her back, does she put her foot in her mouth?



YES      SOMETIMES      NOT YET

            —

2. Does your baby drink water, juice, or formula from a cup while you hold it?

            —

3. Does your baby feed himself a cracker or a cookie?

            —

4. When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? (*If she already lets go of the toy into your hand, mark "yes" for this item.*)

            —

5. When you dress your baby, does he push his arm through a sleeve once his arm is started in the hole of the sleeve?

            —

6. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?

            —

PERSONAL-SOCIAL TOTAL

—

**OVERALL**

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

1. Does your baby use both hands and both legs equally well? If no, explain:

YES

NO

2. When you help your baby stand, are his feet flat on the surface most of the time?  
If no, explain:

YES

NO

3. Do you have concerns that your baby is too quiet or does not make sounds like  
other babies? If yes, explain:

YES

NO

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

YES

NO

5. Do you have concerns about your baby's vision? If yes, explain:

YES

NO

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

YES

NO

**OVERALL** (continued)

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

 YES NO

8. Does anything about your baby worry you? If yes, explain:

 YES NO



# 10 Month ASQ-3 Information Summary

9 months 0 days through  
10 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	22.87		<input type="radio"/>												
Gross Motor	30.07		<input type="radio"/>												
Fine Motor	37.97		<input type="radio"/>												
Problem Solving	32.51		<input type="radio"/>												
Personal-Social	27.25		<input type="radio"/>												

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |   |            |           |                             |            |    |
|---|------------|-----------|-----------------------------|------------|----|
| 1. Uses both hands and both legs equally well?    | Yes        | <b>NO</b> | 5. Concerns about vision?   | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |
| 2. Feet are flat on the surface most of the time? | Yes        | <b>NO</b> | 6. Any medical problems?    | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |
| 3. Concerns about not making sounds?              | <b>YES</b> | No        | 7. Concerns about behavior? | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |
| 4. Family history of hearing impairment?          | <b>YES</b> | No        | 8. Other concerns?          | <b>YES</b> | No |
| Comments:   |            |           |                             | Comments:  |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the **□** area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the **■** area, it is close to the cutoff. Provide learning activities and monitor.

If the baby's total score is in the **■■** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

## 12 Month Questionnaire

11 months 0 days through 12 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--	--	--	--

M M D D Y Y Y Y



### Baby's information

Baby's first name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial: 

--

Baby's last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Baby's date of birth: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

M M D D Y Y Y Y

If baby was born  
3 or more weeks  
prematurely, # of  
weeks premature: 

--	--

Baby's gender:

Male  Female

### Person filling out questionnaire

First name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial: 

--

Last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to baby:

- Parent       Guardian       Teacher       Child care provider
- Grandparent or other relative       Foster parent       Other: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



### PROGRAM INFORMATION

Baby ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

M M      D D

If premature, adjusted age, in months and days: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

M M      D D



# 12 Month Questionnaire

11 months 0 days  
through 12 months 30 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

## COMMUNICATION

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your baby make two similar sounds, such as "ba-ba," "da-da," or "ga-ga"? ( <i>The sounds do not need to mean anything.</i> )  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peek-a-boo," "clap your hands," "So Big")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," <i>without</i> your using gestures?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your baby say three words, such as "Mama," "Dada," and "Baba"? ( <i>A "word" is a sound or sounds your baby says consistently to mean someone or something.</i> )           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. When you ask, "Where is the ball (hat, shoe, etc.)?" does your baby look at the object? ( <i>Make sure the object is present. Mark "yes" if she knows one object.</i> )          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. When your baby wants something, does he tell you by <i>pointing</i> to it?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

YES

SOMETIMES

NOT YET

## GROSS MOTOR

1. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?



YES

SOMETIMES

NOT YET

2. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)?
3. Does your baby walk beside furniture while holding on with only one hand?

YES

SOMETIMES

NOT YET

COMMUNICATION TOTAL

—

**GROSS MOTOR**

(continued)

YES

SOMETIMES

NOT YET

4. If you hold both hands just to balance your baby, does he take several steps without tripping or falling? (If your baby already walks alone, mark "yes" for this item.)



—

5. When you hold *one hand* just to balance your baby, does she take several steps forward? (If your baby already walks alone, mark "yes" for this item.)



—

6. Does your baby stand up in the middle of the floor by himself and take several steps forward?

—

GROSS MOTOR TOTAL

—

**FINE MOTOR**

YES

SOMETIMES

NOT YET

1. After one or two tries, does your baby pick up a piece of string with his first finger and thumb? (The string may be attached to a toy.)



—

2. Does your baby pick up a crumb or Cheerio with the tips of her thumb and a finger? She may rest her arm or hand on the table while doing it.



—

3. Does your baby put a small toy down, without dropping it, and then take his hand off the toy?

—

4. Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the tips of her thumb and a finger?



— \*

5. Does your baby throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)



—

6. Does your baby help turn the pages of a book? (You may lift a page for him to grasp.)

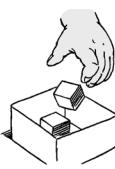
—

FINE MOTOR TOTAL

—

\*If Fine Motor Item 4 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."

**PROBLEM SOLVING**

- |  | YES   | SOMETIMES             | NOT YET               |                          |
|--|---|-----------------------|-----------------------|--------------------------|
| 1. When holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?   | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | —                        |
| 2. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?   | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | —                        |
| 3. After watching you hide a small toy under a piece of paper or cloth, does your baby find it? ( <i>Be sure the toy is completely hidden.</i> )   | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | —                        |
| 4. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? ( <i>If she already lets go of the toy into a bowl or box, mark "yes" for this item.</i> ) | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | —                        |
| 5. Does your baby drop two small toys, one after the other, into a container like a bowl or box? ( <i>You may show him how to do it.</i> )   |  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> —* |
| 6. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? ( <i>If she already scribbles on her own, mark "yes" for this item.</i> )                       | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | —                        |

**PROBLEM SOLVING TOTAL** —

*\*If Problem Solving Item 5 is marked "yes" or "sometimes," mark Problem Solving Item 4 "yes."*

**PERSONAL-SOCIAL**

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. When you hold out your hand and ask for his toy, does your baby offer it to you even if he doesn't let go of it? ( <i>If he already lets go of the toy into your hand, mark "yes" for this item.</i> ) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. When you dress your baby, does she push her arm through a sleeve once her arm is started in the hole of the sleeve?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. When you hold out your hand and ask for his toy, does your baby let go of it into your hand?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. When you dress your baby, does she lift her foot for her shoe, sock, or pant leg?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your baby roll or throw a ball back to you so that you can return it to him?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your baby play with a doll or stuffed animal by hugging it?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

**PERSONAL-SOCIAL TOTAL** —

## OVERALL

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

1. Does your baby use both hands and both legs equally well? If no, explain:

YES

NO

2. Does your baby play with sounds or seem to make words? If no, explain:

YES

NO

3. When your baby is standing, are her feet flat on the surface most of the time?  
If no, explain:

YES

NO

4. Do you have concerns that your baby is too quiet or does not make sounds like other babies do? If yes, explain:

YES

NO

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

YES

NO

**OVERALL** (continued)

6. Do you have concerns about your baby's vision? If yes, explain:

 YES NO

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

 YES NO

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

 YES NO

9. Does anything about your baby worry you? If yes, explain:

 YES NO



# 12 Month ASQ-3 Information Summary

11 months 0 days through  
12 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	15.64		●	●	●	●	●	○	○	○	○	○	○	○	○
Gross Motor	21.49		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	34.50		●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	27.32		●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	21.73		●	●	●	●	●	●	●	●	●	●	●	●	●

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |            |           |  |            |    |
|--|------------|-----------|--|------------|----|
| 1. Uses both hands and both legs equally well?<br>Comments:    | Yes        | <b>NO</b> | 6. Concerns about vision?<br>Comments:   | <b>YES</b> | No |
| 2. Plays with sounds or seems to make words?<br>Comments:      | Yes        | <b>NO</b> | 7. Any medical problems?<br>Comments:    | <b>YES</b> | No |
| 3. Feet are flat on the surface most of the time?<br>Comments: | Yes        | <b>NO</b> | 8. Concerns about behavior?<br>Comments: | <b>YES</b> | No |
| 4. Concerns about not making sounds?<br>Comments:              | <b>YES</b> | No        | 9. Other concerns?<br>Comments:          | <b>YES</b> | No |
| 5. Family history of hearing impairment?<br>Comments:          | <b>YES</b> | No        |  |            |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the **white** area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the **gray** area, it is close to the cutoff. Provide learning activities and monitor.

If the baby's total score is in the **black** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

## 14 Month Questionnaire

13 months 0 days through 14 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--	--

  
M M D D Y Y Y Y



### Baby's information

Baby's first name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial: 

--

Baby's last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Baby's date of birth: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

M M D D Y Y Y Y

If baby was born  
3 or more weeks  
prematurely, # of  
weeks premature: 

--	--

Baby's gender:

Male  Female

### Person filling out questionnaire

First name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial: 

--

Last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to baby:

Parent  Guardian  Teacher  Child care provider

Grandparent or other relative  Foster parent  Other: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Baby ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days: 

--	--

 M M 

--	--

 D D

Program ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If premature, adjusted age, in months and days: 

--	--

 M M 

--	--

 D D

Program name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



# 14 Month Questionnaire

13 months 0 days  
through 14 months 30 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your baby more than one time. If possible, try the activities when your baby is cooperative. If your baby can do the activity but refuses, mark "yes" for the item.

## COMMUNICATION

- |  | YES                   | SOMETIMES             | NOT YET               |   |
|--|-----------------------|-----------------------|-----------------------|---|
| 1. Does your baby say three words, such as "Mama," "Dada," and "Baba"? (A "word" is a sound or sounds your baby says consistently to mean someone or something.)                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. When your baby wants something, does she tell you by pointing to it?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your baby shake his head when he means "no" or "yes"?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your baby point to, pat, or try to pick up pictures in a book?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your baby say four or more words in addition to "Mama" and "Dada"?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. When you ask her to, does your baby go into another room to find a familiar toy or object? (You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go get your blanket.") | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

COMMUNICATION TOTAL

—

## GROSS MOTOR

- |  | YES | SOMETIMES             | NOT YET               |                       |
|--|-----|-----------------------|-----------------------|-----------------------|
| 1. If you hold both hands just to balance your baby, does he take several steps without tripping or falling? (If your baby already walks alone, mark "yes" for this item.) |     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



- |  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. When you hold one hand just to balance your baby, does she take several steps forward? (If your baby already walks alone, mark "yes" for this item.) |  |  |  |  |



page 2 of 6

**GROSS MOTOR**

(continued)

3. Does your baby stand up in the middle of the floor by himself and take several steps forward?
4. Does your baby climb onto furniture or other large objects, such as large climbing blocks?
5. Does your baby bend over or squat to pick up an object from the floor and then stand up again without any support?
6. Does your baby move around by walking, rather than by crawling on his hands and knees?

GROSS MOTOR TOTAL **FINE MOTOR**YES  SOMETIMES  NOT YET 

1. Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the *tips* of her thumb and a finger? 

2. Does your baby throw a small ball with a forward arm motion? (*If he simply drops the ball, mark "not yet" for this item.*) 

3. Does your baby help turn the pages of a book? (*You may lift a page for her to grasp.*)

4. Does your baby stack a small block or toy on top of another one? (*You could also use spools of thread, small boxes, or toys that are about 1 inch in size.*)

5. Does your baby make a mark on the paper with the *tip* of a crayon (or pencil or pen) when trying to draw? 

6. Does your baby stack three small blocks or toys on top of each other by herself?

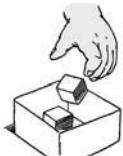
FINE MOTOR TOTAL

**PROBLEM SOLVING**

1. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although he may not let go of it? (If he already lets go of the toy into a bowl or box, mark "yes" for this item.)

YES      SOMETIMES      NOT YET  
                  —

2. Does your baby drop two small toys, one after the other, into a container like a bowl or box? (You may show her how to do it.)



                 — \*  
\*If Problem Solving Item 2 is marked "yes" or "sometimes," mark Problem Solving Item 1 as "yes."

3. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? (If he already scribbles on his own, mark "yes" for this item.)

                 —

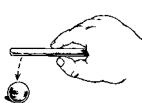
4. Can your baby drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)?

                 —

5. Does your baby drop several small toys, one after another, into a container like a bowl or box? (You may show her how to do it.)

                 —

6. After you have shown your baby how, does he try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?



                 —

**PROBLEM SOLVING TOTAL** —

\*If Problem Solving Item 2 is marked "yes" or "sometimes," mark Problem Solving Item 1 as "yes."

**PERSONAL-SOCIAL**

1. When you dress your baby, does she lift her foot for her shoe, sock, or pant leg?

YES      SOMETIMES      NOT YET  
                  —

2. Does your baby roll or throw a ball back to you so that you can return it to him?

                 —

3. Does your baby play with a doll or stuffed animal by hugging it?

                 —

4. Does your baby feed herself with a spoon, even though she may spill some food?

                 —

5. Does your baby help undress himself by taking off clothes like socks, hat, shoes, or mittens?

                 —

6. Does your baby get your attention or try to show you something by pulling on your hand or clothes?

                 —

**PERSONAL-SOCIAL TOTAL** —

## OVERALL

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

1. Does your baby use both hands and both legs equally well? If no, explain:

 YES NO

2. Does your baby play with sounds or seem to make words? If no, explain:

 YES NO

3. When your baby is standing, are her feet flat on the surface most of the time?  
If no, explain:

 YES NO

4. Do you have concerns that your baby is too quiet or does not make sounds like other babies do? If yes, explain:

 YES NO

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

 YES NO

**OVERALL** (continued)

6. Do you have concerns about your baby's vision? If yes, explain:  YES  NO

7. Has your baby had any medical problems in the last several months? If yes, explain:  YES  NO

8. Do you have any concerns about your baby's behavior? If yes, explain:  YES  NO

9. Does anything about your baby worry you? If yes, explain:  YES  NO



# 14 Month ASQ-3 Information Summary

13 months 0 days through  
14 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	17.40		●	●	●	●	○	○	○	○	○	○	○	○	○
Gross Motor	25.80		●	●	●	●	●	●	○	○	○	○	○	○	○
Fine Motor	23.06		●	●	●	●	●	○	○	○	○	○	○	○	○
Problem Solving	22.56		●	●	●	●	●	○	○	○	○	○	○	○	○
Personal-Social	23.18		●	●	●	●	●	●	○	○	○	○	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |            |           |  |            |    |
|--|------------|-----------|--|------------|----|
| 1. Uses both hands and both legs equally well?<br>Comments:    | Yes        | <b>NO</b> | 6. Concerns about vision?<br>Comments:   | <b>YES</b> | No |
| 2. Plays with sounds or seems to make words?<br>Comments:      | Yes        | <b>NO</b> | 7. Any medical problems?<br>Comments:    | <b>YES</b> | No |
| 3. Feet are flat on the surface most of the time?<br>Comments: | Yes        | <b>NO</b> | 8. Concerns about behavior?<br>Comments: | <b>YES</b> | No |
| 4. Concerns about not making sounds?<br>Comments:              | <b>YES</b> | No        | 9. Other concerns?<br>Comments:          | <b>YES</b> | No |
| 5. Family history of hearing impairment?<br>Comments:          | <b>YES</b> | No        |  |            |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the **white** area, it is above the cutoff, and the baby's development appears to be on schedule.

If the baby's total score is in the **gray** area, it is close to the cutoff. Provide learning activities and monitor.

If the baby's total score is in the **black** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

15 months 0 days through 16 months 30 days

## 16 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--

M M D D Y Y Y Y



### Child's information

Child's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Child's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's date of birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If child was born  
3 or more weeks  
prematurely, # of  
weeks premature:

--	--

Child's gender:

Male    Female

### Person filling out questionnaire

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to child:

- Parent    Guardian    Teacher    Child care provider  
 Grandparent or other relative    Foster parent    Other:

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code:

--	--

Other telephone number:

--

E-mail address:

--

Names of people assisting in questionnaire completion:

--

### PROGRAM INFORMATION

Child ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days:

--	--

M M      D D

Program ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If premature, adjusted age, in months and days:

--	--

M M      D D

Program name:

--



# 16 Month Questionnaire

15 months 0 days  
through 16 months 30 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

## COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your child point to, pat, or try to pick up pictures in a book?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your child say four or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. When your child wants something, does she tell you by <i>pointing</i> to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. When you ask your child to, does he go into another room to find a familiar toy or object? ( <i>You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go get your blanket."</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? ( <i>Mark "yes" even if her words are difficult to understand.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child say eight or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

COMMUNICATION TOTAL

—

## GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child stand up in the middle of the floor by himself and take several steps forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your child climb onto furniture or other large objects, such as large climbing blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

**GROSS MOTOR**

(continued)

4. Does your child move around by walking, rather than crawling on her hands and knees?
5. Does your child walk well and seldom fall?
6. Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?

GROSS MOTOR TOTAL **FINE MOTOR**

1. Does your child help turn the pages of a book? (*You may lift a page for her to grasp.*)



2. Does your child throw a small ball with a forward arm motion? (*If he simply drops the ball, mark "not yet" for this item.*)

3. Does your child stack a small block or toy on top of another one? (*You could also use spools of thread, small boxes, or toys that are about 1 inch in size.*)

4. Does your child stack three small blocks or toys on top of each other by herself?



5. Does your child make a mark on the paper with the *tip* of a crayon (or pencil or pen) when trying to draw?

6. Does your child turn the pages of a book by himself? (*He may turn more than one page at a time.*)

FINE MOTOR TOTAL **PROBLEM SOLVING**

1. After you scribble back and forth on paper with a crayon (or pencil or pen), does your child copy you by scribbling? (*If she already scribbles on her own, mark "yes" for this item.*)

2. Can your child drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)?

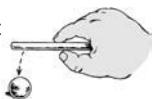
3. Does your child drop several small toys, one after another, into a container like a bowl or box? (*You may show him how to do it.*)

YES      SOMETIMES      NOT YET

**PROBLEM SOLVING**

(continued)

4. After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?



YES      SOMETIMES      NOT YET

            —

5. Without your showing him how, does your child scribble back and forth when you give him a crayon (or pencil or pen)?

            —\*

6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump it out? (You may show her how.)

            —**PROBLEM SOLVING TOTAL**

\*If Problem Solving Item 5 is marked "yes," mark Problem Solving Item 1 as "yes."

**PERSONAL-SOCIAL**

YES      SOMETIMES      NOT YET

1. Does your child feed himself with a spoon, even though he may spill some food?

            —

2. Does your child help undress herself by taking off clothes like socks, hat, shoes, or mittens?

            —

3. Does your child play with a doll or stuffed animal by hugging it?

            —

4. While looking at himself in the mirror, does your child offer a toy to his own image?

            —

5. Does your child get your attention or try to show you something by pulling on your hand or clothes?

            —

6. Does your child come to you when she needs help, such as with winding up a toy or unscrewing a lid from a jar?

            —**PERSONAL-SOCIAL TOTAL****OVERALL**

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

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

YES     NO

**OVERALL** (continued)

2. Do you think your child talks like other toddlers his age? If no, explain:

 YES NO

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

 YES NO

4. Do you think your child walks, runs, and climbs like other toddlers her age?  
If no, explain:

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

**OVERALL** (continued)

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

 YES NO

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

 YES NO



# 16 Month ASQ-3 Information Summary

15 months 0 days through  
16 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	16.81		●	●	●	●	○	○	○	○	○	○	○	○	○
Gross Motor	37.91		●	●	●	●	●	●	●	●	●	●	●	○	○
Fine Motor	31.98		●	●	●	●	●	●	●	●	●	●	○	○	○
Problem Solving	30.51		●	●	●	●	●	●	●	●	●	●	○	○	○
Personal-Social	26.43		●	●	●	●	●	●	●	●	●	●	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |            |           |  |            |    |
|--|------------|-----------|--|------------|----|
| 1. Hears well?<br>Comments:                                  | Yes        | <b>NO</b> | 6. Concerns about vision?<br>Comments:   | <b>YES</b> | No |
| 2. Talks like other toddlers his age?<br>Comments:           | Yes        | <b>NO</b> | 7. Any medical problems?<br>Comments:    | <b>YES</b> | No |
| 3. Understand most of what your child says?<br>Comments:     | Yes        | <b>NO</b> | 8. Concerns about behavior?<br>Comments: | <b>YES</b> | No |
| 4. Walks, runs, and climbs like other toddlers?<br>Comments: | Yes        | <b>NO</b> | 9. Other concerns?<br>Comments:          | <b>YES</b> | No |
| 5. Family history of hearing impairment?<br>Comments:        | <b>YES</b> | No        |  |            |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **□** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **■** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **■■** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_ Provide activities and rescreen in \_\_\_\_ months.
- \_\_\_\_ Share results with primary health care provider.
- \_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_ No further action taken at this time
- \_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

## 18 Month Questionnaire

17 months 0 days through 18 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--	--

  
M M D D Y Y Y Y



### Child's information

Child's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Child's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's date of birth:

--	--	--	--	--	--	--	--	--	--	--	--	--

If child was born  
3 or more weeks  
prematurely, # of  
weeks premature:

--	--

Child's gender:

Male     Female

### Person filling out questionnaire

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to child:

- Parent     Guardian     Teacher     Child care provider
- Grandparent or other relative     Foster parent     Other: \_\_\_\_\_

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Child ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days:

--	--

M M      D D

If premature, adjusted age, in months and days:

--	--

M M      D D



# 18 Month Questionnaire

17 months 0 days  
through 18 months 30 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

## COMMUNICATION

	YES	SOMETIMES	NOT YET	—
1. When your child wants something, does she tell you by <i>pointing</i> to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. When you ask your child to, does he go into another room to find a familiar toy or object? ( <i>You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go get your blanket."</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Does your child say eight or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? ( <i>Mark "yes" even if her words are difficult to understand.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Without your showing him, does your child <i>point</i> to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" ( <i>He needs to identify only one picture correctly.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? ( <i>Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?"</i> ) Please give an example of your child's word combinations:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

COMMUNICATION TOTAL

—

**GROSS MOTOR**

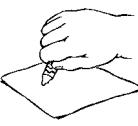
1. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?
2. Does your child move around by walking, rather than by crawling on her hands and knees?
3. Does your child walk well and seldom fall?
4. Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?
5. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (*You can look for this at a store, on a playground, or at home.*)

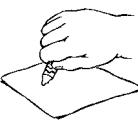


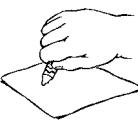
6. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (*If your child already kicks a ball, mark "yes" for this item.*)

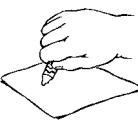
GROSS MOTOR TOTAL **FINE MOTOR**

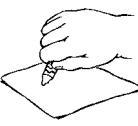
1. Does your child throw a small ball with a forward arm motion? (*If he simply drops the ball, mark "not yet" for this item.*) 

2. Does your child stack a small block or toy on top of another one? (*You could also use spools of thread, small boxes, or toys that are about 1 inch in size.*) 

3. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw? 

