### 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:

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### COMMUNICATION

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?

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<th>YES</th>
<th>SOMETIMES</th>
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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.”
   - b. “Close the door.”
   - c. “Bring me a towel.”
   - d. “Find your coat.”
   - e. “Take my hand.”
   - f. “Get your book.”

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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.)*

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4. Does your child make sentences that are three or four words long? Please give an example:

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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?

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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?”

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**COMMUNICATION TOTAL**
## GROSS MOTOR

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<th>YES</th>
<th>SOMETIMES</th>
<th>NOT YET</th>
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<tbody>
<tr>
<td>1. Does your child run fairly well, stopping herself without bumping into things or falling?</td>
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<td>2. Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. <em>(You can look for this at a store, on a playground, or at home.)</em></td>
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<td>3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?</td>
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<td>4. Does your child jump with both feet leaving the floor at the same time?</td>
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<tr>
<td>5. Does your child walk up stairs, using only one foot on each stair? <em>(The left foot is on one step, and the right foot is on the next.)</em> She may hold onto the railing or wall.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ] *</td>
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<tr>
<td>6. Does your child stand on one foot for about 1 second without holding onto anything?</td>
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**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
   ----|-----------|--------
   0   | 0         | 0      

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 “yes”
   
   YES | SOMETIMES | NOT YET
   ----|-----------|--------
   0   | 0         | 0      

3. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?

   YES | SOMETIMES | NOT YET
   ----|-----------|--------
   0   | 0         | 0      

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”
   
   YES | SOMETIMES | NOT YET
   ----|-----------|--------
   0   | 0         | 0      

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 “yes”
   
   YES | SOMETIMES | NOT YET
   ----|-----------|--------
   0   | 0         | 0      

6. Does your child turn pages in a book, one page at a time?

   YES | SOMETIMES | NOT YET
   ----|-----------|--------
   0   | 0         | 0      

FINE MOTOR TOTAL

PROBLEM SOLVING

1. When looking in the mirror, ask, “Where is _______?” (Use your child’s name.) Does your child point to her image in the mirror?

   YES | SOMETIMES | NOT YET
   ----|-----------|--------
   0   | 0         | 0      

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)?

   YES | SOMETIMES | NOT YET
   ----|-----------|--------
   0   | 0         | 0      

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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.)

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.)

PERSONAL-SOCIAL

1. If you do any of the following gestures, does your child copy at least one of them?
   - a. Open and close your mouth.
   - b. Blink your eyes.
   - c. Pull on your earlobe.
   - 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?
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
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. Provide learning activities and monitor.

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

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

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>
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<tbody>
<tr>
<td>Communication</td>
<td>33.30</td>
<td><img src="%25s" alt="Table" /></td>
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<tr>
<td>Gross Motor</td>
<td>36.14</td>
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<td>Fine Motor</td>
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<td>Problem Solving</td>
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<td>Personal-Social</td>
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1. Hears well? Yes NO Comments:
2. Talks like other toddlers his age? Yes NO Comments:
3. Understand most of what your child says? Yes NO Comments:
4. Others understand most of what your child says? Yes NO Comments:
5. Walks, runs, and climbs like other toddlers? Yes NO Comments:
6. Family history of hearing impairment? YES No Comments:
7. Concerns about vision? YES No Comments:
8. Any medical problems? YES No Comments:
9. Concerns about behavior? YES No Comments:
10. 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 child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule. Provide learning activities and monitor.

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).

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   Gross Motor  |
   Fine Motor   |
   Problem Solving |
   Personal-Social |