ASQ3 Ages & Stages Questionnaires® 1 month 0 days through 2 months 30 days Month Questionnaire

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

Date ASQ completed:								
	М	М	D	D	Υ	Υ	Υ	Υ



M M D D 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		
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:		relative State/Province: ZIP/Postal code:
Country:	Home telep	hone number: Other telephone number:
E-mail address:		
Names of people assisting in questionnaire completion:		
Traines of people assisting in questionnaire completion.		
Baby ID #:	PROGRAM IN	FORMATION
		Age at administration, in months and days: M M D D
Program ID #:		If premature, adjusted age, in months and days:
Durana aras		m premature, adjusted age, in months and days:
Program name:		



1 month 0 days through 2 months 30 days

I	mportant Points to Remember:	Notes:				
٠	1 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.					
٠	1 Please return this questionnaire by					—)
CC	OMMUNICATION		YES	SOMETIMES	NOT YET	
۱.	Does your baby sometimes make throaty or gurgling sounds?		\bigcirc	\bigcirc	\bigcirc	
2.	Does your baby make cooing sounds such as "ooo," "gah," and	l "aah"?	\bigcirc		\bigcirc	
3.	When you speak to your baby, does she make sounds back to y	ou?	\bigcirc	\bigcirc	\bigcirc	
1.	Does your baby smile when you talk to him?		\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby chuckle softly?		\bigcirc	\bigcirc	\bigcirc	
	After you have been out of sight, does your baby smile or get e when she sees you?	xcited	\bigcirc	\bigcirc	\bigcirc	
			CC	MMUNICATION	N TOTAL	
GF	ROSS MOTOR		YES	SOMETIMES	NOT YET	
	While your baby is on his back, does he wave his arms and legs, and squirm?	wiggle,	\bigcirc	\bigcirc	\bigcirc	
2.	When your baby is on her tummy, does she turn her head to the	side?	\bigcirc		\bigcirc	
	When your baby is on his tummy, does he hold his head up long a few seconds?	ger than	\bigcirc	\bigcirc	\bigcirc	—
1.	When your baby is on her back, does she kick her legs?		\bigcirc	\bigcirc	\bigcirc	
5.	While your baby is on his back, does he move his head from side	to side?	\bigcirc	\bigcirc	\bigcirc	
	After holding her head up while on her tummy, does your baby head back down on the floor, rather than let it drop or fall forwa		\bigcirc	\bigcirc	\bigcirc	
				GROSS MOTOR	r total	

FI	NE MOTOR	YES	SOMETIMES	NOT YET	
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.")	\bigcirc	\bigcirc	\bigcirc	
2.	Does your baby grasp your finger if you touch the palm of her hand?		0	\bigcirc	
3.	When you put a toy in his hand, does your baby hold it in his hand briefly?	0	0		_
4.	Does your baby touch her face with her hands?	\bigcirc	\bigcirc	\bigcirc	
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)?		\bigcirc	0	*
6.	Does your baby grab or scratch at her clothes?		\bigcirc	\bigcirc	
		FINE MOTOR TOT *If Fine Motor item 5 is marked "ye mark Fine Motor item 1 as "ye			
ΡF	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	Does your baby look at objects that are 8–10 inches away?	\bigcirc	\bigcirc	\bigcirc	
2.	When you move around, does your baby follow you with his eyes?	\bigcirc	\bigcirc	\bigcirc	
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?	\circ	\bigcirc		_
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?	,	\bigcirc	\bigcirc	
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?	\bigcirc	\bigcirc	0	_
6.	When you dangle a toy above your baby while he is lying on his back, does he wave his arms toward the toy?		\circ	\bigcirc	_
		1	PROBLEM SOL	VING TOTAL	

	RASQ3		2 Month Ques	stionnaire	page 4 of 5
P	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	Does your baby sometimes try to suck, even when she's not feeding?	\bigcirc	\bigcirc	\bigcirc	
2.	Does your baby cry when he is hungry, wet, tired, or wants to be held?	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby smile at you?	\bigcirc	\bigcirc	\bigcirc	
4.	When you smile at your baby, does she smile back?	\bigcirc		\bigcirc	
5.	Does your baby watch his hands?	\circ	0	\circ	
6.	When your baby sees the breast or bottle, does she seem to know she is about to be fed?	\bigcirc	\bigcirc	\bigcirc	_
		F	PERSONAL-SOCI	AL TOTAL	
0	VERALL				
Ра	rents and providers may use the space below for additional comments.				
1.	Did your baby pass the newborn hearing screening test? If no, explain:		YES	O 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	О NO	

OVERALL (continued)			
4. Has your baby had any medical problems? If yes, explain:	YES	O NO	
 Do you have concerns about your baby's behavior (for example, eating, sleeping)? If yes, explain: 	YES	O NO	
6. Does anything about your baby worry you? If yes, explain:	YES	O NO	



