### 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 _______________.

### COMMUNICATION

1. Does your baby make two similar sounds, such as “ba-ba,” “da-da,” or “ga-ga”? *(The sounds do not need to mean anything.)*
   - YES
   - SOMETIMES
   - NOT YET

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,” “Peeka-boo,” “clap your hands,” “So Big”)?
   - YES
   - SOMETIMES
   - NOT YET

3. Does your baby follow one simple command, such as “Come here,” “Give it to me,” or “Put it back,” without your using gestures?
   - YES
   - SOMETIMES
   - NOT YET

4. 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.)*
   - YES
   - SOMETIMES
   - NOT YET

5. When you ask, “Where is the ball (hat, shoe, etc.)?” does your baby look at the object? *(Make sure the object is present. Mark “yes” if she knows one object.)*
   - YES
   - SOMETIMES
   - NOT YET

6. When your baby wants something, does he tell you by pointing to it?
   - YES
   - SOMETIMES
   - NOT YET

### COMMUNICATION TOTAL

### 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)?
   - YES
   - SOMETIMES
   - NOT YET

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

---

**FINE MOTOR**

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.)

---

*If Fine Motor Item 4 is marked “yes” or “sometimes,” mark Fine Motor Item 2 “yes.”
PROBLEM SOLVING

1. When holding a small toy in each hand, does your baby clap the toys together (like “Pat-a-cake”)?

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)?

3. 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.)

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? (If she already lets go of the toy into a bowl or box, mark “yes” for this item.)

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

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

PERSONAL-SOCIAL

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? (If he already lets go of the toy into your hand, mark “yes” for this item.)

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?

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

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

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

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

*If Problem Solving Item 5 is marked “yes” or “sometimes,” mark Problem Solving Item 4 “yes.”
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
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.

<table>
<thead>
<tr>
<th>Area</th>
<th>Cutoff</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>15.64</td>
<td>0</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>21.49</td>
<td>5</td>
</tr>
<tr>
<td>Fine Motor</td>
<td>34.50</td>
<td>10</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>27.32</td>
<td>15</td>
</tr>
<tr>
<td>Personal-Social</td>
<td>21.73</td>
<td>20</td>
</tr>
</tbody>
</table>


1. Uses both hands and both legs equally well? Yes NO
   Comments:

2. Plays with sounds or seems to make words? Yes NO
   Comments:

3. Feet are flat on the surface most of the time? Yes NO
   Comments:

4. Concerns about not making sounds? YES No
   Comments:

5. Family history of hearing impairment? YES No
   Comments:

6. Concerns about vision? YES No
   Comments:

7. Any medical problems? YES No
   Comments:

8. Concerns about behavior? YES No
   Comments:

9. 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).

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Motor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine Motor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Solving</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal-Social</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>