4. Does your child stack three small blocks or toys on top of each other by himself? 

5. Does your child turn the pages of a book by himself? (*He may turn more than one page at a time.*) 

6. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill? 

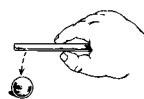
FINE MOTOR TOTAL

**PROBLEM SOLVING**

1. Does your child drop several small toys, one after another, into a container like a bowl or box? (You may show him how to do it.)

YES      SOMETIMES      NOT YET  
            —

2. After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?



           —

3. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle over to dump it out? (You may show him how.) (You can use a soda-pop bottle or a baby bottle.)

           —

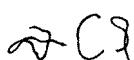
4. Without your showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?

           —

5. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Mark "not yet" if your child scribbles back and forth.)

Count as "yes"  
  
 Count as "not yet"

           —



6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.)

           —\*

**PROBLEM SOLVING TOTAL**

\*If Problem Solving Item 6 is marked "yes" or "sometimes," mark Problem Solving Item 3 "yes."

**PERSONAL-SOCIAL**

1. While looking at herself in the mirror, does your child offer a toy to her own image?

YES      SOMETIMES      NOT YET  
            —

2. Does your child play with a doll or stuffed animal by hugging it?

           —

3. Does your child get your attention or try to show you something by pulling on your hand or clothes?

           —

4. Does your child come to you when he needs help, such as with winding up a toy or unscrewing a lid from a jar?

           —

5. Does your child drink from a cup or glass, putting it down again with little spilling?

           —

6. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?

           —

**PERSONAL-SOCIAL TOTAL**

## OVERALL

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

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

 YES NO

2. Do you think your child talks like other toddlers his age? If no, explain:

 YES NO

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

 YES NO

4. Do you think your child walks, runs, and climbs like other toddlers her age?  
If no, explain:

 YES NO

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

 YES NO

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

 YES NO

**OVERALL** (continued)

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

YES  NO

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

YES  NO

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

YES  NO



# 18 Month ASQ-3 Information Summary

17 months 0 days through  
18 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	13.06		<input type="radio"/>												
Gross Motor	37.38		<input type="radio"/>												
Fine Motor	34.32		<input type="radio"/>												
Problem Solving	25.74		<input type="radio"/>												
Personal-Social	27.19		<input type="radio"/>												

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |            |           |  |            |    |
|--|------------|-----------|--|------------|----|
| 1. Hears well?<br>Comments:                                  | Yes        | <b>NO</b> | 6. Concerns about vision?<br>Comments:   | <b>YES</b> | No |
| 2. Talks like other toddlers his age?<br>Comments:           | Yes        | <b>NO</b> | 7. Any medical problems?<br>Comments:    | <b>YES</b> | No |
| 3. Understand most of what your child says?<br>Comments:     | Yes        | <b>NO</b> | 8. Concerns about behavior?<br>Comments: | <b>YES</b> | No |
| 4. Walks, runs, and climbs like other toddlers?<br>Comments: | Yes        | <b>NO</b> | 9. Other concerns?<br>Comments:          | <b>YES</b> | No |
| 5. Family history of hearing impairment?<br>Comments:        | <b>YES</b> | No        |  |            |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **□** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **■** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **■■** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

19 months 0 days through 20 months 30 days

## 20 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--	--

M M D D Y Y Y Y



### Child's information

Child's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Child's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's date of birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If child was born  
3 or more weeks  
prematurely, # of  
weeks premature:

--	--	--

Child's gender:

Male  Female

### Person filling out questionnaire

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to child:

- Parent  Guardian  Teacher  Child care provider
- Grandparent or other relative  Foster parent  Other: \_\_\_\_\_

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Child ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days:

--	--	--	--	--	--

M M D D

Program ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If premature, adjusted age, in months and days:

--	--	--	--	--	--

M M D D

Program name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



# 20 Month Questionnaire

19 months 0 days  
through 20 months 30 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

## COMMUNICATION

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Mark "yes" even if her words are difficult to understand.)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child say eight or more words in addition to "Mama" and "Dada"?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Without your showing him, does your child <i>point</i> to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (He needs to identify only one picture correctly.)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Without your giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| a. "Put the toy on the table."      d. "Find your coat."  | <input type="radio"/> | <input type="radio"/> |                       |   |
| b. "Close the door."      e. "Take my hand."  | <input type="radio"/> | <input type="radio"/> |                       |   |
| c. "Bring me a towel."      f. "Get your book."   | <input type="radio"/> | <input type="radio"/> |                       |   |
| 6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?") Please give an example of your child's word combinations: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

COMMUNICATION TOTAL

**GROSS MOTOR**

1. Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?

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

2. Does your child walk well and seldom fall?

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

3. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)

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

4. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)



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

5. Does your child run fairly well, stopping herself without bumping into things or falling?



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

6. Does your child walk either up or down at least two steps by himself? He may also hold onto the railing or wall.



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

**GROSS MOTOR TOTAL** —

**FINE MOTOR**

1. Does your child make a mark on the paper with the *tip* of a crayon (or pencil or pen) when trying to draw?



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

2. Does your child stack three small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)

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

3. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)

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

4. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?

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

5. Does your child stack six small blocks or toys on top of each other by himself?

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

**FINE MOTOR** (continued)

6. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

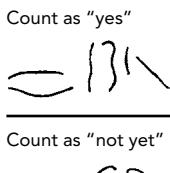
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
-----------------------	-----------------------	-----------------------	---

FINE MOTOR TOTAL —

**PROBLEM SOLVING**

1. Without your showing him how, does your child scribble back and forth when you give him a crayon (or pencil or pen)?

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



3. If you do any of the following gestures, does your child copy at least one of them?

- a. Open and close your mouth.       c. Pull on your earlobe.  
 b. Blink your eyes.       d. Pat your cheek.

4. If you give your child a bottle, spoon, or pencil upside down, does she turn it right side up so that she can use it properly?

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

5. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up at least two blocks side by side? (You can also use spools of thread, small boxes, or other toys.)



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

6. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?

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

PROBLEM SOLVING TOTAL —

**PERSONAL-SOCIAL**

1. Does your child feed herself with a spoon, even though she may spill some food?

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

2. Does your child get your attention or try to show you something by pulling on your hand or clothes?

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

3. Does your child drink from a cup or glass, putting it down again with little spilling?

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

4. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?

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

**PERSONAL-SOCIAL**

(continued)

5. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?
6. Does your child eat with a fork?

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

PERSONAL-SOCIAL TOTAL —

**OVERALL**

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

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

YES  NO

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

YES  NO

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

YES  NO

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

YES  NO

**OVERALL** (continued)

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

YES  NO

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

YES  NO

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

YES  NO

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

YES  NO

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

YES  NO



# 20 Month ASQ-3 Information Summary

19 months 0 days through  
20 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	20.50		●	●	●	●	●	○	○	○	○	○	○	○	○
Gross Motor	39.89		●	●	●	●	●	●	●	●	●	●	●	○	○
Fine Motor	36.05		●	●	●	●	●	●	●	●	●	●	●	○	○
Problem Solving	28.84		●	●	●	●	●	●	●	●	●	●	●	●	○
Personal-Social	33.36		●	●	●	●	●	●	●	●	●	●	●	●	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |            |           |  |            |    |
|--|------------|-----------|--|------------|----|
| 1. Hears well?<br>Comments:                                  | Yes        | <b>NO</b> | 6. Concerns about vision?<br>Comments:   | <b>YES</b> | No |
| 2. Talks like other toddlers his age?<br>Comments:           | Yes        | <b>NO</b> | 7. Any medical problems?<br>Comments:    | <b>YES</b> | No |
| 3. Understand most of what your child says?<br>Comments:     | Yes        | <b>NO</b> | 8. Concerns about behavior?<br>Comments: | <b>YES</b> | No |
| 4. Walks, runs, and climbs like other toddlers?<br>Comments: | Yes        | <b>NO</b> | 9. Other concerns?<br>Comments:          | <b>YES</b> | No |
| 5. Family history of hearing impairment?<br>Comments:        | <b>YES</b> | No        |  |            |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **□** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **■** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **■■** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_ Provide activities and rescreen in \_\_\_\_ months.
- \_\_\_\_ Share results with primary health care provider.
- \_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_ No further action taken at this time
- \_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

## 22 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--

M M D D Y Y Y Y



### Child's information

Child's first name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial: 

--

Child's last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's date of birth: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

M M D D Y Y Y Y

If child was born  
3 or more weeks  
prematurely, # of  
weeks premature: 

--	--

Child's gender:  Male  Female

### Person filling out questionnaire

First name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial: 

--

Last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to child:

- Parent       Guardian       Teacher       Child care provider
- Grandparent or other relative       Foster parent       Other: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Child ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age at administration, in months and days: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

M M      D D

Program ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If premature, adjusted age, in months and days: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

M M      D D

Program name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



# 22 Month Questionnaire

21 months 0 days  
through 22 months 30 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

## COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Without your giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
a. "Put the toy on the table."      d. "Find your coat."	<input type="radio"/>	<input type="radio"/>		
b. "Close the door."      e. "Take my hand."	<input type="radio"/>	<input type="radio"/>		
c. "Bring me a towel."      f. "Get your book."	<input type="radio"/>	<input type="radio"/>		
3. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
4. Does your child say 15 or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child correctly use at least two words like "me," "I," "mine," and "you"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?") Please give an example of your child's word combinations:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

COMMUNICATION TOTAL

page 2 of 6

E101220200

**GROSS MOTOR**

YES

SOMETIMES

NOT YET

1. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)



—

2. Does your child run fairly well, stopping herself without bumping into things or falling?



—

3. Does your child walk down stairs if you hold onto one of his hands? He may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)

—

4. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.



—

5. Does your child jump with both feet leaving the floor at the same time?



—

6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



—\*

**GROSS MOTOR TOTAL**

\*If Gross Motor Item 6 is marked "yes" or "sometimes," mark Gross Motor Item 1 "yes."

**FINE MOTOR**

YES

SOMETIMES

NOT YET

1. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?

—

2. Does your child stack six small blocks or toys on top of each other by himself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)

—

**FINE MOTOR**

(continued)

3. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

YES	SOMETIMES	NOT YET	—
-----	-----------	---------	---

4. Does your child turn the pages of a book by himself? (*He may turn more than one page at a time.*)

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

5. Does your child flip switches off and on?

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

6. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?



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

FINE MOTOR TOTAL

—

**PROBLEM SOLVING**

YES	SOMETIMES	NOT YET	—
-----	-----------	---------	---

1. Without your showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?

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

2. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up at least two blocks side by side? (*You can also use spools of thread, small boxes, or other toys.*)



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

3. Does your child pretend objects are something else? For example, does your child hold a cup to his ear, pretending it is a telephone? Does he put a box on his head, pretending it is a hat? Does he use a block or small toy to stir food?

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

4. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? (*Mark "not yet" if your child scribbles back and forth.*)



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

5. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (*Do not show her how.*) (*You can use a soda-pop bottle or a baby bottle.*)

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

6. If you give your child a bottle, spoon, or pencil upside down, does he turn it right side up so that he can use it properly?

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

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

YES	SOMETIMES	NOT YET	—
-----	-----------	---------	---

1. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?

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

**PERSONAL-SOCIAL**

(continued)

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 2. If you do any of the following gestures, does your child copy at least one of them?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| a. Open and close your mouth.   | <input type="radio"/> | b. Blink your eyes.   |                       |   |
| c. Pull on your earlobe.  | <input type="radio"/> | d. Pat your cheek.    |                       |   |
| 3. Does your child eat with a fork?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child drink from a cup or glass, putting it down again with little spilling?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

PERSONAL-SOCIAL TOTAL

—

**OVERALL**

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

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

 YES NO

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

 YES NO

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

 YES NO

**OVERALL** (continued)

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

YES  NO

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

YES  NO

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

YES  NO

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

YES  NO

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

YES  NO

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

YES  NO



# 22 Month ASQ-3 Information Summary

21 months 0 days through  
22 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity  
when selecting questionnaire?  Yes  No

- 1. 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	13.04		●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	27.75		●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	29.61		●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	29.30		●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	30.07		●	●	●	●	●	●	●	●	●	●	●	●	●

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |            |           |  |            |    |
|--|------------|-----------|--|------------|----|
| 1. Hears well?<br>Comments:                                  | Yes        | <b>NO</b> | 6. Concerns about vision?<br>Comments:   | <b>YES</b> | No |
| 2. Talks like other toddlers his age?<br>Comments:           | Yes        | <b>NO</b> | 7. Any medical problems?<br>Comments:    | <b>YES</b> | No |
| 3. Understand most of what your child says?<br>Comments:     | Yes        | <b>NO</b> | 8. Concerns about behavior?<br>Comments: | <b>YES</b> | No |
| 4. Walks, runs, and climbs like other toddlers?<br>Comments: | Yes        | <b>NO</b> | 9. Other concerns?<br>Comments:          | <b>YES</b> | No |
| 5. Family history of hearing impairment?<br>Comments:        | <b>YES</b> | No        |  |            |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **□** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **■** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **■■** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_ Provide activities and rescreen in \_\_\_\_ months.
- \_\_\_\_ Share results with primary health care provider.
- \_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_ No further action taken at this time
- \_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

23 months 0 days through 25 months 15 days

## 24 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--	--

M M D D Y Y Y Y



### Child's information

Child's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Child's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's date of birth:

--	--	--	--	--	--	--	--	--	--

M M D D Y Y Y Y

Child's gender:

Male  Female

### Person filling out questionnaire

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to child:

- Parent  Guardian  Teacher  Child care provider  
 Grandparent or other relative  Foster parent  Other: \_\_\_\_\_

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Child ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



# 24 Month Questionnaire

23 months 0 days  
through 25 months 15 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

## COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Without your showing him, does your child <i>point</i> to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (She needs to <i>identify only one picture correctly</i> .)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Mark "yes" even if her words are <i>difficult to understand</i> .)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
3. Without your giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
a. "Put the toy on the table."      d. "Find your coat."	<input type="radio"/>	<input type="radio"/>		
b. "Close the door."      e. "Take my hand."	<input type="radio"/>	<input type="radio"/>		
c. "Bring me a towel."      f. "Get your book."	<input type="radio"/>	<input type="radio"/>		
4. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?") Please give an example of your child's word combinations:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

**COMMUNICATION**

(continued)

6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?

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

COMMUNICATION TOTAL

—

**GROSS MOTOR**

1. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)

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

2. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)



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

3. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.



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

4. Does your child run fairly well, stopping herself without bumping into things or falling?



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

5. Does your child jump with both feet leaving the floor at the same time?



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

6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



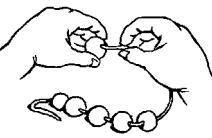
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—*
-----------------------	-----------------------	-----------------------	----

GROSS MOTOR TOTAL

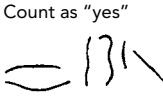
—

\*If Gross Motor Item 6 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."

**FINE MOTOR**

1. Does your child get a spoon into his mouth right side up so that the food usually doesn't spill?
2. Does your child turn the pages of a book by herself? (She may turn more than one page at a time.)
3. Does your child use a turning motion with his hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?
4. Does your child flip switches off and on?
5. Does your child stack seven small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)
6. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace? 

FINE MOTOR TOTAL **PROBLEM SOLVING**

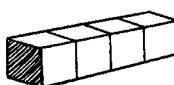
1. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? (Mark "not yet" if your child scribbles back and forth.)   

2. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.) (You can use a soda-pop bottle or baby bottle.)
3. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food?
4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen?
5. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?

**PROBLEM SOLVING**

(continued)

6. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



YES      SOMETIMES      NOT YET

            —

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

1. Does your child drink from a cup or glass, putting it down again with little spilling?
2. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?
3. Does your child eat with a fork?
4. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?
5. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?
6. Does your child call herself "I" or "me" more often than her own name? For example, "I do it," more often than "Juanita do it."

YES      SOMETIMES      NOT YET

            —

            —

            —

            —

            —

            —

PERSONAL-SOCIAL TOTAL

—

**OVERALL**

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

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

 YES     NO

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

 YES     NO

**OVERALL** (continued)

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

**OVERALL** (continued)

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

 YES NO

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

 YES NO



# 24 Month ASQ-3 Information Summary

23 months 0 days through  
25 months 15 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

- 1. 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		●	●	●	●	●	●	●	●	○	○	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |     |    |  |     |    |
|--|-----|----|--|-----|----|
| 1. Hears well?<br>Comments:                                  | Yes | NO | 6. Concerns about vision?<br>Comments:   | YES | No |
| 2. Talks like other toddlers his age?<br>Comments:           | Yes | NO | 7. Any medical problems?<br>Comments:    | YES | No |
| 3. Understand most of what your child says?<br>Comments:     | Yes | NO | 8. Concerns about behavior?<br>Comments: | YES | No |
| 4. Walks, runs, and climbs like other toddlers?<br>Comments: | Yes | NO | 9. Other concerns?<br>Comments:          | YES | No |
| 5. Family history of hearing impairment?<br>Comments:        | YES | No |  |     |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **white** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **gray** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **black** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

## 27 Month Questionnaire

25 months 16 days through 28 months 15 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:          
M M D D Y Y Y Y



### Child's information

Child's first name:

  
M M D D Y Y Y Y

Middle initial:

Child's last name:

Child's date of birth:

  
M M D D Y Y Y Y

Child's gender:

Male    Female

### Person filling out questionnaire

First name:

Middle initial:

Last name:

Street address:

Relationship to child:

Parent    Guardian    Teacher    Child care provider  
 Grandparent or other relative    Foster parent    Other:

City:

State/Province: ZIP/Postal code:

Country:

Home telephone number:

Other telephone number:

E-mail address:

Names of people assisting in questionnaire completion:

Child ID #:

### PROGRAM INFORMATION

Program ID #:

Program name:



# 27 Month Questionnaire

25 months 16 days  
through 28 months 15 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

## COMMUNICATION

YES

SOMETIMES

NOT YET

1. Without your giving him clues by pointing or using gestures, can your child carry out at least **three** of these kinds of directions?

—

- a. "Put the toy on the table."       d. "Find your coat."  
 b. "Close the door."       e. "Take my hand."  
 c. "Bring me a towel."       f. "Get your book."

2. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly **name** at least one picture?

—

3. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least **seven** body parts? (She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)

—

4. Does your child correctly use at least two words like "me," "I," "mine," and "you"?

—

5. Does your child make sentences that are three or four words long?  
Please give an example:

—

6. Without giving your child help by pointing or using gestures, ask him to "put the book **on** the table" and "put the shoe **under** the chair." Does your child carry out both of these directions correctly?

—

COMMUNICATION TOTAL

—

**GROSS MOTOR**

YES

SOMETIMES

NOT YET

1. Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



—

2. Does your child run fairly well, stopping herself without bumping into things or falling?



—

3. Does your child jump with both feet leaving the floor at the same time?



—

4. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



—

5. Does your child jump forward at least 3 inches with both feet leaving the ground at the same time?



—

6. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall.



—\*

**GROSS MOTOR TOTAL**

\*If Gross Motor Item 6 is marked "yes" or "sometimes," mark Gross Motor Item 1 "yes."

**FINE MOTOR**

1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

YES  SOMETIMES  NOT YET  —

2. Does your child flip switches off and on?

—

Count as "yes"

Count as "not yet"

3. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?