1 months 0 days through 2 months 30 days

								Da	ite ASC	2 complet	ted:							
								birth:										
Administering program/provider:							Wa		adjusted selecting				Yes	\circ	No			
1.	 SCORE AND TRANSFER TOTALS TO CHART BELOW: See a responses are missing. Score each item (YES = 10, SOMETIM In the chart below, transfer the total scores, and fill in the circ 								, NOT	YET = 0).	Add ite	m scores,						
	Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50)	55		60
	Communication	22.77							0	0	\Diamond	\bigcirc	\bigcirc	\subset)	\bigcirc	(\bigcirc
	Gross Motor	41.84											0	TC)	\bigcirc	(\bigcirc
	Fine Motor	30.16									0	\Diamond	$\overline{\bigcirc}$	\overline{C})	0	($\overline{\bigcirc}$
	Problem Solving	24.62								0	0	Ö	$\overline{\bigcirc}$	C)	0	($\overline{\bigcirc}$
	Personal-Social	33.71									0	0	$\overline{\bigcirc}$	\overline{C})	0	($\overline{\mathbb{C}}$
2.	TRANSFER	OVERAL	L RESPO	ONSES:	Bolded	lupperc	ase resp	onses r	equire	follow-up	o. See A	SQ-3 User	's Gu	ide, (Chap	ter 6.	,	
	1. Passed Comme		n hearing	g screen	ing test	:?	Yes	NO	4.	Any med		blems?				YI	ΞS	No
	2. Moves both hands an Comments:3. Family history of hea Comments:			_			YES	No	6.	Other co	oncerns'	?				ΥI	≣S	No
3.	ASQ SCORE responses, a															s, ove	rall	
	If the baby's If the baby's If the baby's	total sc	ore is in t	the 📖	area, it	is close	to the cı	utoff. P	rovide	learning a	activities	and mon	itor.					
4.	FOLLOW-UF	ACTIO	N TAKEI	N: Chec	k all tha	at apply.						OPTIONA						
	Provide	activitie	s and res	creen ir	ı	months.						YES, $S = 3$ response			ES, I	N = N	ОТ	YET,
	Share re	sults wit	h primar	y health	care p	rovider.						<u> </u>	T 1	2	3	4	5	6
	Refer fo	r (circle	all that a	pply) he	aring, v	vision, ar	ıd/or bel	haviora	l scree	ning.	Cor	nmunication	+-		J	+	J	0
			health c							ecify		Gross Motor						
			terventic							•		Fine Motor						
		-	n taken a	-		ou spec	iai c uuc	aciO11.			Prob	olem Solving						

Personal-Social

ASQ3 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:								
·	М	М	D	D	Υ	Υ	Υ	Υ

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:
Street address.	Recent Councilian Teacher Child care
	Grandparent or other parent Other:
City:	relative State/Province: ZIP/Postal code:
Country:	Home telephone number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
PROG	GRAM INFORMATION
Baby ID #:	
	Age at administration, in months and days: M M D D
Program ID #:	
	If premature, adjusted age, in months and days:
Program name:	M M D D



3 months 0 days through 4 months 30 days

	Important Points to Remember:	Notes:				
	☑ Try each activity with your baby before marking a response	e. 				
	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					
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	Does your baby chuckle softly?		\bigcirc	\bigcirc	\bigcirc	
2.	After you have been out of sight, does your baby smile or gewhen he sees you?	t excited	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby stop crying when she hears a voice other tha	n yours?	\bigcirc	\bigcirc	\bigcirc	
4.	Does your baby make high-pitched squeals?		\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby laugh?		\bigcirc	\bigcirc	\bigcirc	
6.	Does your baby make sounds when looking at toys or people	?	\bigcirc	\bigcirc	\bigcirc	
			C	COMMUNICATIO	N TOTAL	
G	ROSS MOTOR		YES	SOMETIMES	NOT YET	
1.	While your baby is on his back, does he move his head from side?	ide to	\bigcirc	\bigcirc	\bigcirc	
2.	After holding her head up while on her tummy, does your bak head back down on the floor, rather than let it drop or fall for		\bigcirc	\bigcirc	\bigcirc	
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?			\bigcirc	\circ	
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.)		\bigcirc	\bigcirc	\bigcirc	

	RASO3		4 Month Que	stionnaire	page 3 of 5
G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	
5.	When you hold him in a sitting position, does your baby hold his head steady?	\bigcirc	\bigcirc	\bigcirc	
6.	baby bring her hands together over her chest,	\bigcirc	\bigcirc	\circ	
	touching her fingers?		GROSS MOTO	OR TOTAL	
F	INE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)?	\bigcirc	\bigcirc	\bigcirc	
2.	When you put a toy in her hand, does your baby wave it about, at least briefly?	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby grab or scratch at his clothes?	\bigcirc	\bigcirc	\bigcirc	
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?	\bigcirc	\bigcirc	\bigcirc	
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?	\bigcirc	\bigcirc	\bigcirc	
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?		\bigcirc	\bigcirc	
			FINE MOTO	OR TOTAL	
Ρ	ROBLEM 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?	\bigcirc	\circ	\bigcirc	_
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?	\bigcirc	\circ	\bigcirc	_
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?	\bigcirc	\bigcirc	\bigcirc	_

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?

	AASQ3		4 Month Ques	tionnaire	page 4 of
P	ROBLEM SOLVING (continued)	YES	SOMETIMES	NOT YET	
6.	When you dangle a toy above your baby while she is lying on her back, does your baby wave her arms	\bigcirc	\bigcirc	\bigcirc	_
	toward the toy?	Р	ROBLEM SOLVIN	G TOTAL	_
P	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	Does your baby watch his hands?	\bigcirc	\circ	\bigcirc	_
2.	When your baby has her hands together, does she play with her fingers?	\bigcirc	\bigcirc	\bigcirc	_
3.	When your baby sees the breast or bottle, does he seem to know he is about to be fed?	\bigcirc	\bigcirc	\bigcirc	_
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?	\bigcirc	\bigcirc	\bigcirc	_
5.	Before you smile or talk to your baby, does he smile when he sees you nearby?	\bigcirc	\bigcirc	\bigcirc	
6.	When in front of a large mirror, does your baby smile or coo at herself?	\bigcirc	\bigcirc	\bigcirc	
	Sinine of each at hersen.	Р	ERSONAL-SOCIA	AL TOTAL	_
0	VERALL				
Pa	rents 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	O NO)
2.	When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:		YES	O NC)

