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

2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds?  
   YES ☐ SOMETIMES ☐ NOT YET ☐

3. If you call your baby when you are out of sight, does she look in the direction of your voice?  
   YES ☐ SOMETIMES ☐ NOT YET ☐

4. When a loud noise occurs, does your baby turn to see where the sound came from?  
   YES ☐ SOMETIMES ☐ NOT YET ☐

5. Does your baby make sounds like “da,” “ga,” “ka,” and “ba”?  
   YES ☐ SOMETIMES ☐ NOT YET ☐

6. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?  
   YES ☐ SOMETIMES ☐ NOT YET ☐

**COMMUNICATION TOTAL**

**GROSS MOTOR**

1. While your baby is on his back, does your baby lift his legs high enough to see his feet?  
   YES ☐ SOMETIMES ☐ NOT YET ☐

2. When your baby is on her tummy, does she straighten both arms and push her whole chest off the bed or floor?  
   YES ☐ SOMETIMES ☐ NOT YET ☐

3. Does your baby roll from his back to his tummy, getting both arms out from under him?  
   YES ☐ SOMETIMES ☐ NOT YET ☐

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.)  
   YES ☐ SOMETIMES ☐ NOT YET ☐
GROSS MOTOR (continued)

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

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

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?

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?

PROBLEM SOLVING

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

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)

1. **Does your baby pick up a toy and put it in his mouth?**
   - **YES**
   - **SOMETIMES**
   - **NOT YET**

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

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

### PERSONAL-SOCIAL

1. **When in front of a large mirror, does your baby smile or coo at herself?**
   - **YES**
   - **SOMETIMES**
   - **NOT YET**

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.)**

---

**PROBLEM SOLVING TOTAL**

**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
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.

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1. Uses both hands and both legs equally well? AD
   Comments:

2. Feet are flat on the surface most of the time? AD
   Comments:

3. Concerns about not making sounds? AD
   Comments:

4. Family history of hearing impairment? AD
   Comments:

5. Concerns about vision? AD
   Comments:

6. Any medical problems? AD
   Comments:

7. Concerns about behavior? AD
   Comments:

8. Other concerns? AD
   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. Provide learning activities and monitor.

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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