4. Does your child stack seven small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)

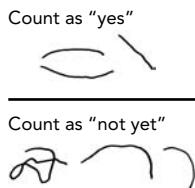
—

5. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?



—

6. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?



—

**FINE MOTOR TOTAL** —

**PROBLEM SOLVING**

1. Does your child pretend objects are something else? For example, does your child hold a cup to his ear, pretending it is a telephone? Does he put a box on her head, pretending it is a hat? Does he use a block or small toy to stir food?

YES  SOMETIMES  NOT YET  —

2. Does your child put things away where they belong? For example, does she know her toys belong on the toy shelf, her blanket goes on her bed, and dishes go in the kitchen?

—

3. When looking in the mirror, ask "Where is \_\_\_\_\_?" (Use your child's name.) Does your child point to his image in the mirror?

—

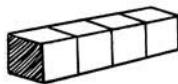
4. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?

—

**PROBLEM SOLVING**

(continued)

5. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



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

6. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



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

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

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

1. If you do any of the following gestures, does your child copy at least one of them?
- |   |  |
|---|--|
| <input type="radio"/> a. Open and close your mouth. | <input type="radio"/> c. Pull on your earlobe. |
| <input type="radio"/> b. Blink your eyes.           | <input type="radio"/> d. Pat your cheek.       |
2. Does your child eat with a fork?
3. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?
4. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?
5. Does your child call herself "I" or "me" more often than her own name? For example, "I do it" more often than "Juanita do it."
6. Does your child put on a coat, jacket, or shirt by himself?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

PERSONAL-SOCIAL TOTAL

—

## OVERALL

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

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

YES

NO

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

YES

NO

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

YES

NO

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

YES

NO

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

YES

NO

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

YES

NO

**OVERALL** (continued)

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

YES  NO

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

YES  NO

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

YES  NO



# 27 Month ASQ-3 Information Summary

25 months 16 days through  
28 months 15 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

- 1. 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	24.02		●	●	●	●	●	●	○	○	○	○	○	○	○
Gross Motor	28.01		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	18.42		●	●	●	●	●	○	○	○	○	○	○	○	○
Problem Solving	27.62		●	●	●	●	●	●	●	●	○	○	○	○	○
Personal-Social	25.31		●	●	●	●	●	●	○	○	○	○	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |     |    |  |     |    |
|--|-----|----|--|-----|----|
| 1. Hears well?<br>Comments:                                  | Yes | NO | 6. Concerns about vision?<br>Comments:   | YES | No |
| 2. Talks like other toddlers his age?<br>Comments:           | Yes | NO | 7. Any medical problems?<br>Comments:    | YES | No |
| 3. Understand most of what your child says?<br>Comments:     | Yes | NO | 8. Concerns about behavior?<br>Comments: | YES | No |
| 4. Walks, runs, and climbs like other toddlers?<br>Comments: | Yes | NO | 9. Other concerns?<br>Comments:          | YES | No |
| 5. Family history of hearing impairment?<br>Comments:        | YES | No |  |     |    |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **□** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **■** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **■■** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_ Provide activities and rescreen in \_\_\_\_ months.
- \_\_\_\_ Share results with primary health care provider.
- \_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_ No further action taken at this time
- \_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

28 months 16 days through 31 months 15 days

## 30 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--

  
M M D D Y Y Y Y



### Child's information

Child's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Child's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--

Child's date of birth:

--	--	--	--	--	--	--	--	--

M M D D Y Y Y Y

Child's gender:

Male     Female

### Person filling out questionnaire

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to child:

- Parent     Guardian     Teacher     Child care provider  
 Grandparent or other relative     Foster parent     Other: \_\_\_\_\_

City:

--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code:

--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address:

--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion:

--	--	--	--	--	--	--	--	--	--	--	--	--

Child ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--

Program ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--

Program name:

--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION



# 30 Month Questionnaire

28 months 16 days  
through 31 months 15 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

## COMMUNICATION

YES      SOMETIMES      NOT YET

1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture?  
    a. "Put the toy on the table."        d. "Find your coat."  
    b. "Close the door."        e. "Take my hand."  
    c. "Bring me a towel."        f. "Get your book."
2. Without your giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions?  
    a. "Put the toy on the table."        d. "Find your coat."  
    b. "Close the door."        e. "Take my hand."  
    c. "Bring me a towel."        f. "Get your book."
3. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)  
    a. "Put the toy on the table."        d. "Find your coat."  
    b. "Close the door."        e. "Take my hand."  
    c. "Bring me a towel."        f. "Get your book."
4. Does your child make sentences that are three or four words long?  
Please give an example:

5. Without giving your child help by pointing or using gestures, ask him to "put the book on the table" and "put the shoe under the chair." Does your child carry out both of these directions correctly?  
    a. "Put the toy on the table."        d. "Find your coat."  
    b. "Close the door."        e. "Take my hand."  
    c. "Bring me a towel."        f. "Get your book."
6. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"  
    a. "Put the toy on the table."        d. "Find your coat."  
    b. "Close the door."        e. "Take my hand."  
    c. "Bring me a towel."        f. "Get your book."

COMMUNICATION TOTAL

—

**GROSS MOTOR**

YES

SOMETIMES

NOT YET

1. Does your child run fairly well, stopping herself without bumping into things or falling?

2. Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)

3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?

4. Does your child jump with both feet leaving the floor at the same time?

5. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall.

    — \*

6. Does your child stand on one foot for about 1 second without holding onto anything?

   **GROSS MOTOR TOTAL**

\*If Gross Motor Item 5 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."

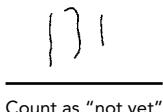
**FINE MOTOR**

1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

YES  SOMETIMES  NOT YET  —

Count as "yes"

2. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?



Count as "not yet"



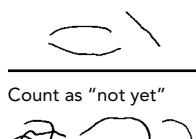
3. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?



—

Count as "yes"

4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?



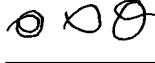
Count as "not yet"



—

Count as "yes"

5. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?



Count as "not yet"



—

6. Does your child turn pages in a book, one page at a time?

—

**FINE MOTOR TOTAL** —

**PROBLEM SOLVING**

YES  SOMETIMES  NOT YET  —

1. When looking in the mirror, ask, "Where is \_\_\_\_\_?" (Use your child's name.) Does your child point to her image in the mirror?



—

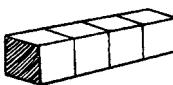
2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?

—

**PROBLEM SOLVING**

(continued)

3. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



YES      SOMETIMES      NOT YET  
            —

4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



           —

5. When you say, "Say 'seven three,'" does your child repeat just the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" Your child must repeat just one series of two numbers for you to answer "yes" to this question.

           —

6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.)

           —

PROBLEM SOLVING TOTAL —

**PERSONAL-SOCIAL**

YES      SOMETIMES      NOT YET  
            —

1. If you do any of the following gestures, does your child copy at least one of them?
- a. Open and close your mouth.     c. Pull on your earlobe.  
 b. Blink your eyes.     d. Pat your cheek.

2. Does your child use a spoon to feed himself with little spilling?

           —

3. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn?

           —

4. Does your child put on a coat, jacket, or shirt by himself?

           —

5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?

           —

6. When your child is looking in a mirror and you ask, "Who is in the mirror?" does he say either "me" or his own name?

           —

PERSONAL-SOCIAL TOTAL —

## OVERALL

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

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

**OVERALL** (continued)

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO



# 30 Month ASQ-3 Information Summary

28 months 16 days through  
31 months 15 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

- 1. 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	33.30		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	36.14		●	●	●	●	●	●	●	●	●	●	○	○	○
Fine Motor	19.25		●	●	●	●	●	●	●	●	●	●	○	○	○
Problem Solving	27.08		●	●	●	●	●	●	●	●	●	●	○	○	○
Personal-Social	32.01		●	●	●	●	●	●	●	●	●	●	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |   |     |    |   |     |    |
|---|-----|----|---|-----|----|
| 1. Hears well?<br>Comments:   | Yes | NO | 6. Family history of hearing impairment?<br>Comments: | YES | No |
| 2. Talks like other toddlers his age?<br>Comments:                  | Yes | NO | 7. Concerns about vision?<br>Comments:                | YES | No |
| 3. Understand most of what your child says?<br>Comments:            | Yes | NO | 8. Any medical problems?<br>Comments:                 | YES | No |
| 4. Others understand most of what your child says? Yes<br>Comments: | Yes | NO | 9. Concerns about behavior?<br>Comments:              | YES | No |
| 5. Walks, runs, and climbs like other toddlers?<br>Comments:        | Yes | NO | 10. Other concerns?<br>Comments:                      | YES | No |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **□** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **■** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **■■** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

31 months 16 days through 34 months 15 days

## 33 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--	--	--

  
M M D D Y Y Y Y



### Child's information

Child's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Child's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's date of birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

  
M M D D Y Y Y Y

Child's gender:

Male  Female

### Person filling out questionnaire

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to child:

- Parent  Guardian  Teacher  Child care provider  
 Grandparent or other relative  Foster parent  Other: \_\_\_\_\_

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Child ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



# 33 Month Questionnaire

31 months 16 days  
through 34 months 15 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

## COMMUNICATION

YES                    SOMETIMES                    NOT YET

1. When you ask your child to point to his nose, eyes, hair, feet, ears, and so forth, does he correctly point to at least **seven** body parts? (He can point to parts of himself, you, or a doll. Mark "sometimes" if he correctly points to at least three different body parts.)

                                                           —

2. Does your child make sentences that are three or four words long?  
Please give an example:

                                                           —

3. Without giving your child help by pointing or using gestures, ask her to "put the book **on** the table" and "put the shoe **under** the chair." Does your child carry out both of these directions correctly?

                                                           —

4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying"). You may ask, "What is the dog (or boy) doing?"

                                                           —

5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle, and ask your child to move the zipper **down**. Return the zipper to the middle, and ask your child to move the zipper **up**. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?

                                                           —

6. When you ask, "What is your name?" does your child say his first name or nickname?

                                                           —

COMMUNICATION TOTAL

—

**GROSS MOTOR**

YES

SOMETIMES

NOT YET

1. Does your child run fairly well, stopping herself without bumping into things or falling?


   —

2. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?


   —

3. Does your child jump with both feet leaving the floor at the same time?


   —

4. Does your child walk up stairs, using only one foot on each stair? (*The left foot is on one step, and the right foot is on the next.*) She may hold onto the railing or wall. (*You can look for this at a store, on a playground, or at home.*)


   —

5. Does your child stand on one foot for about 1 second without holding onto anything?


   —

6. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? (*Dropping the ball or throwing the ball underhand should be scored as "not yet."*)


   —

GROSS MOTOR TOTAL —

**FINE MOTOR**

YES

SOMETIMES

NOT YET

Count as "yes"


   —

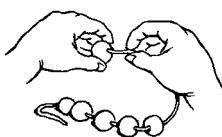
Count as "not yet"



**FINE MOTOR**

(continued)

2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?



YES

SOMETIMES

NOT YET

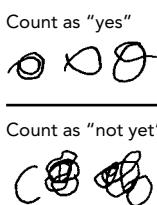
—

3. After your child watches you draw a line from one side of the paper to the other side, ask him to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?



—

4. After your child watches you draw a single circle, ask her to make a circle like yours. Do not let her trace your circle. Does your child copy you by drawing a circle?



—

5. Does your child turn pages in a book, one page at a time?

—

6. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)



—

FINE MOTOR TOTAL

—

**PROBLEM SOLVING**

YES

SOMETIMES

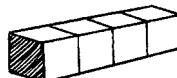
NOT YET

1. When looking in the mirror, ask, "Where is \_\_\_\_?" (Use your child's name.) Does your child point to her image in the mirror?



—

2. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.)



—

3. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?

—

**PROBLEM SOLVING**

(continued)

4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



YES

SOMETIMES

NOT YET

—

5. When you say, "Say 'seven three,'" does your child repeat just the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat just one series of two numbers for you to answer "yes" to this question.)

—

6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.)

—

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

YES

SOMETIMES

NOT YET

1. Does your child use a spoon to feed herself with little spilling?

—

2. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?

—

3. Does your child put on a coat, jacket, or shirt by herself?

—

4. After you put on loose-fitting pants around his feet, does your child pull them completely up to his waist?

—

5. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?

—

6. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

—

PERSONAL-SOCIAL TOTAL

—

**OVERALL**

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

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

**OVERALL** (continued)

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO



# 33 Month ASQ-3 Information Summary

31 months 16 days through  
34 months 15 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

- 1. 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	25.36		●	●	●	●	●	●	○	○	○	○	○	○	○
Gross Motor	34.80		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	12.28		●	●	●	●	●	●	○	○	○	○	○	○	○
Problem Solving	26.92		●	●	●	●	●	●	●	●	○	○	○	○	○
Personal-Social	28.96		●	●	●	●	●	●	●	●	○	○	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1. Hears well? Comments:	Yes	NO	6. Family history of hearing impairment? Comments:	YES	No
2. Talks like other toddlers his age? Comments:	Yes	NO	7. Concerns about vision? Comments:	YES	No
3. Understand most of what your child says? Comments:	Yes	NO	8. Any medical problems? Comments:	YES	No
4. Others understand most of what your child says? Comments:	Yes	NO	9. Concerns about behavior? Comments:	YES	No
5. Walks, runs, and climbs like other toddlers? Comments:	Yes	NO	10. Other concerns? Comments:	YES	No

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **white** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **gray** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **black** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

34 months 16 days through 38 months 30 days

## 36 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:          
 M M D D Y Y Y Y



### Child's information

Child's first name:

Middle initial:

Child's last name:

Child's date of birth:

M M D D Y Y Y Y

Child's gender:

Male

Female

### Person filling out questionnaire

First name:

Middle initial:

Last name:

Street address:

Relationship to child:

Parent     Guardian     Teacher     Child care provider

Grandparent or other relative     Foster parent     Other:

City:

State/Province: ZIP/Postal code:

Country:

Home telephone number:

Other telephone number:

E-mail address:

Names of people assisting in questionnaire completion:

Child ID #:

### PROGRAM INFORMATION

Program ID #:

Program name:



# 36 Month Questionnaire

34 months 16 days  
through 38 months 30 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

## COMMUNICATION

YES

SOMETIMES

NOT YET

1. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least **seven** body parts? (She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)
2. Does your child make sentences that are three or four words long?  
Please give an example:

3. Without giving your child help by pointing or using gestures, ask him to "put the book **on** the table" and "put the shoe **under** the chair." Does your child carry out both of these directions correctly?
4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"
5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes **up** and **down**." Put the zipper to the middle and ask your child to move the zipper **down**. Return the zipper to the middle and ask your child to move the zipper **up**. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?
6. When you ask, "What is your name?" does your child say both her first and last names?

COMMUNICATION TOTAL

**GROSS MOTOR**

1. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



YES  SOMETIMES  NOT YET  —

2. Does your child jump with both feet leaving the floor at the same time?



YES  SOMETIMES  NOT YET  —

3. Does your child walk up stairs, using only one foot on each stair? (*The left foot is on one step, and the right foot is on the next.*) She may hold onto the railing or wall. (*You can look for this at a store, on a playground, or at home.*)



YES  SOMETIMES  NOT YET  —

4. Does your child stand on one foot for about 1 second without holding onto anything?



YES  SOMETIMES  NOT YET  —

5. While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball forward? (*Dropping the ball or throwing the ball underhand should be scored as "not yet."*)



YES  SOMETIMES  NOT YET  —

6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?



YES  SOMETIMES  NOT YET  —

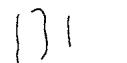
**GROSS MOTOR TOTAL**  —

**FINE MOTOR**

YES  SOMETIMES  NOT YET  —

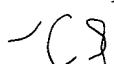
Count as "yes"

1. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?



YES  SOMETIMES  NOT YET  —

Count as "not yet"



YES  SOMETIMES  NOT YET  —

**FINE MOTOR**

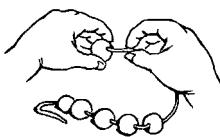
(continued)

YES

SOMETIMES

NOT YET

2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?



—

3. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?

Count as "yes"



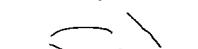
—

Count as "not yet"



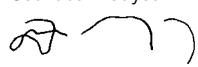
4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

Count as "yes"



—

Count as "not yet"



5. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)



—

6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?

—

FINE MOTOR TOTAL

—

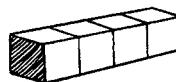
**PROBLEM SOLVING**

YES

SOMETIMES

NOT YET

1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



—

2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?

—

**PROBLEM SOLVING**

(continued)

3. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



YES

SOMETIMES

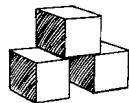
NOT YET

—

4. When you say, "Say 'seven three,'" does your child repeat just the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat just one series of two numbers for you to answer "yes" to this question.)

—

5. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?



—

6. When you say, "Say 'five eight three,'" does your child repeat just the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" (Your child must repeat just one series of three numbers for you to answer "yes" to this question.)

—

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

1. Does your child use a spoon to feed herself with little spilling?
2. Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?
3. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?
4. Does your child put on a coat, jacket, or shirt by himself?
5. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?
6. Does your child take turns by waiting while another child or adult takes a turn?

YES

SOMETIMES

NOT YET

—

—

—

—

—

PERSONAL-SOCIAL TOTAL

—

## OVERALL

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

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

YES

NO

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

YES

NO

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

YES

NO

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

YES

NO

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

YES

NO

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

YES

NO

**OVERALL** (continued)

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO



# 36 Month ASQ-3 Information Summary

34 months 16 days through  
38 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

- 1. 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	30.99		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	36.99		●	●	●	●	●	●	●	●	●	●	○	○	○
Fine Motor	18.07		●	●	●	●	●	○	○	○	○	○	○	○	○
Problem Solving	30.29		●	●	●	●	●	●	●	●	●	●	○	○	○
Personal-Social	35.33		●	●	●	●	●	●	●	●	●	●	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1. Hears well? Comments:	Yes	NO	6. Family history of hearing impairment? Comments:	YES	No
2. Talks like other children his age? Comments:	Yes	NO	7. Concerns about vision? Comments:	YES	No
3. Understand most of what your child says? Comments:	Yes	NO	8. Any medical problems? Comments:	YES	No
4. Others understand most of what your child says? Comments:	Yes	NO	9. Concerns about behavior? Comments:	YES	No
5. Walks, runs, and climbs like other children? Comments:	Yes	NO	10. Other concerns? Comments:	YES	No

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **white** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **gray** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **black** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

## 42 Month Questionnaire

39 months 0 days through 44 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:  /  /  /  /  /  /  /

M M D D Y Y Y Y



### Child's information

Child's first name:

 /  /  /  /  /  /  / 

Middle initial:

Child's last name:

 /  /  /  /  /  /  / 

Child's date of birth:

 /  /  /  /  / 

M M D D Y Y Y Y

Child's gender:

Male  Female

### Person filling out questionnaire

First name:

 /  /  /  /  /  /  / 

Middle initial:

Last name:

 /  /  /  /  /  /  / 

Street address:

 /  /  /  /  /  /  / 

Relationship to child:

- Parent  Guardian  Teacher  Child care provider  
 Grandparent or other relative  Foster parent  Other:

City:

 /  /  /  /  /  /  / 

Country:

 /  /  /  /  /  /  / 

Home telephone number:

 /  /  /  /  /  /  / 

State/Province: ZIP/Postal code:

 /  /  /  /  /  /  / 

E-mail address:

 /  /  /  /  /  /  / 

Names of people assisting in questionnaire completion:

 /  /  /  /  /  /  / 

### PROGRAM INFORMATION

Child ID #:

 /  /  /  /  /  /  / 

Program ID #:

 /  /  /  /  /  /  / 

Program name:

 /  /  /  /  /  /  /



# 42 Month Questionnaire

39 months 0 days  
through 44 months 30 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

## COMMUNICATION

- |  | YES                   | SOMETIMES             | NOT YET               |   |
|--|-----------------------|-----------------------|-----------------------|---|
| 1. Without giving your child help by pointing or using gestures, ask him to "put the book on the table" and "put the shoe <i>under</i> the chair." Does your child carry out both of these directions correctly?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle, and ask your child to move the zipper <i>down</i> . Return the zipper to the middle, and ask your child to move the zipper <i>up</i> . Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. When you ask, "What is your name?" does your child say both her first and last names?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Without your giving help by pointing or repeating directions, does your child follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?"   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

COMMUNICATION TOTAL

—

**GROSS MOTOR**

YES      SOMETIMES      NOT YET

1. Does your child walk up stairs, using only one foot on each stair? (*The left foot is on one step, and the right foot is on the next.*) He may hold onto the railing or wall. (*You can look for this at a store, on a playground, or at home.*)


            —

2. Does your child stand on one foot for about 1 second without holding onto anything?


            —

3. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? (*Dropping the ball or throwing the ball underhand should be scored as "not yet."*)


            —

4. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?


            —

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


            —

6. Does your child climb the rungs of a ladder of a playground slide and slide down without help?

            —

GROSS MOTOR TOTAL —

**FINE MOTOR**

YES      SOMETIMES      NOT YET

Count as "yes"


            —

Count as "not yet"



1. After your child watches you draw a single circle with a pencil, crayon, or pen, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?