<u> </u>	\mathbf{Q}_{3}

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	О мо
5.	Do you have concerns about your baby's vision? If yes, explain:	YES	ONO
6.	Has your baby had any medical problems in the last several months? If yes, explain:	YES	O NO
7.	Do you have any concerns about your baby's behavior? If yes, explain:	YES	O NO
8.	Does anything about your baby worry you? If yes, explain:	YES	O NO



3 months 0 days through 4 months 30 days

Ва	oy's i	name:							[Date A	SQ comp	oleted:							
Ва	oy's l	ID #:								Date o	f birth:								
	-	stering pr								Vas ag	e adjuste	ed for pre	ematurity onnaire?		Yes	_	No		
1.	res	ponses ar	e missin	g. Score	each ite	m (YES	S = 10, S	OMETI	MES =	5, NC	T YET =	0). Add i	ls, including tem scores otal scores.	, and					
		Area	Cutoff	Total Score	0	5	10	15	20	2			40	45	50	0	55	(60
•	Comr	munication	34.60										0	\bigcirc		$\overline{)}$	\bigcirc	(\overline{C}
•	Gı	ross Motor	38.41											O		$\overline{}$	O	(\overline{C}
•	F	ine Motor	29.62									0	0	0		$\overline{}$	0	(\overline{C}
	Proble	em Solving	34.98										0	0		$\overline{}$	0	(\overline{C}
	Perso	onal-Social	33.16										0	Ō		$\overline{}$	0	($\overline{\mathbb{C}}$
2.	TR	ANSFFR (OVERAL	I RESPO	ONSES:	Bolded	Lupper	rase res	nonses	requi	re follow:	-up See	ASQ-3 Use	r's Gu	iide (Char	oter 6		
		Uses bot	th hands					Yes	NO			ns about		. 5 00	iido,	Опар		ES	No
	Feet are flat on the surface most of the time? Comments:								NO	6.	Any me	edical pro ents:	blems?				Y	ES	No
	3.	Concern Commer		not maki	ing sour	nds?		YES	No	7.	Concer Comme		behavior?				Y	ES	No
	4.	Family h Commer	-	hearing	impairm	nent?		YES	No	8.	Other o	concerns? ents:					Y	ES	No
3.													t consider t appropriat				s, ove	rall	
	If t	he baby's	total sco	ore is in t	the 🔲	area, it	is close	to the	cutoff.	Provid	le learnin	g activiti	ent appear es and mor a professior	nitor.					
4.	FO	LLOW-UF	ACTIO	N TAKE	N: Chec	k all tha	at apply	'.				5.	OPTION	AL: Tr	ansfe	er ite	m res	pons	ses
		Provide										(Y	= YES, S = = response	SOM	ETIM				
				h primar									- response	1	T			_	,
		Refer fo	r (circle a	all that a	pply) he	aring, v	/ision, a	nd/or b	ehavior	ral scre	ening.			1	2	3	4	5	6
		Refer to	primary	health c	care pro	vider or	other o	commur	nity age	ency (s	pecify		Grass Mater	-					
												<u> </u>	Gross Motor Fine Motor	+-		_			
		Refer to	early in	terventic	on/early	childho	od spe	cial edu	cation.			D.	oblem Solving	+					
		No furth	ner actio	n taken a	at this ti	me							obieiii soiving	1					

Personal-Social

ASQ3 Ages & Stages Questionnaires®

5 months 0 days through 6 months 30 days Month Questionnaire

If baby was born

3 or more weeks

prematurely, # of weeks premature:

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

Date ASQ completed:								
·	М	М	D	D	Υ	Υ	Υ	Υ
Baby's inform	nati	on						

Υ

Baby's first name:

Baby's date of birth:

 $\mathsf{M} \ \mathsf{M} \ \mathsf{D} \ \mathsf{D} \ \mathsf{Y}$

ne:
Female
tionship to baby: Parent Guardian Teacher Child care provider Grandparent or other relative State/Province: ZIP/Postal code:
Other telephone number:
N

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tree	et ac	ddres	ss:																				Rel	latio	nshi	p to	bak	oy:													
																							\subset		aren			\subset) (iuar	diar	ı (\bigcirc	Tea	cher	r (\bigcirc	Chi pro	ld c vide	are er	
			<u> </u>																			_	\subset) Gr	ranc oth lativ	lpar er	ent	\bigcup		oste arei		(\bigcirc	Oth	her:						
ity:																						_		re	lativ	е				Sta	te/P	rov	ince	: ;	ZIP/F	Post	al co	ode:			
Cour	ntry:	:													_		Hor	ne t	elep	hon	ie nu	mb	er:					_		Oth	er t	elep	ohor	ne n	umb	er:					
 ma	il a	ddre	ss:																																						
lam	es c	of pe	ople	assis	ting	in qı	uestic	onna	aire (comp	letio	n:																													_
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Ва	by	ID #:												ı	PRC	OG	iR/	M	IN	FC)RN	1A	TIC	N																	
	Ť																			Age	e at a	adm	ninist	tratio	on, i	n m	onth	ıs ar	nd c	lays											
L																				-													M	l N	<u></u>		\perp				
Pr	ogr	am II)#: 		<u> </u>								1		T	_	$\overline{}$	\neg																_	\neg	г		_			
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Pr	ogr	am n	ame:																														М	l N	1	[)	D			
_											- 1				1														_	-					_	_		_			_

Middle

initial:

Baby's last name:

Baby's gender:

() Male



5 months 0 days through 6 months 30 days

	Important Points to Remember:	Notes:				
	$oldsymbol{arnothing}$ Try each activity with your baby before marking a respons	se				
	Make completing this questionnaire a game that is fun for you and your baby.	r 				
	☑ Make sure your baby is rested and fed.					
	Please return this questionnaire by)
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	Does your baby make high-pitched squeals?		\bigcirc	\bigcirc	\bigcirc	
2.	When playing with sounds, does your baby make grunting, other deep-toned sounds?	growling, or	\bigcirc	\bigcirc	\bigcirc	
3.	If you call your baby when you are out of sight, does she loo rection of your voice?	k in the di-	\bigcirc	\bigcirc	\bigcirc	_
4.	When a loud noise occurs, does your baby turn to see where came from?	e the sound	\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby make sounds like "da," "ga," "ka," and "ba	ı"?	\bigcirc	\bigcirc	\bigcirc	
6.	If you copy the sounds your baby makes, does your baby repsame sounds back to you?	oeat the	\bigcirc	\bigcirc	\bigcirc	
				COMMUNICATION	N TOTAL	
G	ROSS MOTOR		YES	SOMETIMES	NOT YET	
1.	While your baby is on his back, does your baby lift his legs h to see his feet?	igh enough	\bigcirc	\bigcirc	\bigcirc	
2.	When your baby is on her tummy, does she straighten both push her whole chest off the bed or floor?	arms and	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby roll from his back to his tummy, getting both from under him?	h arms out	\bigcirc	0	\bigcirc	
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.)		\bigcirc	0	\bigcirc	_

G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	
5.	If you hold both hands just to balance your baby, does he support his own weight while standing?	\bigcirc			
6.	Does your baby get into a crawling position by getting up on her hands and knees?	0	\bigcirc	0	
			GROSS MOTO	OR TOTAL	
F	INE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?	\bigcirc	\bigcirc	\bigcirc	_
2.	Does your baby reach for or grasp a toy using both hands at once?	\bigcirc	\bigcirc	\bigcirc	
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?	\bigcirc	0	\circ	
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.)	\bigcirc		0	
6.	Does your baby pick up a small toy with only one hand?	\bigcirc	\bigcirc	\bigcirc	
			FINE MOTO	OR TOTAL	
Ρ	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	When a toy is in front of your baby, does she reach for it with both hands?	\bigcirc	\circ	\circ	
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.)	\bigcirc	\bigcirc	\bigcirc	
3.	When your baby is on her back, does she try to get a toy she has dropped if she can see it?	\bigcirc	\bigcirc	\bigcirc	_

PROBLEM SOLVING (continued)	YES	SOMETIMES	NOT YET	
4. Does your baby pick up a toy and put it in his mouth?	\bigcirc	\circ	\circ	_
5. Does your baby pass a toy back and forth from one hand to the other?	\bigcirc	\bigcirc	\bigcirc	
6. Does your baby play by banging a toy up and down on the floor or table?	\bigcirc	\bigcirc	\bigcirc	
	PI	ROBLEM SOLVIN	IG TOTAL	
PERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1. When in front of a large mirror, does your baby smile or coo at herself? Output Description:	\bigcirc	\bigcirc	\bigcirc	
 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.) 	\bigcirc	\bigcirc	\bigcirc	
3. While lying on her back, does your baby play by grabbing her foot?	\bigcirc	\bigcirc	\bigcirc	
4. When in front of a large mirror, does your baby reach out to pat the mirror?	0		0	
5. While your baby is on his back, does he put his foot in his mouth?	0	\circ	\bigcirc	
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.)	\bigcirc	\bigcirc	\bigcirc	
	Р	ersonal-soci	AL TOTAL	



OVERALL

Pa	rents 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	O NO	
3.	Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:	YES	O NO	
4.	Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO	
5.	Do you have concerns about your baby's vision? If yes, explain:	YES	О NO	-

	AASQ3	6 Month Quest	t ionnaire page	∍ 6 of 0
6.	Has your baby had any medical problems in the last several months? If yes, explain:	YES	O NO	
7.	Do you have any concerns about your baby's behavior? If yes, explain:	YES	O NO	
8.	Does anything about your baby worry you? If yes, explain:	YES	О NO	
				/



