### 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 _______________.

<table>
<thead>
<tr>
<th>Notes:</th>
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<td>____________________________________________________________________</td>
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### COMMUNICATION

1. Does your baby chuckle softly?  
   - YES  
   - SOMETIMES  
   - NOT YET  

2. After you have been out of sight, does your baby smile or get excited when he sees you?  
   - YES  
   - SOMETIMES  
   - NOT YET  

3. Does your baby stop crying when she hears a voice other than yours?  
   - YES  
   - SOMETIMES  
   - NOT YET  

4. Does your baby make high-pitched squeals?  
   - YES  
   - SOMETIMES  
   - NOT YET  

5. Does your baby laugh?  
   - YES  
   - SOMETIMES  
   - NOT YET  

6. Does your baby make sounds when looking at toys or people?  
   - YES  
   - SOMETIMES  
   - NOT YET  

### COMMUNICATION TOTAL  

### GROSS MOTOR

1. While your baby is on his back, does he move his head from side to side?  
   - YES  
   - SOMETIMES  
   - NOT YET  

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?  
   - YES  
   - SOMETIMES  
   - NOT YET  

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?  
   - YES  
   - SOMETIMES  
   - NOT YET  

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.)*  
   - YES  
   - SOMETIMES  
   - NOT YET  

### GROSS MOTOR TOTAL
GROSS MOTOR (continued)

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

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

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)?

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

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

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?

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?

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?

PROBLEM SOLVING

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?

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?

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?

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

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

PERSONAL-SOCIAL

1. Does your baby watch his hands?  

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?  

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:  

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

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

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

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

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

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

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

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<thead>
<tr>
<th>Area</th>
<th>Cutoff</th>
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<td>Communication</td>
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<td>0 5 10 15 20 25 30 35 40 45 50 55 60</td>
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<tr>
<td>Gross Motor</td>
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<tr>
<td>Fine Motor</td>
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<tr>
<td>Problem Solving</td>
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<tr>
<td>Personal-Social</td>
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