**FINE MOTOR**

(continued)

YES

SOMETIMES

NOT YET

2. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

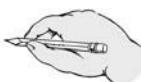

   

3. Does your child try to cut paper with child-safe scissors?

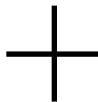
He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)

4. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?

5. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)

6. Using the shape at right to look at, does your child copy it onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawing should look like the design of the shape, except it may be different in size.)

FINE MOTOR TOTAL

   
**PROBLEM SOLVING**

YES

SOMETIMES

NOT YET

1. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:

2. When you say, "Say 'seven three,'" does your child repeat just the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say 'eight two.'" (Your child must repeat just one series of two numbers for you to answer "yes" to this question.)

3. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?



**PROBLEM SOLVING**

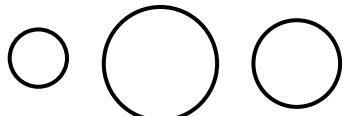
(continued)

4. When you say, "Say 'five eight three,'" does your child repeat just the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" (Your child must repeat just one series of three numbers for you to answer "yes" to this question.)

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

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

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



6. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother or sister, or an imaginary animal or figure.

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

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

YES	SOMETIMES	NOT YET	—
-----	-----------	---------	---

1. When he is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "me" or his own name?
2. Does your child put on a coat, jacket, or shirt by herself?
3. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?
4. Does your child take turns by waiting while another child or adult takes a turn?
5. Does your child serve himself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?
6. Does your child wash his hands using soap and water and dry off with a towel without help?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

PERSONAL-SOCIAL TOTAL

—

**OVERALL**

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

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

<input type="radio"/>	YES	<input type="radio"/>	NO
-----------------------	-----	-----------------------	----

**OVERALL** (continued)

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

**OVERALL** (continued)

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

 YES NO

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

 YES NO

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

 YES NO



# 42 Month ASQ-3 Information Summary

39 months 0 days through  
44 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

- 1. 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	27.06		●	●	●	●	●	●	○	○	○	○	○	○	○
Gross Motor	36.27		●	●	●	●	●	●	●	●	●	●	○	○	○
Fine Motor	19.82		●	●	●	●	●	●	○	○	○	○	○	○	○
Problem Solving	28.11		●	●	●	●	●	●	●	●	●	●	○	○	○
Personal-Social	31.12		●	●	●	●	●	●	●	●	●	●	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1. Hears well? Comments:	Yes	NO	6. Family history of hearing impairment? Comments:	YES	No
2. Talks like other children his age? Comments:	Yes	NO	7. Concerns about vision? Comments:	YES	No
3. Understand most of what your child says? Comments:	Yes	NO	8. Any medical problems? Comments:	YES	No
4. Others understand most of what your child says? Comments:	Yes	NO	9. Concerns about behavior? Comments:	YES	No
5. Walks, runs, and climbs like other children? Comments:	Yes	NO	10. Other concerns? Comments:	YES	No

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **□** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **■** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **■■** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

## 48 Month Questionnaire

45 months 0 days through 50 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---



### Child's information

Child's first name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Child's last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's date of birth:

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Child's gender:

Male    Female

### Person filling out questionnaire

First name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

--

Last name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to child:

- Parent    Guardian    Teacher    Child care provider  
 Grandparent or other relative    Foster parent    Other: \_\_\_\_\_

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Child ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program ID #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



# 48 Month Questionnaire

45 months 0 days  
through 50 months 30 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

## COMMUNICATION

YES

SOMETIMES

NOT YET

1. Does your child name at least three items from a common category?  
For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?

   —

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

   —

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

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

3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?
4. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?

   —  
   —

**COMMUNICATION**

(continued)

5. Without your giving help by pointing or repeating, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."
6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?"

YES      SOMETIMES      NOT YET

            —

            —

COMMUNICATION TOTAL

—

**GROSS MOTOR**

YES      SOMETIMES      NOT YET

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


            —

2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?

            —

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


            —

4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?

            —

5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?

            —

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


            —

GROSS MOTOR TOTAL

—

**FINE MOTOR**

YES      SOMETIMES      NOT YET

1. Does your child put together a five- to seven-piece interlocking puzzle? (*If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?*)

            —

**FINE MOTOR**

(continued)

2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? (*Carefully watch your child's use of scissors for safety reasons.*)



YES      SOMETIMES      NOT YET

            —

3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? (*Your child's drawings should look similar to the design of the shapes below, but they may be different in size.*)



4. Does your child unbutton one or more buttons? (*Your child may use his own clothing or a doll's clothing.*)
5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?
6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? (*Your child should not go more than 1/4 inch outside the lines on most of the picture.*)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

FINE MOTOR TOTAL

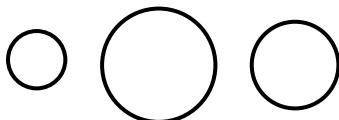
—

**PROBLEM SOLVING**

YES      SOMETIMES      NOT YET

1. When you say, "Say 'five eight three,'" does your child repeat just the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" (*Your child must repeat just one series of three numbers to answer "yes" to this question.*)
2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? (*Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.*)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—



3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "under the couch." Then ask her to put the ball "between the chairs" and the book "in the middle of the table."
4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (*Mark "yes" only if your child answers the question correctly using five colors.*)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

**PROBLEM SOLVING**

(continued)

- |   | YES                   | SOMETIMES             | NOT YET               | — |
|---|-----------------------|-----------------------|-----------------------|---|
| 5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? (Ask this question without providing help by pointing, gesturing, or naming.)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

YES      SOMETIMES      NOT YET

- |   |                       |                       |                       |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child tell you at least four of the following? Please mark the items your child knows.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| a. First name                            d. Last name   | <input type="radio"/> | <input type="radio"/> |                       |   |
| b. Age                                    e. Boy or girl  | <input type="radio"/> | <input type="radio"/> |                       |   |
| c. City she lives in                    f. Telephone number   | <input type="radio"/> | <input type="radio"/> |                       |   |
| 3. Does your child wash his hands using soap and water and dry off with a towel without help?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child tell you the names of two or more playmates, not including brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child brush her teeth by putting toothpaste on the tooth-brush and brushing all of her teeth without help? (You may still need to check and rebrush your child's teeth.)       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

PERSONAL-SOCIAL TOTAL

—

**OVERALL**

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

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

 YES NO

**OVERALL** (continued)

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

**OVERALL** (continued)

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

 YES NO

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

 YES NO

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

 YES NO



# 48 Month ASQ-3 Information Summary

45 months 0 days through  
50 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

- 1. 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	30.72		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	32.78		●	●	●	●	●	●	●	○	○	○	○	○	○
Fine Motor	15.81		●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	31.30		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	26.60		●	●	●	●	●	●	○	○	○	○	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |   |     |    |   |     |    |
|---|-----|----|---|-----|----|
| 1. Hears well?<br>Comments:   | Yes | NO | 6. Family history of hearing impairment?<br>Comments: | YES | No |
| 2. Talks like other children his age?<br>Comments:                  | Yes | NO | 7. Concerns about vision?<br>Comments:                | YES | No |
| 3. Understand most of what your child says?<br>Comments:            | Yes | NO | 8. Any medical problems?<br>Comments:                 | YES | No |
| 4. Others understand most of what your child says? Yes<br>Comments: | Yes | NO | 9. Concerns about behavior?<br>Comments:              | YES | No |
| 5. Walks, runs, and climbs like other children?<br>Comments:        | Yes | NO | 10. Other concerns?<br>Comments:                      | YES | No |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **white** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **gray** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **black** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

51 months 0 days through 56 months 30 days

## 54 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: 

--	--	--	--	--	--	--	--

M M D D Y Y Y Y



### Child's information

Child's first name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

Child's last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's date of birth: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's gender:

Male  Female

M M D D Y Y Y Y

### Person filling out questionnaire

First name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

Last name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to child:

- Parent  Guardian  Teacher  Child care provider  
 Grandparent or other relative  Foster parent  Other: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Province: ZIP/Postal code: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other telephone number: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-mail address: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Names of people assisting in questionnaire completion: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### PROGRAM INFORMATION

Child ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program ID #: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Program name: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



# 54 Month Questionnaire

51 months 0 days  
through 56 months 30 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

## COMMUNICATION

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," "Is there a toy to play with?" or "Are you coming, too?"   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Without giving your child help by pointing or repeating directions, does he follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

6. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:

- |                       |                       |                       |   |
|-----------------------|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|-----------------------|-----------------------|-----------------------|---|

COMMUNICATION TOTAL

—

**GROSS MOTOR**

1. Does your child hop up and down on either the right foot or the left foot at least one time without losing her balance or falling?

YES      SOMETIMES      NOT YET

           —

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



           —

3. Does your child jump forward a distance of 20 inches from a standing position, starting with her feet together?

           —

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



           —

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



           —

6. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? (*You may show him how to do this.*)

           —

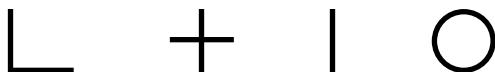
**GROSS MOTOR TOTAL** —

**FINE MOTOR**

1. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? (*Your child's drawings should look similar to the design of the shapes below, but they may be different in size.*)

YES      SOMETIMES      NOT YET

           —



2. Does your child unbutton one or more buttons? Your child may use his own clothing or a doll's clothing.

           —

3. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? (*Your child should not go more than 1/4 inch outside the lines on most of the picture.*)

           —

**FINE MOTOR**

(continued)

4. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? (Mark "sometimes" if your child goes off the line three times.)



YES      SOMETIMES      NOT YET

            —

5. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, and legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire.

            —

6. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)


            —
**PROBLEM SOLVING**

FINE MOTOR TOTAL —

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

            —

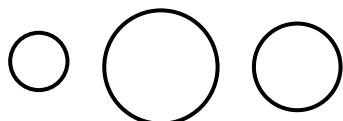
2. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, sister, or an imaginary animal or figure.

            —

3. If you place five objects in front of your child, can she count them by saying, "One, two, three, four, five" in order? (Ask this question without providing help by pointing, gesturing, or naming.)

            —

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

            —


5. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."

            —

**PROBLEM SOLVING**

(continued)

6. Does your child know the names of numbers? (Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers.)

**3      1      2**

PROBLEM SOLVING TOTAL

YES      SOMETIMES      NOT YET

            —**PERSONAL-SOCIAL**

1. Does your child wash her hands using soap and water and dry off with a towel without help?
2. Does your child tell you the names of two or more playmates, not including brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.)
3. Does your child brush his teeth by putting toothpaste on the tooth-brush and brushing all of his teeth without help? (You may still need to check and rebrush your child's teeth.)
4. Does your child serve herself, taking food from one container to another, using utensils? (For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?)
5. Does your child tell you at least four of the following? Please mark the items your child knows.

YES      SOMETIMES      NOT YET

            —            —            —            —            —

- a. First name       d. Last name  
 b. Age       e. Boy or girl  
 c. City he lives in       f. Telephone number

6. Does your child dress and undress herself, including buttoning medium-size buttons and zipping front zippers?

            —

PERSONAL-SOCIAL TOTAL

            —**OVERALL**

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

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

YES       NO

**OVERALL** (continued)

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

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

 YES NO

**OVERALL** (continued)

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

 YES NO

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

 YES NO

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

 YES NO



# 54 Month ASQ-3 Information Summary

51 months 0 days through  
56 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

- 1. 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	31.85		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	35.18		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	17.32		●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	28.12		●	●	●	●	●	●	●	●	○	○	○	○	○
Personal-Social	32.33		●	●	●	●	●	●	●	●	○	○	○	○	○

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |   |     |    |   |     |    |
|---|-----|----|---|-----|----|
| 1. Hears well?<br>Comments:   | Yes | NO | 6. Family history of hearing impairment?<br>Comments: | YES | No |
| 2. Talks like other children his age?<br>Comments:                  | Yes | NO | 7. Concerns about vision?<br>Comments:                | YES | No |
| 3. Understand most of what your child says?<br>Comments:            | Yes | NO | 8. Any medical problems?<br>Comments:                 | YES | No |
| 4. Others understand most of what your child says? Yes<br>Comments: | Yes | NO | 9. Concerns about behavior?<br>Comments:              | YES | No |
| 5. Walks, runs, and climbs like other children?<br>Comments:        | Yes | NO | 10. Other concerns?<br>Comments:                      | YES | No |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **□** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **■** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **■■** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



# Ages & Stages Questionnaires®

57 months 0 days through 66 months 0 days

## 60 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:            
M M D D Y Y Y Y Y



### Child's information

Child's first name:

Middle initial:

Child's last name:

Child's date of birth:

Child's gender:

Male  Female

M M D D Y Y Y Y Y

### Person filling out questionnaire

First name:

Middle initial:

Last name:

Street address:

Relationship to child:

Parent  Guardian  Teacher  Child care provider

Grandparent or other relative  Foster parent  Other:

City:  State/Province:  ZIP/Postal code:

Country:

Home telephone number:

Other telephone number:

E-mail address:

Names of people assisting in questionnaire completion:

Child ID #:

### PROGRAM INFORMATION

Program ID #:

Program name:



# 60 Month Questionnaire

57 months 0 days  
through 66 months 0 days

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

## Important Points to Remember:

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

## Notes:

---

---

---

---

## COMMUNICATION

YES

SOMETIMES

NOT YET

1. Without your giving help by pointing or repeating directions, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."

—

2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:

—

3. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:

—

4. Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is \_\_\_\_" (bigger); "A cat is heavy, but a man is \_\_\_\_" (heavier); "A TV is small, but a book is \_\_\_\_" (smaller). Please write an example:

—

**COMMUNICATION**

(continued)

YES

SOMETIMES

NOT YET

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

—

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.")

Please write your child's response:

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

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

—

Jane hides her shoes for Maria to find.

Al read the blue book under his bed.

COMMUNICATION TOTAL

—

**GROSS MOTOR**

YES

SOMETIMES

NOT YET

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



—

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



—

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



—

**GROSS MOTOR**

(continued)

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

GROSS MOTOR TOTAL

—

**FINE MOTOR**

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



(Space for child's shapes)



**FINE MOTOR** (continued)

YES      SOMETIMES      NOT YET

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

   **V H T C A**

(Space for child's letters)

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

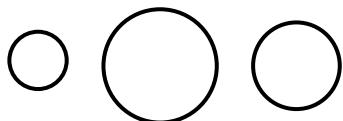
(Space for adult's printing)

(Space for child's printing)

FINE MOTOR TOTAL **PROBLEM SOLVING**

YES      SOMETIMES      NOT YET

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

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

**PROBLEM SOLVING**

(continued)

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

Please write your child's responses below:

A cow is *big*, and a mouse isIce is *cold*, and fire isWe see stars at *night*, and we see the sun during theWhen I throw the ball *up*, it comes

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

5. Does your child know the names of numbers? (Mark "yes" if she identifies the three numbers below. Mark "sometimes" if she identifies two numbers.)
- |   |   |   |   |
|---|---|---|---|
| ○ | ○ | ○ | — |
|---|---|---|---|

**3            1            2**

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

PROBLEM SOLVING TOTAL

—

**PERSONAL-SOCIAL**

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

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

**PERSONAL-SOCIAL**

(continued)

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

PERSONAL-SOCIAL TOTAL

—

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

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

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

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

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

**OVERALL** (continued)

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

YES  NO

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

YES  NO

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

YES  NO

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

YES  NO

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

YES  NO

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

YES  NO



# 60 Month ASQ-3 Information Summary

57 months 0 days through  
66 months 0 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

- 1. 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	33.19		●	●	●	●	●	●	●	●	●	○	○	○	○
Gross Motor	31.28		●	●	●	●	●	●	●	●	●	●	○	○	○
Fine Motor	26.54		●	●	●	●	●	●	●	●	●	●	○	○	○
Problem Solving	29.99		●	●	●	●	●	●	●	●	●	●	○	○	○
Personal-Social	39.07		●	●	●	●	●	●	●	●	●	●	●	●	●

- 2. TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |   |     |    |   |     |    |
|---|-----|----|---|-----|----|
| 1. Hears well?<br>Comments:   | Yes | NO | 6. Family history of hearing impairment?<br>Comments: | YES | No |
| 2. Talks like other children his age?<br>Comments:                  | Yes | NO | 7. Concerns about vision?<br>Comments:                | YES | No |
| 3. Understand most of what your child says?<br>Comments:            | Yes | NO | 8. Any medical problems?<br>Comments:                 | YES | No |
| 4. Others understand most of what your child says? Yes<br>Comments: | NO  |    | 9. Concerns about behavior?<br>Comments:              | YES | No |
| 5. Walks, runs, and climbs like other children?<br>Comments:        | Yes | NO | 10. Other concerns?<br>Comments:                      | YES | No |

- 3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the **□** area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the **■** area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the **■■** area, it is below the cutoff. Further assessment with a professional may be needed.

- 4. FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_.
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

- 5. OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

# Intervention Activities



The intervention activities include games and other fun events for parents and caregivers and their young children. The activities are provided on this CD-ROM in English (a Spanish version of these activities is available on the CD-ROM provided with the ASQ-3 Spanish questionnaires box). Each sheet contains activities that correspond to ages in the ASQ-3 intervals: 1–4 months old, 4–8 months old, 8–12 months old, 12–16 months old, 16–20 months old, 20–24 months old, 24–30 months old, 30–36 months old, 36–48 months old, 48–60 months old, and 60–66 months old. These sheets can be photocopied and used in monitoring programs in a variety of ways. The intervention activities are also available in the ASQ online management system.

The intervention activities suggestions can be mailed or given to parents with the ASQ-3, or they can be attached to a feedback letter along with the ASQ-3 results. They can be printed or enlarged onto colored paper. Parents can be encouraged to post the sheets on their refrigerator door or bulletin board and to try activities with their young children as time allows. If a child has difficulties in a particular developmental area, a service provider can star or underline certain games that might be particularly useful for parents to present. Similarly, service providers and family members can modify the activities to make them match the family's cultural setting and available materials. ***As with all activities for young children, these intervention activities should be supervised by an adult at all times.***

## Activities for Infants 1-4 Months Old



<p>Talk softly to your baby when feeding him, changing his diapers, and holding him. He may not understand every word, but he will know your voice and be comforted by it.</p>	<p>When you see your baby responding to your voice, praise and cuddle her. Talk back to her and see if she responds again.</p>	<p>Take turns with your baby when he makes cooing and gurgling sounds. Have a "conversation" back and forth with simple sounds that he can make.</p>	<p>Sing to your baby (even if you don't do it well). Repetition of songs and lullabies helps your baby to learn and listen.</p>	<p>With your baby securely in your arms or in a front pack, gently swing and sway to music that you are singing or playing on the radio.</p>
<p>Place a shatterproof mirror close to your baby where she can see it. Start talking, and tap the mirror to get her to look. The mirror will provide visual stimulation. Eventually your baby will understand her reflection.</p>	<p>Rock your baby gently in your arms and sing "Rock-a-bye Baby" or another lullaby. Sing your lullaby and swing your baby to the gentle rhythm.</p>	<p>Put a puppet or small sock on your finger. Say your baby's name while moving the puppet or sock up and down. See whether he follows the movement. Now move your finger in a circle. Each time your baby is able to follow the puppet, try a new movement.</p>	<p>With your baby on her back, hold a brightly colored stuffed animal above her head, in her line of vision. See if she watches the stuffed animal as you move it slowly back and forth.</p>	<p>Make sure your baby is positioned so that you can touch his feet. Gently play with his toes and feet, tickling lightly. Add the "This Little Piggy Went to Market" rhyme, touching a different toe with each verse.</p>
<p>Rest your baby, tummy down, on your arm, with your hand on her chest. Use your other hand to secure your baby—support her head and neck. Gently swing her back and forth. As she gets older, walk around to give her different views.</p>	<p>Hold your baby in your lap and softly shake a rattle on one side of his head, then the other side. Shake slowly at first, then faster. Your baby will search for the noise with his eyes.</p>	<p>Place your baby on her tummy with head to one side, on a blanket/towel on carpeted floor. Lie next to her to provide encouragement. Until she has the strength, have her spend equal time facing left and right. Make "tummy time" a little longer each day. Closely watch your baby in case she rests her face on the floor, which could restrict breathing. As her strength grows, she will be able to lift her head and push up on her arms, leading to rolling and crawling.</p>	<p>Lay your baby on his back and touch his arms and legs in different places. Make a "whooping" sound with each touch. Your baby may smile and anticipate the next touch by watching your hand. When you make each sound, you can also name the part of the body you touch.</p>	<p>In nice weather, take your baby on a nature walk through a park or neighborhood. Talk about everything you see. Even though she might not understand everything, she will like being outside and hearing your voice.</p>
<p>Read simple books to your baby. Even if he does not understand the story, he will enjoy being close and listening to you read.</p>	<p>With white paper and a black marker, create several easy-to-recognize images on each piece of paper. Start with simple patterns (diagonal stripes, bull's eyes, checkerboards, triangles). Place the pictures so that your baby can see them (8"-12" inches from her face). Tape these pictures next to her car seat or crib.</p>	<p>Lay your baby on his back on a soft, flat surface such as a bed or a blanket. Gently tap or rub your baby's hands and fingers while singing "Pat-a-Cake" or another nursery rhyme.</p>	<p>Gently shake a rattle or another baby toy that makes a noise. Put it in your baby's hand. See if she takes it, even for a brief moment.</p>	<p>Hold your baby closely, or lay him down on a soft, flat surface. Be close enough (8"-12") so that he can see you. Face to face, start with small movements (stick out your tongue, open your mouth with a wide grin). If you are patient, your baby may try to imitate you. As he gets older, you can try larger body movements with your head, hands, and arms. You can also try to imitate your baby.</p>