5 months 0 days through 6 months 30 days

D -	. داريما								F)-+- A	CO		- al.							
	-	name:										·								
	-	ID #:											for pren	anturity.						
Аc	imini	stering pr	ogram/p	provider:					`				questio			Yes	\bigcirc	No		
1.	res		e missing	g. Score	each ite	m (YES	= 10, 5	OMETI	MES =	5, NC	T YE	T = 0).	Add ite	including m scores, al scores.						
		Area	Cutoff	Total Score	0	5	10	15	20	2		30	35	40	45	50)	55	(60
	Comr	nunication	29.65										0	D	\bigcirc)	\bigcirc	($\overline{\bigcirc}$
	Gi	ross Motor	22.25									Ö	Ō	Ö	Ŏ	\overline{C}		Ō		$\overline{\bigcirc}$
	F	ine Motor	25.14									O	0	0	Ō	\overline{C})	Ō		$\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{$
	Proble	em Solving	27.72									O	0		Ō)	O		\overline{C}
	Perso	onal-Social	25.34								<u> </u>	0	0	0	$\overline{\bigcirc}$	\overline{C})	0	($\overline{\mathbb{C}}$
2.	TR	ANSFER (OVERAL	L RESPO	ONSES:	Bolded	Lupperd	case res	ponses	s requi	re foll	low-up	See A	SO-3 User	's Gu	ide. (Char	oter 6		
		 TRANSFER OVERALL RESPONSES: Bolded uppercase responses req Uses both hands and both legs equally well? Yes NO 5 Comments: 														No				
	2.	Feet are flat on the surface most of the time? Comments:				Yes	NO	6.	-	medic nments	al probl s:	ems?				Y	ES	No		
	3.	Concern Commer		not maki	ing soun	ıds?		YES	No	7.		ncerns a		ehavior?				Y	ES	No
	4.	Family h Commer	-	hearing	impairm	nent?		YES	No	8.		er cond						Y	ES	No
3.														consider to ppropriat				s, ove	erall	
	If t	he baby's	total sco	ore is in t	the 🔲	area, it	is close	to the	cutoff.	Provid	le lea	rning a	ctivities	nt appears and mon profession	itor.					
4.	FO	LLOW-UF	ACTIO	N TAKE	N: Chec	k all tha	at apply	•					5.	OPTION <i>A</i>	L: Tr	ansfe	er ite	m res	pons	ses
		Provide	activities	s and res	creen in	ı	months						(Y =	YES, S = 1 response	SOM	ETIM				
			sults wit										\ = 1	response	1	· ·		I . I		_
			r (circle a	·	-			nd/or b	ehavio	ral scr	eening	g.	_		1	2	3	4	5	6
			· primary			_						_		nmunication						
												, :		Gross Motor		_				
		Refer to	early int	terventic	n/early	childho	od spe	cial edu	cation.				D !	Fine Motor						
		No furth	ner action	n taken a	at this tir	me							Prob	lem Solving						

Personal-Social

ASQ-3 Ages & Stages Questionnaires®

7 months 0 days through 8 months 30 days Month Questionnaire

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

Date ASQ completed:									
·	M	М	D	D	Υ	Υ	Y	Υ	



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	Middle
First name:	initial: Last name:
Street address:	Relationship to baby:
	Parent Guardian Teacher Child care provider
	Grandparent Foster or other Other:
City:	relative State/Province: ZIP/Postal code:
Country: Ho	ome telephone number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
Baby ID #:	AM INFORMATION
	Age at administration, in months and days:
Program ID #:	M M D D
	If premature, adjusted age, in months and days:
Program name:	M M D D



7 months 0 days through 8 months 30 days

	Important Points to Remember:	Notes:				
	☑ 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					_)
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	If you call to your baby when you are out of sight, does she loo direction of your voice?	ok in the	\bigcirc	\bigcirc	\bigcirc	
2.	When a loud noise occurs, does your baby turn to see where to came from?	he sound	\bigcirc	\bigcirc	\bigcirc	
3.	If you copy the sounds your baby makes, does your baby repesame sounds back to you?	at the	\bigcirc	\bigcirc	\bigcirc	
4.	Does your baby make sounds like "da," "ga," "ka," and "ba"?		\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby respond to the tone of your voice and stop his at least briefly when you say "no-no" to him?	s activity	\bigcirc	\bigcirc	\bigcirc	
6.	Does your baby make two similar sounds like "ba-ba," "da-da, "ga-ga"? (The sounds do not need to mean anything.)	" or	\bigcirc	\bigcirc	\bigcirc	
				COMMUNICATIO	N TOTAL	
G	ROSS MOTOR		YES	SOMETIMES	NOT YET	
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.)			\bigcirc	0	
2.	Does your baby roll from his back to his tummy, getting both a from under him?	irms out	\bigcirc	0	\bigcirc	

G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	
3.	Does your baby get into a crawling position by getting up on her hands and knees?	\circ	\circ	\bigcirc	
4.	If you hold both hands just to balance your baby, does he support his own weight while standing?	\bigcirc			_
5.	When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support?	\bigcirc		\bigcirc	
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?		GROSS MOTO *If Gross Motor Item "yes" or "somet Gross Motor It	5 is marked imes," mark	_
FI	NE MOTOR	YES	SOMETIMES	NOT YET	
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.)	\bigcirc	\bigcirc	\bigcirc	
2.	Does your baby pick up a small toy, holding it in the center of his hand with his fingers around it?	\bigcirc	\bigcirc	\circ	
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.)			\circ	
4.	Does your baby pick up a small toy with only one hand?	\bigcirc	\bigcirc	\bigcirc	

F	INE MOTOR (continued)	YES	SOMETIMES	NOT YET	
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.)	0		0	_
6.	Does your baby pick up a small toy with the tips of her thumb and fingers? (You should see a space between the	\bigcirc	\bigcirc	\bigcirc	*
	toy and her palm.)		*If Fine Motor Item "yes" or "some Fine Motor I	n 6 is marked times," mark	
Ρ	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	Does your baby pick up a toy and put it in his mouth?	0	0	0	
2.	When your baby is on her back, does she try to get a toy she has dropped if she can see it?	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby play by banging a toy up and down on the floor or table?	\circ		0	
4.	Does your baby pass a toy back and forth from one hand to the other?	\circ	\bigcirc	0	_
5.	Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?	\bigcirc	\bigcirc	\bigcirc	_
6.	When holding a toy in his hand, does your baby bang it against another toy on the table?	0	\circ	\circ	
		Р	ROBLEM SOLVIN	IG TOTAL	