## Activities for Infants 4 - 8 Months Old



<p>Put a windup toy beside or behind your baby. Watch to see if your baby searches for the sound.</p>	<p>Give your baby a spoon to grasp and chew on. It's easy to hold and feels good in the mouth. It's also great for banging, swiping, and dropping.</p>	<p>While sitting on the floor, place your baby in a sitting position inside your legs. Use your legs and chest to provide only as much support as your baby needs. This allows you to play with your baby while encouraging independent sitting.</p>	<p>Gently rub your baby with a soft cloth, a paper towel, or nylon. Talk about how things feel (soft, rough, slippery). Lotion feels good, too.</p>	<p>Let your baby see herself in a mirror. Place an unbreakable mirror on the side of your baby's crib or changing table so that she can watch. Look in the mirror with your baby, too. Smile and wave at your baby.</p>
<p>Common household items such as measuring spoons and measuring cups make toys with interesting sounds and shapes. Gently dangle and shake a set of measuring spoons or measuring cups where your baby can reach or kick at them. Let your baby hold them to explore and shake, too.</p>	<p>Play voice games. Talk with a high or low voice. Click your tongue. Whisper. Take turns with your baby. Repeat any sounds made by him. Place your baby so that you are face to face—your baby will watch as you make sounds.</p>	<p>Fill a small plastic bottle (empty medicine bottle with child-proof cap) with beans or rice. Let your baby shake it to make noise.</p>	<p>Make another shaker using bells. Encourage your baby to hold one in each hand and shake them both. Watch to see if your baby likes one sound better than another.</p>	<p>Place your baby on her tummy with favorite toys or objects around but just slightly out of reach. Encourage her to reach out for toys and move toward them.</p>
<p>Fill an empty tissue box with strips of paper. Your baby will love pulling them out. (Do not use colored newsprint or magazines; they are toxic. Never use plastic bags or wrap.)</p>	<p>Safely attach a favorite toy to a side of your baby's crib, swing, or cradle chair for him to reach and grasp. Change toys frequently to give him new things to see and do.</p>	<p>Place your baby in a chair or car seat, or prop her up with pillows. Bounce and play with a flowing scarf or a large bouncing ball. Move it slowly up, then down or to the side, so that your baby can follow movement with her eyes.</p>	<p>With your baby lying on his back, place a toy within sight but out of reach, or move a toy across your baby's visual range. Encourage him to roll to get the toy.</p>	<p>Play Peekaboo with hands, cloth, or a diaper. Put the cloth over your face first. Then let your baby hide. Pull the cloth off if your baby can't. Encourage her to play. Take turns.</p>
<p>Place your baby in a chair or car seat to watch everyday activities. Tell your baby what you are doing. Let your baby see, hear, and touch common objects. You can give your baby attention while getting things done.</p>	<p>Place your baby on your knee facing you. Bounce him to the rhythm of a nursery rhyme. Sing and rock with the rhythm. Help your baby bring his hands together to clap to the rhythm.</p>	<p>Your baby will like to throw toys to the floor. Take a little time to play this "go and fetch" game. It helps your baby to learn to release objects. Give baby a box or pan to practice dropping toys into.</p>	<p>Once your baby starts rolling or crawling on her tummy, play "come and get me." Let your baby move, then chase after her and hug her when you catch her.</p>	<p>Place your baby facing you. Your baby can watch you change facial expressions (big smile, poking out tongue, widening eyes, raising eyebrows, puffing or blowing). Give your baby a turn. Do what your baby does.</p>

## Activities for Infants 8-12 Months Old



<p>Let your baby feed himself. This gives your baby practice picking up small objects (cereal, cooked peas) and also gives him experience with textures in his hands and mouth. Soon your baby will be able to finger feed an entire meal.</p>	<p>Your baby will be interested in banging objects to make noise. Give your baby blocks to bang, rattles to shake, or wooden spoons to bang on containers. Show your baby how to bang objects together.</p>	<p>A good pastime is putting objects in and out of containers. Give your baby plastic containers with large beads or blocks. Your baby may enjoy putting socks in and out of the sock drawer or small cartons (Jell-O, tuna or soup cans) on and off shelves.</p>	<p>Mirrors are exciting at this age. Let your baby pat and poke at herself in the mirror. Smile and make faces together in the mirror.</p>	<p>Your baby will begin using his index fingers to poke. Let your baby poke at a play telephone or busy box. Your baby will want to poke at faces. Name the body parts as your baby touches your face.</p>
<p>Put toys on a sofa or sturdy table so that your baby can practice standing while playing with the toys.</p>	<p>Find a big box that your baby can crawl in and out of. Stay close by and talk to your baby about what she is doing. "You went in! Now you are out!"</p>	<p>Read baby books or colorful magazines by pointing and telling your baby what is in the picture. Let your baby pat pictures in the book.</p>	<p>Play hide-and-seek games with objects. Let your baby see you hide an object under a blanket, diaper, or pillow. If your baby doesn't uncover the object, just cover part of it. Help your baby find the object.</p>	<p>Play ball games. Roll a ball to your baby. Help your baby, or have a partner help him roll the ball back to you. Your baby may even throw the ball, so beach balls or Nerf balls are great for this game.</p>
<p>Turn on a radio or stereo. Hold your baby in a standing position and let your baby bounce and dance. If your baby can stand with a little support, hold her hands and dance like partners.</p>	<p>Play imitation games like Peek-a-boo and So Big. Show pleasure at your baby's imitations of movements and sounds. Babies enjoy playing the same games over and over.</p>	<p>Let your baby play with plastic measuring cups, cups with handles, sieves and strainers, sponges, and balls that float in the bathtub. Bath time is a great learning time.</p>	<p>Play Pat-a-Cake with your baby. Clap his hands together or take turns. Wait and see if your baby signals you to start the game again. Try the game using blocks or spoons to clap and bang with.</p>	<p>Your baby will play more with different sounds like "la-la" and "da-da." Copy the sounds your baby makes. Add a new one and see if your baby tries it, too. Enjoy your baby's early attempts at talking.</p>
<p>Make a simple puzzle for your baby by putting blocks or Ping-Pong balls inside a muffin pan or egg carton.</p>	<p>You can make a simple toy by cutting a round hole in the plastic lid of a coffee can. Give your baby wooden clothes pins or Ping-Pong balls to drop inside.</p>	<p>Say "hi" and wave when entering a room with your baby. Encourage your baby to imitate. Help your baby wave to greet others. Waving "hi" and "bye" are early gestures.</p>	<p>Let your baby make choices. Offer two toys or foods and see which one your baby picks. Encourage your baby to reach or point to the chosen object. Babies have definite likes and dislikes!</p>	<p>New places and people are good experiences for your baby, but these can be frightening. Let your baby watch and listen and move at her own speed. Go slowly. Your baby will tell you when she is ready for more.</p>

## Activities for Infants 12-16 Months Old



Babies love games at this age (Pat-a-Cake, This Little Piggy). Try different ways of playing the games and see if your baby will try it with you. Hide behind furniture or doors for Peekaboo; clap blocks or pan lids for Pat-a-cake.	Make puppets out of a sock or paper bag—one for you and one for your baby. Have your puppet talk to your baby or your baby's puppet. Encourage your baby to "talk" back.	To encourage your baby's first steps, hold your baby in standing position, facing another person. Have your baby step toward the other person to get a favorite toy or treat.	Give your baby containers with lids or different compartments filled with blocks or other small toys. Let your baby open and dump. Play "putting things back." This will help your baby learn how to release objects where he wants them.	Loosely wrap a small toy in a paper towel or facial tissue without tape. Your baby can unwrap it and find a surprise. Use tissue paper or wrapping paper, too. It's brightly colored and noisy.
Babies enjoy push and pull toys. Make your own pull toy by threading yogurt cartons, spools, or small boxes on a piece of yarn or soft string (about 2 feet long). Tie a bead or plastic stacking ring on one end for a handle.	Tape a large piece of drawing paper to a table. Show your baby how to scribble with large nontoxic crayons. Take turns making marks on the paper. It's also fun to paint with water.	Arrange furniture so that your baby can work her way around a room by stepping across gaps between furniture. This encourages balance in walking.	Babies continue to love making noise. Make sound shakers by stringing canning rims together or filling medicine bottles (with child-proof caps) with different-sounding objects like marbles, rice, salt, bolts, and so forth. Be careful to secure lids tightly.	This is the time your baby learns that adults can be useful! When your baby "asks" for something by vocalizing or pointing, respond to his signal. Name the object your baby wants and encourage him to communicate again—taking turns with each other in a "conversation."
Play the naming game. Name body parts, common objects, and people. This lets your baby know that everything has a name and helps her begin to learn these names.	Make an obstacle course with boxes or furniture so that your baby can climb in, on, over, under, and through. A big box can be a great place to sit and play.	Let your baby help you clean up. Play "feed the wastebasket" or "give it to Mommy or Daddy."	Make a surprise bag for your baby to find in the morning. Fill a paper or cloth bag with a soft toy, something to make a sound, a little plastic jar with a screw-top lid, or a book with cardboard pages.	Play "pretend" with a stuffed animal or doll. Show and tell your baby what the doll is doing (walking, going to bed, eating, dancing across a table). See if your baby will make the doll move and do things as you request. Take turns.
Cut up safe finger foods (do not use foods that pose a danger of your baby's choking) in small pieces and allow your baby to feed himself. It is good practice to pick up small things and feel different textures (bananas, soft crackers, berries).	Let your baby "help" during daily routines. Encourage your baby to "get" the cup and spoon for mealtime, to "find" shoes and coat for dressing, and to "bring" the pants or diaper for changing. Following directions is an important skill for your baby to learn.	Your baby is learning that different toys do different things. Give your baby a lot of things to roll, push, pull, hug, shake, poke, turn, stack, spin, and stir.	Most babies enjoy music. Clap and dance to the music. Encourage your baby to practice balance by moving forward, around, and back. Hold her hands for support, if needed.	Prepare your baby for a future activity or trip by talking about it beforehand. Your baby will feel like a part of what is going on rather than being just an observer. It may also help reduce some fear of being "left behind."

## Activities for Toddlers 16-20 Months Old



Toddlers love to play in water. Put squeezable objects in the bathtub, such as sponges or squeeze bottles, along with dump-and-pour toys (cups, bowls).	Toddlers are excited about bubbles. Let your toddler try to blow bubbles or watch you blow bubbles through a straw. Bubbles are fun to pop and chase, too.	Pretend play becomes even more fun at this age. Encourage your toddler to have a doll or stuffed toy do what he does—walk, go to bed, dance, eat, and jump. Include the doll in daily activities or games.	Make instant pudding together. Let your toddler "help" by dumping pudding, pouring milk, and stirring. The results are good to eat or can be used for finger painting.	Use boxes or buckets for your toddler to throw bean bags or balls into. Practice overhand release of the ball or bean bag.
Play Hide and Seek. Your toddler can hide with another person or by herself for you to find. Then take your turn to hide and let your toddler find you.	Toddlers love movement. Take him to the park to ride on rocking toys, swings, and small slides. You may want to hold your toddler in your lap on the swing and on the slide at first.	Sing action songs together such as "Ring Around the Rosy," "Itsy-Bitsy Spider," and "This Is the Way We Wash Our Hands." Do actions together. Move with the rhythm. Wait for your toddler to anticipate the action.	Put favorite toys in a laundry basket slightly out of reach of your toddler or in a clear container with a tight lid. Wait for your toddler to request the objects, giving her a reason to communicate. Respond to her requests.	Your toddler may become interested in "art activities." Use large nontoxic crayons and a large pad of paper. Felt-tip markers are more exciting with their bright colors. Let your toddler scribble his own picture as you make one.
A favorite pull toy often is a small wagon or an old purse for collecting things. Your toddler can practice putting objects in and out of it. It can also be used to store favorite items.	Make a picture book by putting common, simple pictures cut from magazines into a photo album. Your toddler will enjoy photos of herself and family members. Pictures of pets are favorites, too.	Toddlers are interested in playing with balls. Use a beach ball to roll, throw, and kick.	Play the "What's that?" game by pointing to clothing, toys, body parts, objects, or pictures and asking your toddler to name them. If your toddler doesn't respond, name it for him and encourage imitation of the words.	Fill a plastic tub with cornmeal or oatmeal. Put in kitchen spoons, strainers, measuring cups, funnels, or plastic containers. Toddlers can fill, dump, pour, and learn about textures and use of objects as tools. Tasting won't be harmful.
Toddlers will begin putting objects together. Simple puzzles (separate pieces) with knobs are great. Putting keys into locks and letters into mailbox slots is fun, too.	Get two containers (coffee cups or cereal bowls) that look the same and a small toy. Hide the toy under one container while your toddler watches. Ask her, "Where did it go?" Eventually you can play the old shell game (moving the containers after you hide the toy).	Help your toddler sort objects into piles. He can help you sort laundry (put socks in one pile and shirts in another). Play "clean up" games. Have your toddler put toys on specified shelves or boxes.	Save milk cartons or gelatin or pudding boxes. Your toddler can stack them to make towers. You can also stuff grocery bags with newspapers and tape them shut to make big blocks.	Lay out your toddler's clothes on the bed before dressing. Ask her to give you a shirt, pants, shoes, and socks. This is an easy way to learn the names of common items.

## Activities for Toddlers 20-24 Months Old



<p>Toddlers enjoy looking at old pictures of themselves. Tell simple stories about him as you look at the pictures. Talk about what was happening when the picture was taken.</p>	<p>Cut a rectangular hole in the top of a shoebox. Let your toddler insert an old deck of playing cards or used envelopes. The box is easy storage for your toddler's "mail."</p>	<p>Set up your own bowling game using plastic tumblers, tennis ball cans, or empty plastic bottles for bowling pins. Show your toddler how to roll the ball to knock down the pins. Then let your toddler try.</p>	<p>Many everyday items (socks, spoons, shoes, mittens) can help your toddler learn about matching. Hold up an object, and ask if she can find one like yours. Name the objects while playing the game.</p>	<p>Hide a loudly ticking clock or a softly playing transistor radio in a room and have your child find it. Take turns by letting him hide and you find.</p>
<p>A good body parts song is "Head, Shoulders, Knees, and Toes." Get more detailed with body parts by naming teeth, eyebrows, fingernails, and so forth.</p>	<p>Make your toddler an outdoor "paint" set by using a large wide paint brush and a bowl or bucket of water. Your toddler will have fun "painting" the side of the house, a fence, or the front porch.</p>	<p>Turn objects upside down (books, cups, shoes) and see if your toddler notices they're wrong and turns them back the right way. Your toddler will begin to enjoy playing "silly" games.</p>	<p>Give your toddler some of your old clothes (hats, shirts, scarves, purses, necklaces, sunglasses) to use for dress up. Make sure your toddler sees herself in the mirror. Ask her to tell you who is all dressed up.</p>	<p>Use plastic farm animals or stuffed animals to tell the Old McDonald story. Use sound effects!</p>
<p>Make grocery sack blocks by filling large paper grocery sacks about half full with shredded or crumpled newspaper. Fold the top of the sack over and tape it shut. Your toddler will enjoy tearing and crumpling the paper and stuffing the sacks. The blocks are great for stacking and building. Avoid newsprint contact with mouth. Wash hands after this activity.</p>	<p>"Dress up" clothes offer extra practice for putting on and taking off shirts, pants, shoes, and socks. Toddlers can fasten big zippers and buttons.</p>	<p>Put small containers, spoons, measuring cups, funnels, a bucket, shovels, and a colander into a sandbox. Don't forget to include cars and trucks to drive on sand roads.</p>	<p>Rhymes and songs with actions are popular at this age. "Itsy-Bitsy Spider," "I'm a Little Teapot," and "Where Is Thumbkin?" are usual favorites. Make up your own using your toddler's name in the song.</p>	<p>Make your own playdough by mixing 2 cups flour and 3/4 cup salt. Add 1/2 cup water and 2 tablespoons salad oil. Knead well until it's smooth; add food coloring, and knead until color is fully blended. Toddlers will love squishing, squeezing, and pounding the dough.</p>
<p>Playing beside or around other children the same age is fun but usually requires adult supervision. Trips to the park are good ways to begin practicing interacting with other children.</p>	<p>Play the "show me" game when looking at books. Ask your toddler to find an object in a picture. Take turns. Let your toddler ask you to find an object in a picture. Let him turn the pages.</p>	<p>Add a few Ping-Pong balls to your toddler's bath toys. Play a "pop up" game by showing your toddler how balls pop back up after holding them under the water and letting go.</p>	<p>Clean plastic containers with push or screw-on lids are great places to "hide" a favorite object or treat. Toddlers will practice pulling and twisting them to solve the "problem" of getting the object. Watch to see if your toddler asks you to help.</p>	<p>Make a book by pasting different textures on each page. Materials such as sandpaper, feathers, cotton balls, nylon, silk, and buttons lend themselves to words such as <i>rough</i>, <i>smooth</i>, <i>hard</i>, and <i>soft</i>.</p>

## Activities for Children 24-30 Months Old



<p>Add actions to your child's favorite nursery rhymes. Easy action rhymes include "Here We Go 'Round the Mulberry Bush," "Jack Be Nimble," "This Is the Way We Wash Our Clothes," "Ring Around the Rosy," and "London Bridge."</p>	<p>Play Target Toss with a large bucket or box and bean bags or balls. Help your child count how many she gets in the target. A ball of yarn or rolled-up socks also work well for an indoor target game.</p>	<p>Wrap tape around one end of a piece of yarn to make it stiff like a needle and put a large knot at the other end. Have your child string large elbow macaroni, buttons, spoons, or beads. Make an edible necklace out of Cheerios.</p>	<p>Children at this age love outings. One special outing can be going to the library. The librarian can help you find appropriate books. Make a special time for reading (like bedtime stories).</p>	<p>Play a jumping game when you take a walk by jumping over the cracks in the sidewalk. You may have to hold your child and help him jump over at first.</p>
<p>Take time to draw with your child when she wants to get out paper and crayons. Draw large shapes and let your child color them in. Take turns.</p>	<p>During sandbox play, try wetting some of the sand. Show your child how to pack the container with the wet sand and turn it over to make sand structures or cakes.</p>	<p>Add an old catalog or two to your child's library. It's a good "picture" book for naming common objects.</p>	<p>Give your child soap, a washcloth, and a dishpan of water. Let your child wash a "dirty" doll, toy dishes, or doll clothes. It's good practice for hand washing and drying.</p>	<p>Make "sound" containers using plastic Easter eggs or pantyhose eggs. Fill eggs with noisy objects like sand, beans, or rice and tape the eggs shut. Have two eggs for each sound. Help your child match sounds and put them back in an egg carton together.</p>
<p>Show your child how to make snakes or balls or how to roll out pancakes with a small rolling pin using playdough. Use large cookie cutters to make new playdough shapes.</p>	<p>Children at this age love to pretend and really enjoy it when you can pretend with them. Pretend you are different animals, like a dog or cat. Make animal sounds and actions. Let your child be the pet owner who pets and feeds you.</p>	<p>Your child will begin to be able to make choices. Help him choose what to wear each day by giving a choice between two pairs of socks, two shirts, and so forth. Give choices at other times like snack or mealtime (two kinds of drink, cracker, etc.).</p>	<p>Enhance listening skills by playing compact discs or cassettes with both slow and fast music. Songs with speed changes are great. Show your child how to move fast or slow with the music. (You might find children's cassettes at your local library.)</p>	<p>Children can find endless uses for boxes. A box big enough for your child to fit in can become a car. An appliance box with holes cut for windows and a door can become your child's playhouse. Decorating the boxes with crayons, markers, or paints can be a fun activity to do together.</p>
<p>Play "Follow the Leader." Walk on tiptoes, walk backward, and walk slow or fast with big steps and little steps.</p>	<p>Try a new twist to fingerpainting. Use whipping cream on a washable surface (cookie sheet, Formica table). Help your child spread it around and draw pictures with your fingers. Add food coloring to give it some color.</p>	<p>Action is an important part of a child's life. Play a game with a ball where you give directions and your child does the actions, such as "Roll the ball." Kick, throw, push, bounce, and catch are other good actions. Take turns giving the directions.</p>	<p>Make an obstacle course using chairs, pillows, or large cartons. Tell your child to crawl over, under, through, behind, in front of, or between the objects. Be careful arranging so that the pieces won't tip and hurt your child.</p>	<p>Collect little and big things (balls, blocks, plates). Show and describe (big/little) the objects. Ask your child to give you a big ball, then all of the big balls. Do the same for little. Another big/little game is making yourself big by stretching your arms up high and making yourself little by squatting down.</p>