PI	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	When lying on her back, does your baby play by grabbing her foot?	\bigcirc		\bigcirc	
2.	When in front of a large mirror, does your baby reach out to pat the mirror?	\bigcirc		0	_
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.)	\bigcirc	\bigcirc	\bigcirc	
4.	While your baby is on her back, does she put her foot in her mouth?	\bigcirc	\circ	\bigcirc	
5.	Does your baby drink water, juice, or formula from a cup while you hold it?	\bigcirc	\bigcirc	\bigcirc	
6.	Does your baby feed himself a cracker or a cookie?	\bigcirc	\bigcirc	\bigcirc	
			PERSONAL-SOCIA	L TOTAL	
0	VERALL				
Par	ents 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	O NO	
2.	When you help your baby stand, are his feet flat on the surface most of the till If no, explain:	me?	YES	O NO	

R	AS	$\overline{\mathbf{O}}$	3
		-	

YES	O NO
YES	O NO
YES	О NO
YES	O NO
YES	O NO
YES	O NO
	YES



7 months 0 days through 8 months 30 days

Ва	ıby's name:							D	ate A	SQ completed	d:						
Ва	by's ID #:							D	ate of	birth:							
Ac	dministering pr	ogram/p	orovider:					W		e adjusted fo n selecting qu	r prematurity uestionnaire?	\circ	Yes	\circ	No		
1.	responses ar	e missing	each ite	m (YES	= 10, 5	OMETI	MES =	5, NO	T YET $= 0$). A	etails, including dd item scores, he total scores.							
	Area	Cutoff	Total Score	lo	5	10	15	20	25	5 30	35 40	45	50)	55	(60
	Communication	33.06	300.0								\bigcirc	$\overline{\bigcirc}$			0		$\overline{\bigcirc}$
	Gross Motor	30.61									0 0	Ŏ	\overline{C})	Ō		$\overline{\overline{\mathbb{C}}}$
	Fine Motor	40.15										Ō	TC)	Ō		$\overline{\overline{C}}$
	Problem Solving	36.17										Ŏ)	0	(\overline{C}
	Personal-Social	35.84									0	$\dot{\Diamond}$	\overline{C}		0	(\overline{C}
2.	TRANSFER (OVERAL	I RESPO	ONSES:	Bolded	upperd	ase res	nonses	requir	re follow-up	See ASO-3 User	's Gu	iide (Char	nter 6		
 TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 L Uses both hands and both legs equally well? Yes NO 5. Concerns about vision? Comments: 										3 04	ide, ·	Chap		ES	No		
	Feet are flat on the surface most of the time? Yes NO Comments:						6.	Any medical Comments:	problems?				Y	ES	No		
	3. Concern Commer		not maki	ing soun	ds?		YES	No	7.	Concerns ab	oout behavior?				Y	ES	No
	4. Family h		hearing	impairm	ent?		YES	No	8.	Other conce Comments:	erns?				Y	ES	No
3.											must consider to nine appropriat				s, ove	erall	
	If the baby's	total sco	ore is in	the 🔲	area, it	is close	to the	cutoff. F	Provid	e learning act	opment appears tivities and mon vith a profession	itor.					
4.	FOLLOW-UF	ACTIO	N TAKE	N: Chec	k all tha	at apply	'.				5. OPTIONA	\L: Tr	ansfe	er ite	m res	pons	ses
	Provide										(Y = YES, S = S)			IES, I	N = N	TOI	YET,
	 Share re										X = response	missii T	_				
	Refer fo		•	-				ehavior	al scre	enina.		1	2	3	4	5	6
	Refer to				_					-	Communication	_					
	reason):							-, -9	, (5	·	Gross Motor						
	Refer to	early int	terventio	on/early	childho	od spe	cial edu	cation.			Fine Motor						
	No furth	ner action	n taken :	at this tir	me						Problem Solving						

Personal-Social

ASQ-3 Ages & Stages Questionnaires®

9 months 0 days through 9 months 30 days Month Questionnaire

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

Date ASQ completed:								
·	М	М	D	D	Υ	Υ	Υ	Υ



Date A	.SQ co	omple	eted:		M N	N C) [) ,	Y Y	/ Y		 ^																V			/						
E	Baby	/'s iı	nfo	rma	itio	n																															
Baby's	first r	name:	:													Midd initia		Bal	by's l	last n	nam	ne:															
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Baby's				Y	Y	Y		3 o pre	oaby v or mor ematu eeks p	ore we urely,	eeks , # of	f						Bal		gend ale	ler:	\sim	Fen	male													
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Bab	y ID #	ŀ:											PF	₹O¢	GRA	۱M	INF	=OI	RM.	ATI	OI	N															
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Prog	gram l	ID #:														_													_	М	M	_	D	D			
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Prog	gram ı	name	:					_			_		_			_														М	М		D	D		_	
								\prod	\prod		\prod			\prod	\prod																						



9 months 0 days through 9 months 30 days

	Important Points to Remember:	Notes:				
	☑ 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)
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	Does your baby make sounds like "da," "ga," "ka," and "ba"?		\bigcirc	\bigcirc	\bigcirc	
2.	If you copy the sounds your baby makes, does your baby repeasame sounds back to you?	at the	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby make two similar sounds like "ba-ba," "da-da," "ga-ga"? (The sounds do not need to mean anything.)	' or	\bigcirc	\bigcirc	\bigcirc	
4.	If you ask your baby to, does he play at least one nursery game you don't show him the activity yourself (such as "bye-bye," "P boo," "clap your hands," "So Big")?		\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby follow one simple command, such as "Come he "Give it to me," or "Put it back," without your using gestures?	ere,"	\bigcirc	\bigcirc	\bigcirc	
6.	Does your baby say three words, such as "Mama," "Dada," and "Baba"? (A "word" is a sound or sounds your baby says consist		\bigcirc	\bigcirc	\bigcirc	
	mean someone or something.)			COMMUNICATIO	N TOTAL	
G	ROSS MOTOR		YES	SOMETIMES	NOT YET	
1.	If you hold both hands just to balance your baby, does she support her own weight while standing?		\bigcirc		0	_
2.	When sitting on the floor, does your baby sit up straight for several minutes <i>without</i> using his hands for support?		\bigcirc	0	\circ	