## Activities for Children 30 - 36 Months Old



<p>Tell or read a familiar story and pause frequently to leave out a word, asking your child to "fill it in." For example, Little Red Riding Hood said, "Grandmother, what big _____ you have."</p>	<p>Teach somersaults by doing one yourself first. Then help your child do one. Let her try it alone. Make sure furniture is out of the way. You may want to put some pillows on the floor for safety.</p>	<p>Give a cup to your child. Use bits of cereal or fruit and place one in your child's cup ("one for you") and one in your cup ("one for me"). Take turns. Dump out your child's cup and help count the pieces. This is good practice for early math skills.</p>	<p>Put an old blanket over a table to make a tent or house. Pack a "picnic" sack for your camper. Have your child take along a pillow on the "camp out" for a nap. Flashlights are especially fun.</p>	<p>Get a piece of butcher paper large enough for your child to lie on. Draw around your child's body to make an outline. Don't forget fingers and toes. Talk about body parts and print the words on the paper. Let your child color the poster. Hang the poster on a wall in your child's room.</p>
<p>Children at this age may be interested in creating art in different ways. Try cutting a potato in half and carving a simple shape or design for your child to dip in paint and then stamp onto paper.</p>	<p>Add water to tempera paint to make it runny. Drop some paint on a paper and blow through a straw to move the paint around the paper, or fill an old roll-on deodorant bottle with watered-down paint. Your child can roll color onto the paper.</p>	<p>A good activity to learn location words is to build roads and bridges with blocks. Use toy cars to go on the road, under or over a bridge, between the houses, and so forth.</p>	<p>Trace around simple objects with your child. Use cups of different sizes, blocks, or your child's and your hands. Using felt-tip markers or crayons of different colors makes it even more fun.</p>	<p>Have your child help you set the table. First, have your child place the plates, then cups, and then napkins. By placing one at each place, he will learn one-to-one correspondence. Show your child where the utensils should be placed.</p>
<p>Collect empty boxes (cereal, TV dinners, egg cartons) and help your child set up her own grocery store.</p>	<p>Help your child learn new words to describe objects in everyday conversations. Describe by color, size, and shape (the blue cup, the big ball). Also, describe how things move (a car goes fast, a turtle moves slowly) and how they feel (ice cream is cold, soup is hot).</p>	<p>Make your own puzzles by cutting out magazine pictures of whole people. Have your child help glue pictures onto cardboard. Cut pictures into three pieces by cutting curvy lines. Head, trunk, and legs make good pieces for your child to put together.</p>	<p>Dribble different colors of paint in the middle or on one side of a paper. Fold the paper in half. Let your child open the paper to see the design it makes.</p>	<p>A good game for trips in the car is to play a matching game with a set of Old Maid cards. Place a few different cards in front of your child. Give him a card that matches one displayed and ask him to find the card like the one you gave him.</p>
<p>Cut pictures out of magazines to make two groups such as dogs, food, toys, or clothes. Have two boxes ready and put a picture of a dog in one and of food in the other. Have your child put additional pictures in the right box, helping her learn about categories.</p>	<p>Cut a stiff paper plate to make a hand paddle and show your child how to use it to hit a balloon. See how long your child can keep the balloon in the air or how many times he can hit it back to you. This activity helps develop large body and eye-hand coordination. Always carefully supervise when playing with balloons.</p>	<p>To improve coordination and balance, show your child the "bear walk" by walking on hands and feet, keeping the legs and arms straight. Try the "rabbit hop" by crouching down and then jumping forward.</p>	<p>Encourage your child to try the "elephant walk," bending forward at the waist and letting your arms (hands clasped together) swing freely while taking slow and heavy steps. This is great to do with music.</p>	<p>Make a poster of your child's favorite things using pictures from old magazines. Use safety scissors and paste or a glue stick to allow your child to do it independently, yet safely.</p>

## Activities for Children 36 - 48 Months Old



<p>Make a book "about me" for your child. Save family pictures, leaves, magazine pictures of a favorite food, and drawings your child makes. Put them in a photo album, or glue onto sheets of paper and staple together to make a book.</p>	<p>Make a bird feeder using peanut butter and bird seed. Help your child find a pine cone or a piece of wood to spread peanut butter on. Roll in or sprinkle with seeds and hang in a tree or outside a window. While your child watches the birds, ask her about the number, size, and color of the different birds that visit.</p>	<p>Grow a plant. Choose seeds that sprout quickly (beans or peas), and together with your child place the seeds in a paper cup, filling almost to the top with dirt. Place the seeds 1/2 inch under the soil. Put the cup on a sunny windowsill and encourage your child to water and watch the plant grow.</p>	<p>Before bedtime, look at a magazine or children's book together. Ask your child to point to pictures as you name them, such as "Where is the truck?" Be silly and ask him to point with an elbow or foot. Ask him to show you something that is round or something that goes fast.</p>	<p>Play a matching game. Make two sets of 10 or more pictures. You can use pictures from two copies of the same magazine or a deck of playing cards. Lay the pictures face up and ask your child to find two that are the same. Start with two picture sets and gradually add more.</p>
<p>While cooking or eating dinner, play the "more or less" game with your child. Ask who has more potatoes and who has less. Try this using same-size glasses or cups, filled with juice or milk.</p>	<p>Cut out some large paper circles and show them to your child. Talk with your child about things in her world that are "round" (a ball, the moon). Cut the circle in half, and ask her if she can make it round again. Next, cut the circle into three pieces, and so forth.</p>	<p>During bath time, play Simon Says to teach your child names of body parts. First, you can be "Simon" and help your child wash the part of his body that "Simon says." Let your child have a turn to be "Simon," too. Be sure to name each body part as it is washed and give your child a chance to wash himself.</p>	<p>Talk about the number 3. Read stories that have 3 in them (The Three Billy Goats Gruff, Three Little Pigs, The Three Bears). Encourage your child to count to 3 using similar objects (rocks, cards, blocks). Talk about being 3 years old. After your child gets the idea, move up to the numbers 4, 5, and so forth as long as your child is interested.</p>	<p>Put out several objects that are familiar to your child (brush, coat, banana, spoon, book). Ask your child to show you which one you can eat or which one you wear outside. Help your child put the objects in groups that go together, such as "things that we eat" and "things that we wear."</p>
<p>When your child is getting dressed, encourage her to practice with buttons and zippers. Play a game of Peekaboo to show her how buttons go through the holes. Pretend the zipper is a choo-choo train going "up and down" the track.</p>	<p>Practice following directions. Play a silly game where you ask your child to do two or three fun or unusual things in a row. For example, ask him to "Touch your elbow and then run in a circle" or "Find a book and put it on your head."</p>	<p>Encourage your child's "sharing skills" by making a play corner in your home. Include only two children to start (a brother, sister, or friend) and have a few of the same type of toys available so that the children don't have to share all of the time. Puppets or blocks are good because they encourage playing together. If needed, use an egg or oven timer with a bell to allow the children equal time with the toys.</p>	<p>Listen for sounds. Find a cozy spot, and sit with your child. Listen and identify all of the sounds that you hear. Ask your child if it is a loud or soft sound. Try this activity inside and outside your home.</p>	<p>Make an adventure path outside. Use a garden hose, rope, or piece of chalk and make a "path" that goes under the bench, around the tree, and along the wall. Walk your child through the path first, using these words. After she can do it, make a new path or have your child make a path.</p>
<p>Find large pieces of paper or cardboard for your child to draw on. Using crayons, pencils, or markers, play a drawing game where you follow his lead by copying exactly what he draws. Next, encourage your child to copy your drawings, such as circles or straight lines.</p>	<p>When reading or telling a familiar story for bedtime, stop and leave out a word. Wait for your child to "fill in the blank."</p>	<p>Make a necklace you can eat by stringing Cheerios or Froot Loops on a piece of yarn or string. Wrap a short piece of tape around the end of the string to make a firm tip for stringing.</p>	<p>Listen and dance to music with your child. You can stop the music for a moment and play the "freeze" game, where everyone "freezes," or stands perfectly still, until you start the music again. Try to "freeze" in unusual positions for fun.</p>	<p>Make long scarves out of fabric scraps, old dresses, or old shirts by tearing or cutting long pieces. Use material that is lightweight. Hold on to the edge of the scarf, twirl around, run, and jump.</p>

## Activities for Children 48 - 60 Months Old



<p>Play the "who, what, and where" game. Ask your child who works in a school, what is in a school, and where is the school. Expand on your child's answers by asking more questions. Ask about other topics, like the library, bus stop, or post office.</p>	<p>When you are setting the table for a meal, play the "what doesn't belong" game. Add a small toy or other object next to the plate and eating utensils. Ask your child if she can tell you what doesn't belong here. You can try this game any time of the day. For example, while brushing your child's hair, set out a brush, barrette, comb, and a ball.</p>	<p>Let your child help prepare a picnic. Show him what he can use for the picnic (bread, peanut butter, and apples). Lay out sandwich bags and a lunch box, basket, or large paper bag. Then go have fun on the picnic.</p>	<p>On a rainy day, pretend to open a shoe store. Use old shoes, paper, pencils, and a chair to sit down and try on shoes. You can be the customer. Encourage your child to "write" your order down. Then she can take a turn being the customer and practice trying on and buying shoes.</p>	<p>Play the "guess what will happen" game to encourage your child's problem-solving and thinking skills. For example, during bath time, ask your child, "What do you think will happen if I turn on the hot and cold water at the same time?" or "What would happen if I stacked the blocks to the top of the ceiling?"</p>
<p>Play "bucket hoops." Have your child stand about 6 feet away and throw a medium-size ball at a large bucket or trash can. For fun outdoors on a summer day, fill the bucket with water.</p>	<p>Write your child's name often. When your child finishes drawing a picture, be sure to put his name on it and say the letters as you write them. If your child is interested, encourage him to name and/or to copy the letters. Point out the letters in your child's name throughout the day on cereal boxes, sign boards, and books.</p>	<p>Invite your child to play a counting game. Using a large piece of paper, make a simple game board with a straight path. Use dice to determine the count. Count with your child, and encourage her to hop the game piece to each square, counting each time the piece touches down.</p>	<p>Make a person with playdough or clay using sticks, buttons, toothpicks, beads, and any other small items. Start with a playdough (or clay) head and body and use the objects for arms, legs, and eyes. Ask your child questions about his person.</p>	<p>Encourage your child to learn her full name, address, and telephone number. Make it into a singing or rhyming game for fun. Ask your child to repeat it back to you when you are riding in the car or on the bus.</p>
<p>Cut out three small, three medium, and three large circles. Color each set of circles a different color (or use colored paper for each). Your child can sort the circles by color or by size. You can also ask your child about the different sizes. For example, ask your child, "Which one is smallest?" Try this game using buttons removed from an old shirt.</p>	<p>Go on a walk and pick up things you find. Bring the items home and help your child sort them into groups. For example, groups can include rocks, paper, or leaves. Encourage your child to start a collection of special things. Find a box or special place where he can display the collection.</p>	<p>Play a picture guessing game. Cover a picture in a familiar book with a sheet of paper and uncover a little at a time until your child has guessed the picture.</p>	<p>Let your child help you prepare a meal. She can spread peanut butter and jelly, peel a banana, cut with a butter knife, pour cereal, and add milk (using a small container). Never give her a task involving the stove or oven without careful supervision.</p>	<p>"Write" and mail a letter to a friend or relative. Provide your child with paper, crayons or pencil, and an envelope. Let your child draw, scribble, or write; or he can tell you what to write down. When your child is finished, let him fold the letter to fit in the envelope, lick, and seal. You can write the address on the front. Be sure to let him decorate the envelope as well. After he has put the stamp on, help mail the letter.</p>
<p>Play "circus." Find old, colorful clothes and help your child put on a circus show. Provide a rope on the ground for the high wire act, a sturdy box to stand on to announce the acts, fun objects for a magic act, and stuffed animals for the show. Encourage your child's imagination and creativity in planning the show. Don't forget to clap.</p>	<p>Take a pack of playing cards and choose four or five matching sets. Lay the cards out face up, and help your child to find the pairs. Talk about what makes the pairs of cards the "same" and "different."</p>	<p>Make bubbles. Use <math>\frac{1}{4}</math> cup dishwashing liquid (Dawn or Joy works best) and <math>2\frac{3}{4}</math> cups water. Use straws to blow bubbles on a cookie sheet. Or make a wand by stringing two pieces of a drinking straw onto a string or piece of yarn. Tie the ends of the string together to make a circle. Holding onto the straw pieces, dip the string in the bubble mixture. Pull it out and gently move forward or backward. You should see lovely, big bubbles.</p>	<p>Make a bean bag to catch and throw. Fill the toe of an old sock or pantyhose with <math>\frac{3}{4}</math> cup dry beans. Sew the remaining side or tie off with a rubber band. Play "hot potato" or simply play catch. Encourage your child to throw the ball overhand and underhand.</p>	<p>Pretend to be an animal. Encourage your child to use her imagination and become a kitty. You can ask, "What do kitties like to eat?" or "Where do kitties live?" Play along, and see how far the game can go.</p>

## Activities for Children 60 - 66 Months Old



<p>Make a nature collage. Collect leaves, pebbles, and small sticks from outside and glue them on a piece of cardboard or stiff paper. (Cereal and cracker boxes can be cut up and used as cardboard.)</p>	<p>Practice writing first names of friends, toys, and relatives. Your child may need to trace the letters of these names at first. Be sure to write in large print letters.</p>	<p>Encourage dramatic play. Help your child act out his favorite nursery rhyme, cartoon, or story. Use large, old clothes for costumes.</p>	<p>Play simple ball games such as kickball. Use a large (8"-12") ball, and slowly roll it toward your child. See if your child can kick the ball and run to "first base."</p>	<p>When reading stories to your child, let her make up the ending, or retell favorite stories with "silly" new endings that she makes up.</p>
<p>Let your child help you with simple cooking tasks such as mashing potatoes, making cheese sandwiches, and fixing a bowl of cereal. Afterward, see if he can tell you the order that you followed to cook and mash the potatoes or to get the bread out of the cupboard and put the cheese on it. Supervise carefully when your child is near a hot stove.</p>	<p>Play "20 Questions." Think of an animal. Let your child ask 20 yes/no questions about the animal until she guesses what animal it is. (You may need to help your child to ask yes/no questions at first.) Now let your child choose an animal and you ask the 20 questions. You can also use other categories such as food, toys, and people.</p>	<p>You can play "license plate count-up" in the car or on the bus. Look for a license plate that contains the number 1. Then try to find other plates with 2, 3, 4, and so forth, up to 10. When your child can play "count-up," play "count-down," starting with the number 9, then 8, 7, 6, and so forth, down to 1.</p>	<p>Practice pretend play or pantomime. Here are some things to act out: 1) eating hot pizza with stringy cheese; 2) winning a race; 3) finding a giant spider; 4) walking in thick, sticky mud; and 5) making footprints in wet sand.</p>	<p>Make a simple concentration game with two or three pairs of duplicate playing cards (two king of hearts), or make your own cards out of duplicate pictures or magazine ads. Start with two or three pairs of cards. Turn them face down and mix them up. Let your child turn two cards over to see if they match. If they don't, turn the cards face down again. You can gradually increase to playing with more pairs of cards.</p>
<p>Make an obstacle course either inside or outside your home. You can use cardboard boxes for jumping over or climbing through, broomsticks for laying between chairs for "limbo" (going under), and pillows for walking around. Let your child help lay out the course. After a couple of practice tries, have him complete the obstacle course as quickly as possible. Then try hopping or jumping the course.</p>	<p>After washing hands, practice writing letters and numbers in pudding or thinned mashed potatoes spread on a cookie sheet or cutting board. Licking fingers is allowed!</p>	<p>Play mystery sock. Put a common household item in a sock. Tie off the top of the sock. Have your child feel the sock and guess what is inside. Take turns guessing what's inside.</p>	<p>Make color rhymes. Take turns rhyming a color and a word: blue, shoe; red, bed; yellow, fellow. You can also rhyme with names (Dad, sad; Jack, sack). Take turns with the rhyming.</p>	<p>Make an "I can read" poster. Cut out names your child can read—fast-food restaurant names, names from cereal cartons, and other foods. You can write your child's name, names of relatives, and names of friends on pieces of paper and put them on the poster. Add to the poster as your child learns to read more names.</p>
<p>Play "what doesn't belong?" Let your child find the word that doesn't belong in a list of six or seven spoken words. The one that doesn't belong can be the word that doesn't rhyme or the word that is from a different category. Some examples are 1) fly, try, by, coat, sigh, my; 2) Sam, is, ram, am, spam, ham; 3) red, orange, purple, green, yellow, beetle; 4) spoon, fork, shirt, pan, spatula, knife. Have your child give three to four words with one that doesn't belong.</p>	<p>Play the "memory" game. Put five or six familiar objects on a table. Have your child close her eyes. Remove one object, and rearrange the rest. Ask your child which object is missing. Take turns finding the missing object.</p>	<p>Make puppets out of ice cream sticks, paper bags, socks, or egg carton cups. Decorate the puppets with yarn, pens, buttons, and colored paper. Make a puppet stage by turning a coffee table or card table on its side. Be the audience while your child crouches behind the table and puts on a puppet show.</p>	<p>Play the old shell game. Get four cups or glasses that you cannot see through. Find a small ball, object, or edible item such as a raisin or cracker that fits under the cups. Have your child watch as you place the object under one of the cups and move all of the cups around. Have your child try to remember which cup the object is under. Have your child take a turn moving the objects while you guess.</p>	<p>Play "mystery sound." Select household items that make distinct sounds such as a clock, cereal box, metal lid (placed on a pan), and potato chip bag. Put a blindfold on your child and have him try to guess which object made the sound. Take turns with your child.</p>



Ages & Stages  
Questionnaires®

THIRD EDITION

# What Is ASQ-3™?

ASQ-3 is a set of questionnaires about children's development. It has been used for more than 20 years to make sure children are developing well. It is called a screener because it looks at how children are doing in important areas, such as speech, physical ability, social skills, and problem-solving skills. ASQ-3 can help identify your child's strengths as well as any areas where your child may need support.

As a parent or caregiver, you are the best source of information about your child. That's why ASQ-3 questionnaires are designed to be filled out by you. You will only need 10–15 minutes. It's that quick and easy. Here's how ASQ-3 works:

- You will answer each question "yes," "sometimes," or "not yet," based on what your child is able to do now. Your answers help show your child's strengths and areas where he or she may need practice.
- To answer each question, you can try fun and simple activities with your child. These activities encourage your child to play, move around, and practice day-to-day skills.
- After you complete the questionnaire, a professional will share the results with you.

If your child is developing without concerns, there is nothing more you will need to do. You may try the next ASQ-3 age level as your child grows and learns new skills. There are 21 questionnaires that you can use with children from 1 month to 5½ years old. If your child has trouble with some skills, your program will help you with next steps. Finding delays or problems as early as possible supports young children's healthy development.

You are an active partner in your child's learning and development. By completing ASQ-3 questionnaires, you are making sure your child is off to the best possible start!

To find out more, please talk to your health care or education professional, or visit  
[www.agesandstages.com](http://www.agesandstages.com).

Place  
Postage  
Here

Place mail-out label here

---

Fold here and tape at the top and sides



# Ages & Stages Questionnaires®

## Parent Conference Sheet

Child's name: \_\_\_\_\_

Date of conference: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent(s) or caregiver(s): \_\_\_\_\_

Date ASQ completed: \_\_\_\_\_

Person conducting conference: \_\_\_\_\_

Child's age at screening (months/days): \_\_\_\_\_

Others at conference: \_\_\_\_\_

ASQ questionnaire administered: \_\_\_\_\_

**CONFERENCE GOALS:** The goal of this conference is to share results of ASQ with you and provide an opportunity to discuss your child's development. Please let us know if you have additional goals for this meeting.

**CHILD'S STRENGTHS:** We will discuss your child's areas of strength identified through ASQ and shared by you and other team members.

**AREAS OF CONCERN:** We will discuss areas of concern identified through ASQ, including Overall items, and additional developmental or behavioral concerns that you and other team members may have.

**FOLLOW-UP ACTION TAKEN:** We will discuss the next steps (marked below) that we are suggesting based on your child's ASQ.

- Try the developmental activities provided and look forward to receiving another ASQ to complete in \_\_\_\_\_ months.
- We will share your child's ASQ results with the primary health care provider.
- We recommend that your child be referred for (circle all that apply) hearing, vision, and/or behavioral screening.
- We recommend that your child be referred to the primary health care provider or another community agency for the following reason: \_\_\_\_\_.
- We recommend that your child be referred to early intervention/early childhood special education for further assessment.
- No further action is needed at this time.
- Other: \_\_\_\_\_

### NOTES:



## Child Monitoring Sheet

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Child ID #: \_\_\_\_\_

Instructions: You may use this form to track a child's ASQ screening results over time. Write the date the ASQ was administered and questionnaire month at the top of each column. Fill in the bubble that corresponds with the score for each developmental area (refer to the completed ASQ-3 Information Summary). If a score is above the monitoring zone, mark the bubble for "Well Above." If a score is within the monitoring zone but above the cutoff, mark "Monitor." If a score is at or below the cutoff, mark "Below." Also mark whether there were items of concern in the Overall section for each questionnaire (bolded uppercase on the ASQ-3 Information Summary).

|                  |            | Date given _____<br>____ Month ASQ |
|------------------|------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Communication    | Well above | <input type="radio"/>              |
|                  | Monitor    | <input type="radio"/>              |
|                  | Below      | <input checked="" type="radio"/>   |
| Gross Motor      | Well above | <input type="radio"/>              |
|                  | Monitor    | <input type="radio"/>              |
|                  | Below      | <input checked="" type="radio"/>   |
| Fine Motor       | Well above | <input type="radio"/>              |
|                  | Monitor    | <input type="radio"/>              |
|                  | Below      | <input checked="" type="radio"/>   |
| Problem Solving  | Well above | <input type="radio"/>              |
|                  | Monitor    | <input type="radio"/>              |
|                  | Below      | <input checked="" type="radio"/>   |
| Personal-Social  | Well above | <input type="radio"/>              |
|                  | Monitor    | <input type="radio"/>              |
|                  | Below      | <input checked="" type="radio"/>   |
| Overall concerns | Yes        | <input type="radio"/>              |
|                  | No         | <input type="radio"/>              |

# About the ASQ-3™



*Ages & Stages Questionnaires®, Third Edition (ASQ-3™)*, is designed to screen young children for developmental delays—that is, to identify those children who are in need of further evaluation and those who appear to be developing typically. The ASQ-3 has 21 questionnaires to use to assist with the screening and monitoring of children with possible developmental delays from 1 month to 5½ years of age.