G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	
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?	\bigcirc		0	
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?	\bigcirc		\bigcirc	
5.	While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?	\bigcirc	\bigcirc	\bigcirc	
6.	Does your baby walk beside furniture while holding on with only one hand?	\bigcirc	\bigcirc	\bigcirc	
			GROSS MOTO	OR TOTAL	
FI	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your baby pick up a small toy with only one hand?	\bigcirc	\circ	\bigcirc	
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.)		0	\bigcirc	
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.)	\bigcirc	0	\bigcirc	
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.)	\bigcirc	\circ	\bigcirc	
5.	Does your baby pick up a crumb or Cheerio with the <i>tips</i> of his thumb and a finger? He may rest his arm or hand on the table while doing it.	0		0	
6.	Does your baby put a small toy down, without dropping it, and then take her hand off the toy?	\bigcirc	\bigcirc	\bigcirc	
			FINE MOTO	OR TOTAL	

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

P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	Does your baby pass a toy back and forth from one hand to the other?	\bigcirc	\bigcirc	\bigcirc	
2.	Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?	\bigcirc	\bigcirc	\bigcirc	
3.	When holding a toy in his hand, does your baby bang it against another toy on the table?	\circ	\bigcirc	\bigcirc	
4.	While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?	\bigcirc	\bigcirc	\bigcirc	
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)?	\bigcirc	\bigcirc	\bigcirc	
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.)	\bigcirc	\bigcirc	\bigcirc	
		PF	ROBLEM SOLVIN	IG TOTAL	
P	ERSONAL-SOCIAL	PI YES	ROBLEM SOLVIN	NOT YET	
	ERSONAL-SOCIAL While your baby is on her back, does she put her foot in her mouth?				_
	While your baby is on her back, does she put her foot in her mouth?				_
1.	While your baby is on her back, does she put her foot in her mouth? Does your baby drink water, juice, or formula from a cup while you				_
 2. 3. 	While your baby is on her back, does she put her foot in her mouth? Does your baby drink water, juice, or formula from a cup while you hold it?				_
 2. 3. 	While your baby is on her back, does she put her foot in her mouth? Does your baby drink water, juice, or formula from a cup while you hold it? Does your baby feed himself a cracker or a cookie? 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				
 1. 2. 3. 4. 	While your baby is on her back, does she put her foot in her mouth? Does your baby drink water, juice, or formula from a cup while you hold it? Does your baby feed himself a cracker or a cookie? 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.) When you dress your baby, does he push his arm through a sleeve once				



OVERALL

. Does your baby use both hands and both legs equally well? If no, explain:	YES	O NO
When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:	YES	O NO
Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:		○ NO
Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:		O NO
Do you have concerns about your baby's vision? If yes, explain:		○ NO
Has your baby had any medical problems in the last several months? If yes, explain:	YES	O NO



9 months 0 days through 9 months 30 days

Ва	by's name:							D	ate A	SQ comple	eted:							
Ва	by's ID #:							D	ate of	f birth:								
	lministering pr									e adjustec n selecting			O .	Yes	\bigcirc	No		
1.	score and responses ar In the chart l	e missin	g. Score	each ite	em (YES	S = 10, S	SOMETI	IMES =	5, NC	T YET = 0). Add it	em scores,						
	Area	Cutoff	Total Score	0	5	10	15	20	2!	5 30	35	40	45	50		55	(60
	Communication	13.97					\bigcirc	0	C		0	0	0	С)	0	(\overline{C}
	Gross Motor	17.82						0				0	Ō	Č)	Ō	($\overline{\overline{\mathbb{C}}}$
	Fine Motor	31.32									0		0	C)	0	($\overline{\mathbb{C}}$
	Problem Solving	28.72									0	0	Ō	C)	Ō	(\overline{C}
	Personal-Social	18.91						\bigcirc			$\overline{}$		0	С)	0	($\overline{\mathbb{C}}$
2.	TRANSFER	OVERAL	_L RESPO	ONSES:	Bolded	l upperd	case res	ponses	requi	re follow-u	p. See <i>A</i>	ASQ-3 Use	r's Gu	ide, C	Chap	ter 6.		
	1. Uses bot		and bot	h legs e	equally v	well?	Yes	NO	5.	Concerns Commen		vision?				YE	S	No
	2. Feet are Comme		:he surfac	ce most	of the	time?	Yes	NO	6.	Any med Commen		olems?				YE	S	No
	3. Concern Comme		not maki	ing sour	nds?		YES	No	7.	Concerns Commen		oehavior?				YE	S	No
	4. Family h Commer		hearing	impairn	nent?		YES	No	8.	Other co Commen						YE	S	No
3.	ASQ SCORE responses, a If the baby's If the baby's	nd othe total sc total sc	r conside ore is in t ore is in t	erations the ==== the ====================================	such a area, it area, it	s oppor is abov is close	tunities e the cu to the	to pracutoff, an cutoff. I	tice sl d the Provid	kills, to det baby's dev le learning	termine velopme activitie	appropriatent appeares and mor	te follo s to b nitor.	ow-up e on s	o. sche	dule.	rall	
4.	FOLLOW-UF	ACTIO	N TAKE	N: Ched	k all th	at apply	·.					OPTION						
	Provide	activitie	s and res	creen ii	າ	months	i.					response			L3, I	v – iv	01	1 L 1,
	Share re	sults wit	th primar	y health	n care p	rovider.							T 1	2	3	4	5	6
	Refer fo	r (circle	all that a	pply) he	earing, v	<i>i</i> ision, a	nd/or b	ehavior	al scre	ening.	Co	mmunication	+			•	Ť	Ť
			/ health c									Gross Motor	+					
			terventio									Fine Motor						
			n taken a	-							Pro	blem Solving						
		.5. 4000		(1							Pe	ersonal-Social						