The ASQ-3 box is designed to support broad use of the ASQ-3 system. The questionnaires and key forms are included as photocopiable print masters in the box and printable PDF masters on this CD-ROM. The keycode located under the box flap enables access to online questionnaires in the ASQ Online system for subscribers. (See About Your ASQ Keycode on p. 10 of the ASQ-3 Product Overview in the ASQ-3 box for more information.) In addition to the contents listed below, the box can accommodate a copy of the *ASQ-3™ User's Guide* and the *ASQ-3™ Quick Start Guide*.

The ASQ-3 box contains the following items:

- ASQ-3 Product Overview
- Paper questionnaire masters in tabbed dividers
- PDF questionnaire masters on CD-ROM
- An access keycode for the ASQ Online system (on the sticker on the underside of the flap)
- Information about using your keycode (see p. 10 of the ASQ-3 Product Overview)

A styrofoam block is packed in the ASQ-3 box to help prevent crushing during shipping. If you also have purchased the *ASQ-3™ User's Guide* and/or the *ASQ-3™ Quick Start Guide*, you may store them in the ASQ-3 box if you wish. Simply remove the styrofoam block from the ASQ-3 box to create space.

## ASQ-3 QUESTIONNAIRES

*Ages & Stages Questionnaires®, Third Edition*, are intended to be photocopied or printed from hard-copy or PDF masters in the course of service provision to families. (Please see the End User License Agreement that you agreed to when you accessed the files on this CD-ROM, as well as the Photocopying Release on p. 5 of the ASQ-3 Product Overview and the FAQs on pp. 6–9 of the ASQ-3 Product Overview, for detailed information about permitted uses of the ASQ-3.) The questionnaires can be mailed to parents and completed in the home environment; completed with the assistance of a nurse, social worker, or other professional on a home visit or during a telephone interview; completed by parents at a medical clinic prior to a well-child checkup; or completed by a child's regular caregiver at a child care center. When a program or center has an online subscription (see [www.agesandstages.com](http://www.agesandstages.com) for details), professionals can also offer parents the option to complete the questionnaires electronically through the ASQ Family Access web site at home, wherever they access the Internet, or online at the center or office's computer.

ASQ-3 is available in English and Spanish. At the time of this printing, French and Korean translations are available for the second edition of the ASQ. For updated information on translations, please visit [www.agesandstages.com](http://www.agesandstages.com).

Each questionnaire contains 30 questions, grouped by developmental area, about a child's everyday activities. To promote readability and parental identification with the forms, questionnaire items are worded with alternating male and female pronouns; where possible, small illustrations are provided with the questionnaire items. Following these items, a section labeled "Overall" contains 4–10 questions about overall child development. These are intended to check for parental concerns about a child's hearing, vision, behavior, and so forth.

The family information sheet before each questionnaire in the tabbed sections of the box and on this CD-ROM gathers basic demographic data that are essential for maintaining contact with families and that are key in setting up child records in the ASQ online management system. It contains a space in the upper right-hand corner where a program logo or agency contact information may be placed so that it will appear on all duplicated questionnaires. If the questionnaires are to be used in mail-back format, the address of the program should be placed on the mailing sheet for easy return by parents. Programs should ensure that parents fill out the family information sheet completely.

The ASQ-3 Information Summary sheets contain spaces for programs to record total scores in each developmental area, with a grid showing whether the scores fall above or below the cut-off or within the monitoring zone. The sheets also have space to compile responses to the overall questions, an area for recording follow-up decisions, and a chart to record item responses for quick reference. The summary sheets help programs record screening data and decisions and are not generally intended for use by families.

Because a screening tool is brief, mistakes may occur; children may be referred for further assessment who do not have delays, and children with delays may not be identified as needing further assessment. Thus, results from the ASQ-3 do not identify which children have delays and which ones do not. Rather, the results suggest which children should be referred for further assessment and which ones appear to be developing typically. Because serial or sequential monitoring has been shown to be more effective than one-time screenings, completing the questionnaires at regular intervals as a child develops may prove to be more effective and cost efficient than one-time screening programs conducted by professionals. In addition, the ASQ-3 involves parents as screeners of their young child's development and may enhance parents' knowledge of their child's developmental status while involving them as partners in the screening process.

No one questionnaire or screening tool will be culturally appropriate for all children and families. Modifications may need to be made, such as translating certain phrases into a native language and substituting items with ones the parents may have at home (e.g., using matzos for crackers; using flat stones for blocks). Some items may have to be omitted altogether if they are unsuitable for a family.

If parents cannot read the language of the questionnaires at a fourth- to sixth-grade level, someone can read the items aloud and help parents to complete the questionnaires. There are, however, some parents who may not answer the questionnaires accurately. Parents with limited cognitive abilities and those abusing alcohol or other drugs are examples of parents who may have difficulty. Other professionally administered screening tools may be more appropriate for children in these families.

## THE ASQ PRODUCT FAMILY

In addition to the ASQ-3 questionnaires you have purchased, the ASQ system includes a dedicated social-emotional screener and a range of materials and components designed to support

successful screening. (Ordering information for ASQ products is provided on the order form included on this CD-ROM and in the ASQ-3 box as well as at [www.agesandstages.com](http://www.agesandstages.com) and [www.brookespublishing.com](http://www.brookespublishing.com).) Users may also visit [www.agesandstages.com](http://www.agesandstages.com) to find current information about the entire ASQ product family, including news and updates, answers to frequently asked questions, basic training, and other features designed to support use.

## ASQ:SE Questionnaires

The *Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE)*—available in both English and Spanish—are meant to be used in conjunction with a general developmental tool (like ASQ-3) that assesses cognitive, communicative, and motor development. ASQ:SE helps identify the need for further social-emotional behavior assessment in children at eight age intervals: 6, 12, 18, 24, 30, 36, 48, and 60 months. These eight ASQ:SE questionnaires each address seven behavioral areas: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people.

Like the ASQ-3 questionnaires box, the ASQ:SE questionnaires box includes photocopiable print masters of each questionnaire as well as printable PDF masters on a CD-ROM. The ASQ:SE CD-ROM also contains the ASQ:SE social-emotional development activities. The DVD *ASQ:SE in Practice* explains in further detail how to use ASQ:SE questionnaires in a variety of settings and explains how to score and interpret questionnaire results.

## User's Guides

The *User's Guides* for ASQ-3 and ASQ:SE contain necessary information for using their respective screeners. Each *User's Guide* includes

- Procedures for planning a monitoring program, using and scoring the questionnaires, making referrals, and evaluating the monitoring program throughout implementation
- Useful sample letters and forms, in both English and Spanish
- Detailed technical data about the questionnaires, including information on validity, sensitivity, specificity, and overreferral and underreferral rates
- Suggested intervention activities for distribution to families
- Information on the development of ASQ products since 1979

## Quick Start Guide

With clear, simple directions and notes for implementing ASQ-3 with accuracy, the accessible *ASQ-3™ Quick Start Guide* is designed to help programs improve screening results. Developed in response to customer feedback, this inexpensive laminated guide provides key on-the-spot information as a quick reference when the *User's Guide* is not available.

## ASQ Online Management System

The ASQ system's online data management options enable cost-effective and secure recording, scoring, reporting, and tracking for your screening and monitoring program. Two subscription options—ASQ Pro for single-site programs and ASQ Enterprise for multisite programs—offer users automated scoring to improve data accuracy, communication features that help manage mailings, intervention activities for parents to do with their children to encourage development, and key child and program-level reports. For additional information or to subscribe, please visit [www.agesandstages.com](http://www.agesandstages.com), or contact Brookes Publishing at [custserv@brookespublishing.com](mailto:custserv@brookespublishing.com) or 1-800-638-3775.

## **ASQ Online Questionnaire Completion System**

ASQ Family Access enables parents and caregivers to complete ASQ-3 and ASQ:SE questionnaires online, which offers economies in administration for programs. Subscribers are given access to a secure web site customizable with their program logo and contact and resource information. Parents log in, and the easy-to-use application selects the appropriate questionnaire, guides parents through questionnaire items, and encourages their full completion.

ASQ Family Access integrates with ASQ Pro and ASQ Enterprise for scoring and data management. Because ASQ Family Access makes the questionnaires easy to complete, parents are likely to complete them promptly and accurately, resulting in earlier, more reliable identification of children with delays through the program's preferred screening and monitoring structure. For additional information or to subscribe, please visit [www.agesandstages.com](http://www.agesandstages.com), or contact Brookes Publishing at [custserv@brookespublishing.com](mailto:custserv@brookespublishing.com) or 1-800-638-3775.

## **Learning Activities**

The *Ages & Stages Learning Activities* book (available in English or Spanish) or CD-ROM (available in English) contains more than 300 inexpensive, developmentally appropriate activities, divided by age range and ASQ domain, that parents can use with their children. Professionals can photocopy or print out the 60 sheets of stimulating learning activities to share with parents to support their child's development and encourage parent-child interaction.

## **Materials Kit**

The optional *ASQ-3™ Materials Kit* gives users quick, convenient access to the items they may need during screening. Including more than 20 engaging toys, books, and other necessary items, the kit is designed to encourage a child's participation and support effective, accurate administration of the questionnaires. The materials in the *ASQ-3™ Materials Kit* are safe, durable, easy to clean, age appropriate, culturally sensitive, and gender neutral. The *ASQ-3™ Materials Kit* comes with a helpful booklet on how to use the kit with the questionnaires and a sturdy tote bag with zipper closure for convenient storage and travel. See [www.agesandstages.com](http://www.agesandstages.com) for a complete list of items in the kit.

## **Training Support**

The ASQ system includes three DVDs appropriate to support training of program staff. *The Ages & Stages Questionnaires® on a Home Visit* shows how to use the questionnaires in the home environment with families. *ASQ-3™ Scoring & Referral* explains how to score and interpret ASQ-3 questionnaire results. For ASQ:SE users, *ASQ:SE in Practice* gives an inside look at a home visitor using the social-emotional screener with the family of a 4-year-old boy.

The [www.agesandstages.com](http://www.agesandstages.com) web site will provide information about additional training materials for administrators and program staff as these materials are developed.

## **ASQ Seminars Through Brookes On Location**

Brookes Publishing's professional development program, Brookes On Location, offers customized training and regularly hosts an ASQ-3 and ASQ:SE Introductory Seminar and an ASQ-3 and ASQ:SE Training of Trainers. To learn more about these seminars, please see [www.brookesonlocation.com](http://www.brookesonlocation.com).

# About the Authors



**Jane Squires, Ph.D.**, Professor and Director, Center on Human Development/University Center for Excellence in Developmental Disabilities and the Early Intervention Program, University of Oregon, Eugene

Dr. Squires is a professor of special education, focusing on the field of early intervention/early childhood special education. She has directed several research studies on the *Ages & Stages Questionnaires®* and *Ages & Stages Questionnaires®: Social-Emotional* and has also directed national outreach training activities related to developmental screening and the involvement of parents in the monitoring of their child's development. She has investigated early identification of social-emotional disabilities in preschool children and a linked systems approach to improving social-emotional competence in young children. In addition, Dr. Squires directs master's and doctoral level personnel preparation program and teaches graduate classes on early intervention/special education.

**Diane Bricker, Ph.D.**, Professor Emerita and Former Director, Early Intervention Program, Center on Human Development, University of Oregon, Eugene

Dr. Bricker served as the director of the Early Intervention Program at the Center on Human Development, University of Oregon, from 1978 to 2004. She was a professor of special education, focusing on the fields of early intervention and communication. Dr. Bricker has been a primary author of the *Ages & Stages Questionnaires®* and directed research activities on the ASQ system starting in 1980. She has published extensively on assessment/evaluation and personnel preparation in early intervention.

**Elizabeth Twombly, M.S.**, Senior Research Assistant, Early Intervention Program, Center on Human Development, University of Oregon, Eugene

Ms. Twombly is a senior research assistant at the Early Intervention Program, Center on Human Development, University of Oregon. For the past 20 years, she has been involved in ongoing research studies on the *Ages & Stages Questionnaires®* (including the renorming for the third edition of the ASQ) and the *Ages & Stages Questionnaires®: Social Emotional (ASQ:SE)*. Ms. Twombly has provided training and technical assistance nationally, and in other countries, on the use of ASQ and ASQ:SE in social service, educational, health, and medical settings. Her areas of interest and research include the involvement of parents in early childhood and early intervention systems, cultural considerations in assessment and intervention, infant mental health, and systems of care for substance-exposed newborns.

**Robert Nickel, M.D.**, Professor of Pediatrics, Department of Pediatrics, and Medical Director, Child Development and Rehabilitation Center, Oregon Health & Science University, Eugene

Dr. Nickel is an associate professor of pediatrics in the Department of Pediatrics and at the Child Development and Rehabilitation Center (CDRC), Oregon Health & Science University, and he is the medical director of the Eugene office at CDRC. He has been instrumental in the production of materials related to developmental monitoring activities, including the Infant Motor Screen (screen test/manual and videotape) and Developmental Screening for Infants 0–3 Years of Age (manual and videotape), part of a training program for primary health care professionals. As a developmental pediatrician, he attends a number of clinics for children with special health care needs in the Portland and Eugene CDRC offices and at outreach sites.

**Jantina Clifford, Ph.D.**, Assistant Professor, Early Intervention Program, Center on Human Development, University of Oregon, Eugene

Dr. Clifford is an assistant professor at the University of Oregon Early Intervention Program, where she teaches graduate courses in early intervention/early childhood special education. In addition to teaching at the university level, Dr. Clifford provides training internationally on the *Ages & Stages Questionnaires®* and the *Ages & Stages Questionnaires®: Social-Emotional*. Her professional interests include personnel preparation, the development and evaluation of early childhood assessment measures, and issues pertaining to the healthy development of internationally adopted children and support for their families. Prior to the pursuit of her doctoral degree, Dr. Clifford served as an early childhood educator for 8 years.

**Kimberly Murphy**, Education Program Assistant, Early Intervention Program, Center on Human Development, University of Oregon, Eugene

Ms. Murphy has coordinated several research studies involving both the *Ages & Stages Questionnaires® (ASQ)* and the *Ages & Stages Questionnaires®: Social-Emotional*. Her recent contributions include coordination of data recruiting, collection, and analyses for the renorming study for the third edition of ASQ and serving as web content editor/coordinator of the web site designed for national ASQ data collection.

**Robert Hoselton**, Research Assistant, Early Intervention Program, Center on Human Development, University of Oregon, Eugene

Mr. Hoselton received a B.S. degree in computer science from the University of Oregon in 2004. He has been involved with several research studies on the *Ages & Stages Questionnaires®*. His most important contributions include data collection and analysis for technical reports. Mr. Hoselton designed and developed a web site and online applications used for national ASQ data collection.

**LaWanda Potter, M.S.**, Administrator and Program Manager, EC CARES, Lane County, Oregon

Ms. Potter is an administrator and program manager for EC CARES, an early intervention/early childhood special education (EI/ECSE) program in Oregon. She received her master's degree in child development and family studies from Purdue University. Ms. Potter has been involved with several research studies on the *Ages & Stages Questionnaires®*, including questionnaire revisions, data analysis, and documentation. She has also provided outreach training on the *Ages & Stages Questionnaires®* system across the United States. Ms. Potter is a co-developer of *The Ages & Stages Questionnaires® on a Home Visit DVD*. She continues to provide training to child care providers and EI/ECSE personnel on implementing the ASQ in programs.

**Linda Mounts, M.A.**, Infant Development Specialist, Regional Center of the East Bay, Oakland, California

Ms. Mounts is an infant development specialist and has worked for more than 30 years in clinical and research settings with infants and toddlers. While at the Center on Human Development at the University of Oregon, she assisted with development and research on the *Ages & Stages Questionnaires®*. Ms. Mounts is employed by the Regional Center of the East Bay in northern California, evaluating young children from birth to 3 years of age.

**Jane Farrell, M.S.**, Early Intervention/Early Childhood Special Education Specialist, EC CARES, Lane County, Oregon

Ms. Farrell provides direct services to young children, birth to 5 years of age, who are experiencing developmental delays or disabilities. Her varied roles include home visitor, parent/toddler group teacher, early childhood special education consultant, and individualized family service program coordinator. Ms. Farrell received her master's degree from the University of Oregon Early Intervention Program in 1992. She coordinated the first *Ages & Stages Questionnaires®* (ASQ) outreach project in the country, providing training and consultation on systematic use of the ASQ in 25 states. She then took a position as an early intervention specialist in Wiesbaden, Germany, where she participated on a team that developed a full range of early intervention services for the overseas military communities, including implementation of the ASQ as a Child Find and screening system. Ms. Farrell is a coauthor of *The Ages & Stages Questionnaires® on a Home Visit* training DVD and continues to provide ASQ training throughout the United States.

# ASQ Training



Brookes On Location (BOL) is a program that connects you with the experts behind Brookes books and products for seminars tailored to your organization's specific needs. Brookes offers you an outline of the seminar, and you determine the venue for the seminar and the professional development priorities for the participants.

After you contact BOL about arranging a seminar, Brookes shares your request with the speaker and makes recommendations that will help you meet the needs of your staff. BOL then coordinates with the speaker's schedule to find a date that works for both of you. Seminars range from a half-day to a whole week, depending on the subject and the needs of your staff. The speaker fee varies depending on the seminar subject and length and the number of participants. The total cost will include the speaker fee, the agent fee, and the speaker's travel expenses; selected seminars also have a book or materials requirement.

*Using ASQ-3 to Screen Young Children for Developmental Delays* is a one-day seminar developed around the content of ASQ-3 and the speaker's experiences in the field. Focusing on the themes and topics most important to you, the speaker will show your staff how to maximize their use of ASQ-3. The seminar addresses the ins and outs of using ASQ-3, from administering the questionnaires, tracking results, and scoring the questionnaires, to communicating screening results to families and considering the options for following up after questionnaires have been scored. Supplemented with case studies, video clips, role-plays, and hands-on activities, the speaker's instruction gives participants experience using ASQ-3 before going out into the field to work with families.

This seminar may be combined with instruction in ASQ:SE so that participants will be prepared to assess young children for social and emotional difficulties as well. "Training of trainers" sessions are available for participants interested in instructing colleagues and staff in the use of ASQ-3.

To schedule a seminar, email [seminars@brookespublishing.com](mailto:seminars@brookespublishing.com).

BOL also offers hosted seminars on ASQ-3 and ASQ:SE so that your staff can travel to a location and not only attend introductory and "training of trainers" seminars but also network with and learn from other ASQ-3 users from around the world.

To supplement your staff's education on ASQ-3, training videos are available for a fast, engaging introduction to ASQ-3 screening. These brief programs can be watched again and again as needed and include *The Ages & Stages Questionnaires® on a Home Visit* (see a home visitor guide a family through questionnaire completion) and *ASQ-3 Scoring and Referral* (learn how to convert parent responses into point values, compare results to the cutoff scores, and make referrals).

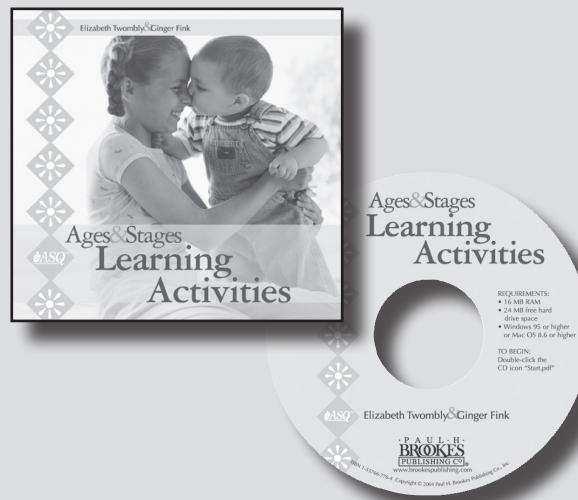
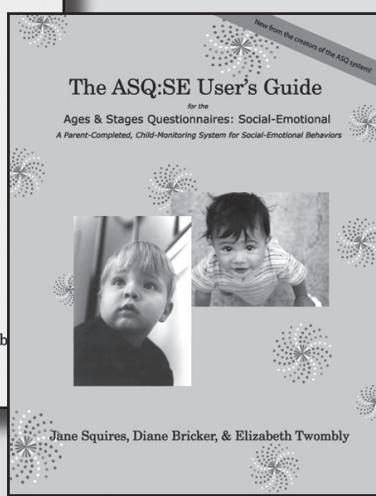
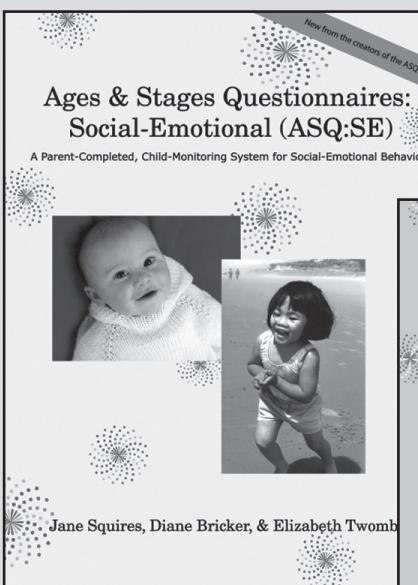
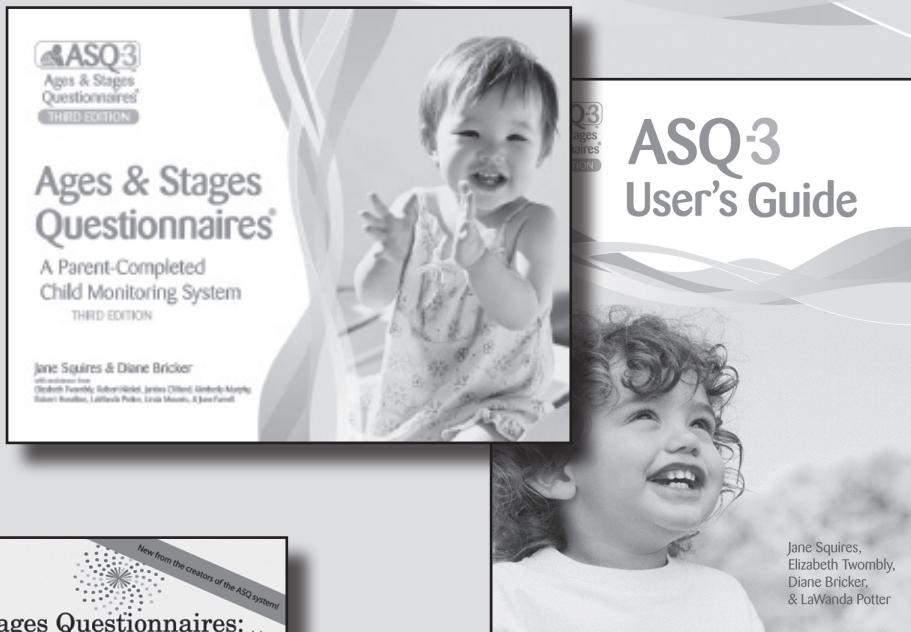
See [www.agesandstages.com](http://www.agesandstages.com) for training and professional development updates and events.

# ASQ Ordering Guide

Questionnaires, Online System, Training DVDs, and more



THIRD EDITION



1-800-638-3775

[www.agesandstages.com](http://www.agesandstages.com)

A product of **BROOKES**  
PUBLISHING CO.

## ■ Ages & Stages Questionnaires®, Third Edition (ASQ-3™)

A Parent-Completed Child Monitoring System

Now enhanced and updated based on extensive user feedback and an unparalleled research sample of more than 15,000 children, ASQ-3™ is the best, most reliable way to identify children from birth to 5 years with developmental delays. The Starter Kit contains everything you need to start screening children with ASQ-3™: 21 paper masters of the questionnaires and scoring sheets, a CD-ROM with printable PDF questionnaires, the ASQ-3™ User's Guide in English, and a FREE ASQ-3™ Quick Start Guide.

### **Starter Kit with English Questionnaires**

US\$249.95 • Stock Number: BA-70410  
2009 • ISBN 978-1-59857-041-0

### **Starter Kit with Spanish Questionnaires**

US\$249.95 • Stock Number: BA-70427  
2009 • ISBN 978-1-59857-042-7

### **Also Sold Separately**

#### **ASQ-3™ Questionnaires**

Masters of the 21 photocopyable questionnaires and scoring sheets, plus a CD-ROM with printable PDFs, in a handy box.

**English**—US\$199.95 • Stock Number: BA-70021  
2009 • 170 pages • 8.5 x 11 • boxed • ISBN 978-1-59857-002-1  
**Spanish**—US\$199.95 • Stock Number: BA-70038  
2009 • 170 pages • 8.5 x 11 • boxed • ISBN 978-1-59857-003-8

#### **ASQ-3™ User's Guide**

Absolutely essential to using ASQ-3™, this revised and redesigned guide provides step-by-step guidance on administering and scoring the questionnaires, setting up a screening system, working with families effectively, and using ASQ-3™ across a wide range of settings.  
US\$50.00 • Stock Number: BA-70045  
2009 • 256 pages • 8.5 x 11 • paperback • ISBN 978-1-59857-004-5

#### **ASQ-3™ Quick Start Guide**

Perfect for busy professionals on the go, this lightweight laminated guide to ASQ-3™ keeps administration and scoring basics close at hand. Sold in packages of 5 so everyone in your program can have a copy.  
US\$24.95 • Stock Number: BA-70052  
2009 • set of 5, 4 pages each • 8.5 x 11 • gatefold • ISBN 978-1-59857-005-2

#### **The Ages & Stages Questionnaires® on a Home Visit (Training DVD)**

Get a rare inside look at ASQ as a home visitor guides a family with three children through the items on a questionnaire.  
**DVD**—US\$49.95 • Stock Number: BA-69711 • 1995 • 20 minutes • ISBN 978-1-55766-971-1

#### **ASQ-3™ Scoring & Referral (Training DVD)**

Through footage of ASQ-3™ tasks and close-ups of sample questions and scores, learn how to score the questionnaires accurately and decide if a referral for further assessment is needed.  
**DVD**—US\$49.95 • Stock Number: BA-70250 • 2004, 2009 • 16 minutes • ISBN 978-1-59857-025-0

## ■ ASQ Pro

Ideal for single-site programs, this online management option is your key to managing all your ASQ-3™ and ASQ:SE data and ensuring the most accurate results. ASQ Pro gives you automated scoring of questionnaires, easy questionnaire selection, customizable letters to parents, and much more.

US\$149.95 for annual subscription, plus quarterly billing based on screening volume. For cost per screen, see [www.agesandstages.com](http://www.agesandstages.com)  
Stock Number: BA-70380 • ISBN 978-1-59857-038-0

## ■ ASQ Enterprise

Developed to meet the needs of multisite programs, ASQ Enterprise gives you all the data management features of ASQ Pro plus advanced rights management and aggregate reporting.

US\$499.95 for annual subscription, plus quarterly billing based on screening volume. For cost per screen, see [www.agesandstages.com](http://www.agesandstages.com)  
Stock Number: BA-70397 • ISBN 978-1-59857-039-7

## ■ ASQ Family Access

Online questionnaires for parents! Save time, money, and postage with a secure, customizable web site where parents complete ASQ-3™ and ASQ:SE questionnaires and you access the results electronically. Available for purchase when you buy ASQ Pro or Enterprise.

US\$349.95 for annual subscription  
Stock Number: BA-70403 • ISBN 978-1-59857-040-3

## ■ Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE)

A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors

Field-tested with thousands of families, ASQ:SE accurately identifies children 3–66 months of age who are at risk for social and emotional difficulties and helps professionals determine when children need further assessment. ASQ:SE provides a complete picture of a child's social-emotional development by screening seven key behavioral areas: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. **And now the ASQ:SE box includes the questionnaires on CD-ROM and paper, so there's no need to choose between formats!**

The ASQ:SE Starter Kit includes one ASQ:SE box with questionnaires on CD-ROM and paper; plus the ASQ:SE User's Guide in English.

### **Starter Kit with English Questionnaires**

US\$194.95 • Stock Number: BA-70120 • 2002 • ISBN 978-1-59857-012-0

### **Starter Kit with Spanish Questionnaires**

US\$194.95 • Stock Number: BA-70137 • 2002 • ISBN 978-1-59857-013-7

### **Also Sold Separately**

#### **ASQ:SE Questionnaires**

*Masters of the 8 photocopiable questionnaires and scoring sheets plus a CD-ROM with printable PDFs, in a handy box.*

**English**—US\$149.95 • Stock Number: BA-70229 • 2002 • ISBN 978-1-59857-022-9

**Spanish**—US\$149.95 • Stock Number: BA-70236 • 2002 • ISBN 978-1-59857-023-6

#### **ASQ:SE User's Guide**

*This essential guide shows you how to work with parents to complete the questionnaires, how to score them, and how to interpret results with sensitivity to children's environmental, cultural, and developmental differences.*

US\$45.00 • Stock Number: BA-65331

2002 • 192 pages • 8.5 x 11 • spiral-bound • ISBN 978-1-55766-533-1

#### **ASQ:SE in Practice (Training DVD)**

*Watch a home visitor using ASQ:SE with the family of a 4-year-old boy. You'll see how parents complete the questionnaires (close-ups of sample questions included) and learn about key success factors in working with families, such as establishing trust and ensuring confidentiality.* 2004 • 26 minutes

**DVD**—US\$49.95 • Stock Number: BA-69735 • ISBN 978-1-55766-973-5

## ■ Enhance Your Screening with Other ASQ Products!

#### **Ages & Stages Learning Activities**

*Developed to coordinate with the ASQ system, these inexpensive games and ideas for interaction address the same developmental areas and use safe, age-appropriate materials that most families have at home.*

##### **English**

**Book**—US\$24.95 • Stock Number: BA-67700 • 2004 • 134 pages • 8.5 x 11 • layflat paperback • ISBN 978-1-55766-770-0

**CD-ROM**—US\$24.95 • Stock Number: BA-67762 • ISBN 978-1-55766-776-2

##### **Spanish**

**Book only**—US\$29.95 • Stock Number: BA-69834 • 2009 • 6 x 9 • paperback • ISBN 978-1-55766-983-4

#### **ASQ-3™ Materials Kit**

*This kit contains all of the items you need during any ASQ-3™ or ASQ:SE screening—no matter which age interval—in one convenient tote bag. Every item is safe, easy to clean, durable, age appropriate, gender neutral, and culturally sensitive.*

US\$275.00 • Stock Number: BA-70274 • ISBN 978-1-59857-027-4



Learn more at [www.agesandstages.com](http://www.agesandstages.com)

# ORDER FORM

Qty	Stock #	Title	Price
	BA- _____		

ASQ Discounts

Buy 6 or more copies of the same ASQ family product and SAVE:

6-10 copies: 5%

Subtotal \_\_\_\_\_

6% sales tax, MD only \_\_\_\_\_

11-20 copies: 10%

5% business tax (GST), CAN only \_\_\_\_\_

21-50 copies: 15%

P.O. customers: 2% of subtotal \_\_\_\_\_

51-100 copies: 20%

Shipping (see chart at bottom) \_\_\_\_\_

101-200 copies: 25%

**Total (in U.S.A. dollars)** \_\_\_\_\_

201-500 copies: 30%

501-1000 copies: 35%

1001-2500 copies: 40%

2501+ copies: 45%

(Please note: the ASQ-3™ Materials Kit and the Ages & Stages Learning Activities in Spanish have a discount limit of 35%. ASQ Online products are not discounted.)

## Convenient ways to order:

**CALL toll-free**

1-800-638-3775

M-F, 9 a.m. to 5 p.m. ET.

**FAX**

410-337-8539

**MAIL** order form to:

Brookes Publishing Co.

P.O. Box 10624

Baltimore, MD 21285-0624

**ON-LINE**

[www.brookespublishing.com](http://www.brookespublishing.com)

**Money-back guarantee!** Ordering with Brookes is risk-free!

If you are not completely satisfied, you may return products within 30 days for a full credit of the purchase price (unless otherwise indicated).

Refunds will be issued for prepaid orders. Items must be returned in unused and resalable condition.

*Policies and prices subject to change without notice. Prices may be higher outside the U.S.*

Check enclosed (payable to Brookes Publishing Co.)

Purchase Order attached (bill my institution) \*Add 2% to product total for P.O. handling fee

Please charge my credit card:  American Express  MasterCard  Visa

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security code (3 or 4 digit code on back of card): \_\_\_\_\_

Signature (required with credit card use): \_\_\_\_\_

Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

Complete street address required.  residential  commercial

City/State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

We auto-confirm all orders by email; please provide an email address to receive confirmation of order and shipping

Yes! I want to receive the ASQ News & Updates e-newsletter! My e-mail will not be shared with any other party.

**Shipping & Handling**

(For other shipping options and rates, call 1-800-638-3775, in the U.S.A. and Canada, and 410-337-9580, worldwide.)

**Continental U.S.A. and U.S.A. territories & protectorates**

For subtotal of Add\*

US\$55.00 and under \$6.49

US\$55.01 and over 12%

Orders within continental U.S.A. ship via UPS Ground Delivery.

Orders for U.S.A. territories & protectorates ship via USPS.

Orders for AK, HI, and PR ship via UPS Air; please add an additional US\$12.00 surcharge. Please call or email for expedited shipping options and rates.

**Canada**

For subtotal of Add\*

US\$67.00 and under \$9.99

US\$67.01 and over 15%

Orders for Canada are consolidated for shipping twice each month. For minimum shipping time, please place your orders by the 9th or 24th of each month.

\*calculate percentage on subtotal

**ABOUT YOU**  
Write in your title and check area of specialty: \_\_\_\_\_

Birth to Five  K-12  4-year College/Graduate  Community College/Vocational  Clinical/Medical  Community Services  Association/Foundation

# End User License Agreement



The contents of this CD-ROM may not be reproduced or posted on a network except as explicitly stated in this End User License Agreement.

## END USER LICENSE AGREEMENT

The following paragraphs constitute the End User License Agreement (“Agreement”) for this product. For the purposes of this Agreement, “Software” refers to the files contained in the *Ages & Stages Questionnaires®, Third Edition: A Parent-Completed Child Monitoring System (ASQ-3™)* CD-ROM, by Jane Squires, Ph.D., & Diane Bricker, Ph.D. (with assistance from Elizabeth Twombly, M.S., Robert Nickel, M.D., Jantina Clifford, Ph.D., Kimberly Murphy, Robert Hoselton, LaWanda Potter, M.S., Linda Mounts, M.A., & Jane Farrell, M.S.). Please read the Agreement carefully before using the Software. The Agreement gives you (“the Purchaser”) certain benefits, rights, and obligations. The Purchaser may be an individual or a single physical site. By accessing or using the Software, the Purchaser is accepting the terms and conditions of this Agreement between the Purchaser and Paul H. Brookes Publishing Co., Inc. (“Brookes Publishing Co.”).

## LICENSE

1. Brookes Publishing Co. licenses and authorizes the Purchaser to print and photocopy the questionnaires, family information sheets, Information Summary sheets, intervention activity sheets, “What Is ASQ-3™?” handout, mailing sheet, Parent Conference Sheet, Child Monitoring Sheet, and order form contained in the Software from a microcomputer located within the Purchaser’s own facilities at a single physical site in the course of the Purchaser’s service provision to children and their families. Electronic reproduction of the Software or any portion thereof is prohibited. Printed copies may only be made from an original ASQ-3 CD-ROM or as explicitly stated in Paragraph 2 and are permitted for single-site use only; these copies may be photocopied by the Purchaser at his/her single physical site.
2. Brookes Publishing Co. licenses and authorizes the Purchaser to post the Software on a local area network (LAN) or intranet and to print from the LAN or intranet, provided that all other stipulations of this Agreement are met and all employees with access to the Software work at the same office as the Purchaser and only access the Software from that single physical site. Brookes Publishing Co. licenses and authorizes you to post the “What Is ASQ-3™?” handout on the Internet. *With the exception of the “What Is ASQ-3™?” hand-*

*out, the Software may not be posted on the Internet under any circumstances.* Remote access to the Software, including by virtual private network (VPN), file transfer protocol (FTP), tunneling protocols, or other means, is not permitted. For use of Acrobat® Reader® on an internal network, please go to [www.adobe.com](http://www.adobe.com).

3. Each branch office or physical site of an agency that will be using the ASQ system must purchase its own box of questionnaires with accompanying CD-ROM; CD-ROMs cannot be shared among sites. The Software is meant to be used to facilitate screening and monitoring and to assist in the early identification of children who may need further assessment. Programs are prohibited from charging parents, caregivers, or other service providers who will be completing and/or scoring the questionnaires fees in excess of the exact cost to print (from a computer) or photocopy the forms. This restriction is not meant to apply to reimbursement of usual and customary charges for developmental, behavioral, or mental health screening when performed with other evaluation and management services. The ASQ materials may not be used in a way contrary to the family-oriented philosophies of the ASQ developers.
4. This license is granted on a limited, nonexclusive, nontransferable basis. Brookes Publishing Co. and its licensors reserve all rights not expressly granted to the Purchaser in this Agreement. Unauthorized use beyond the privileges granted in this Agreement is prosecutable under federal law.
5. The Purchaser agrees to abide by the Copyright Law of the United States of America. Copyright and other laws, including trademark law, protect the Software in its entirety. The law provides the Purchaser with the right to make only one back-up copy. It prohibits the Purchaser from making any additional copies, except as expressly permitted by Brookes Publishing Co. The copyright protection line is at the bottom of each form.
6. The Purchaser agrees that s/he will not modify the Software or prepare derivative works based on the Software. Such action is not permitted under Copyright Law. The Purchaser may not prepare an alternative version or format based on the Software. If the Purchaser has a disability and requires access by other means, s/he should contact the Brookes Publishing Co. Subsidiary Rights Department at [rights@brookespublishing.com](mailto:rights@brookespublishing.com) for written authorization. The Purchaser may not sell, rent, lease, or sublicense the Software.
7. None of the content of this Software may be distributed to generate revenue for any program or individual.
8. The Purchaser acknowledges that the Software is subject to regulation by agencies of the United States government, including the U.S. Department of Commerce, which prohibits export or diversion of certain technical products to certain countries. The Purchaser shall comply with all respects in all export and re-export restrictions applicable to the Software, its documentation, and related materials.

## OWNERSHIP

The Software is owned and copyrighted by Brookes Publishing Co. The Purchaser's license confers no title or ownership in the Software and is not a sale or grant of any rights in the Software. Brookes Publishing Co. may protect its rights in the event of any violation of this Agreement.

## LIMITED WARRANTY

1. If the Purchaser has a problem with the operation of the Software or believes the disc on which the Software is stored is defective, the Purchaser may contact Brookes Publishing Co.

about securing a replacement. Brookes Publishing Co. cannot, however, offer free replacements for Software damaged through normal wear and tear or lost while in the Purchaser's possession. Nor does Brookes Publishing Co. warrant that the Software will satisfy the Purchaser's requirements, that the operation of the Software will be uninterrupted or error free, or that program defects in the Software can be corrected. Except as described in this Agreement, the Software and disc are distributed "as is" without warranties of any kind either express or implied, including but not limited to implied warranties of merchantability and fitness for a particular purpose or use. Some states do not allow limitations on the duration of an implied warranty, so the above limitation or exclusion may not apply to the Purchaser. This warranty gives the Purchaser specific legal rights, and the Purchaser might have other rights that vary from state to state, or province to province.

2. Additional rights and benefits may come with the Software you have purchased. Contact Brookes Publishing Co. for information.

## TERMINATION

Without prejudice to any other rights, Brookes Publishing Co. may automatically terminate the Purchaser's license to use this Software for failure to comply with any of the terms of this Agreement. Upon termination, the Purchaser must immediately destroy the Software.

## MISCELLANEOUS

This Agreement does not limit any rights that Brookes Publishing Co. may have under trade secret, copyright, trademark, trade dress, patent, or other laws. The agents, employees, and distributors of Brookes Publishing Co. are not authorized to make modifications to this Agreement or to make any additional representations, commitments, or warranties binding on Brookes Publishing Co. If any provision of this Agreement is invalid or unenforceable under applicable law, then it shall be, to that extent, deemed omitted, and the remaining provisions will continue in full force and effect. The validity and performance of this Agreement shall be governed by Maryland law and applicable federal law.

Copyright © 2009 by Paul H. Brookes Publishing Co., Inc. All rights reserved. "Paul H. Brookes Publishing Co." is a registered trademark of Paul H. Brookes Publishing Co., Inc. Ages & Stages Questionnaires® is a registered trademark and  ,  ,  ,  , and  are trademarks of Paul H. Brookes Publishing Co., Inc. Adobe®, the Adobe logo, and Reader® are either registered trademarks or trademarks of Adobe Systems Incorporated in the United States and/or other countries. Microsoft, Windows, and Excel are either registered trademarks or trademarks of Microsoft Corporation in the United States and/or other countries. Macintosh is a trademark of Apple Inc., registered in the U.S. and other countries. The Purchaser may not remove or alter any trademark, trade names, product names, logo, copyright or other proprietary notices, legends, symbols, or labels in the Software. This Agreement does not authorize the Purchaser to use Brookes Publishing Co.'s or its licensors' names or any of their trademarks.