ASQ3 Ages & Stages Questionnaires®

10 Month Questionnaire

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

Date ASQ completed:								
•	М	М	D	D	Υ	Υ	Υ	Υ



Date	ASC	2 cor	nplet	ted:	L N	/ N	vi i		D	Y	Y	Y		 Y																											
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Baby	's da	ate of	birt	h:							y w										Ва	by's	ger	nder	:																
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Jue	t ac	lures	·.			Г	Τ	T	Т	Τ	Т					Т	Т			Π	Τ	T	7			rent		aby ($\overline{}$	Guard	dian	(\supset	Tea	chei	r	\bigcirc	Chi	ld c	are	
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City:							Т	Т	\top	Т	\top			Τ	Т	\top	\top			Т	Τ	Т	7							Stat	e/Pi	rovii	nce:	: . [<u> </u>	Posi	Tai co	ode:		\neg	_
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E-ma	il ac	dres																											_												_
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Pr	ogra	am ID	#:																														M	l N	1	_	D	D			
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9 months 0 days through 10 months 30 days

	Important Points to Remember:	Notes:				
	☑ 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)
C	OMMUNICATION	Y	YES	SOMETIMES	NOT YET	
1.	Does your baby make sounds like "da," "ga," "ka," and "ba"?	(\bigcirc		\bigcirc	
2.	If you copy the sounds your baby makes, does your baby repeasame sounds back to you?	at the (\bigcirc	\bigcirc	
3.	Does your baby make two similar sounds like "ba-ba," "da-da," "ga-ga"? (The sounds do not need to mean anything.)	" or (\supset	\bigcirc	\bigcirc	
4.	If you ask your baby to, does he play at least one nursery game you don't show him the activity yourself (such as "bye-bye," "Pboo," "clap your hands," "So Big")?			\circ	\bigcirc	
5.	Does your baby follow one simple command, such as "Come h "Give it to me," or "Put it back," without your using gestures?	ere," (\bigcirc	\bigcirc	_
6.	Does your baby say three words, such as "Mama," "Dada," and "Baba"? (A "word" is a sound or sounds your baby says consist			\bigcirc	\bigcirc	_
	mean someone or something.)		(COMMUNICATION	N TOTAL	
G	ROSS MOTOR	Y	YES	SOMETIMES	NOT YET	
1.	If you hold both hands just to balance your baby, does she support her own weight while standing?		\supset		\bigcirc	_
2.	When sitting on the floor, does your baby sit up straight for several minutes <i>without</i> using his hands for support?		\bigcirc	0	\bigcirc	

G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	
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?	0	0		
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?	\bigcirc	0	0	
5.	While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?	\bigcirc	\bigcirc	\bigcirc	_
6.	Does your baby walk beside furniture while holding on with only one hand?	\bigcirc	\bigcirc	\bigcirc	
			GROSS MOTO	OR TOTAL	
FI	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your baby pick up a small toy with only one hand?	\bigcirc	\circ	\bigcirc	
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.)	\bigcirc	\bigcirc	\bigcirc	—
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.)	\bigcirc	0	\bigcirc	—
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.)	\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby pick up a crumb or Cheerio with the <i>tips</i> of his thumb and a finger? He may rest his arm or hand on the table while doing it.		0	0	
6.	Does your baby put a small toy down, without dropping it, and then take her hand off the toy?	\bigcirc	\bigcirc	\bigcirc	
			FINE MOTO	OR TOTAL	

marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."

PI	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	Does your baby pass a toy back and forth from one hand to the other?	\bigcirc	\bigcirc	\bigcirc	
2.	Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?	\bigcirc	\circ	\bigcirc	_
3.	When holding a toy in his hand, does your baby bang it against another toy on the table?	\bigcirc	\bigcirc	\bigcirc	_
4.	While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?	\bigcirc	\bigcirc	\bigcirc	
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)?	\bigcirc	\bigcirc	\bigcirc	
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.)	\bigcirc	\bigcirc	\bigcirc	
		PI	ROBLEM SOLVIN	IG TOTAL	
ΡI	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
	While your baby is on her back, does she put her foot in her mouth?	YES	SOMETIMES	NOT YET	
1.	While your baby is on her back, does she put her	YES	SOMETIMES	NOT YET	_
1. 2.	While your baby is on her back, does she put her foot in her mouth? Does your baby drink water, juice, or formula from a cup while you	YES	SOMETIMES	NOT YET	_
 2. 3. 	While your baby is on her back, does she put her foot in her mouth? Does your baby drink water, juice, or formula from a cup while you hold it?	YES O	SOMETIMES	NOT YET O	
 1. 2. 3. 4. 	While your baby is on her back, does she put her foot in her mouth? Does your baby drink water, juice, or formula from a cup while you hold it? Does your baby feed himself a cracker or a cookie? 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	YES O O O	SOMETIMES	NOT YET O O O O	
 1. 2. 3. 4. 5. 	While your baby is on her back, does she put her foot in her mouth? Does your baby drink water, juice, or formula from a cup while you hold it? Does your baby feed himself a cracker or a cookie? 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.) When you dress your baby, does he push his arm through a sleeve once	YES O O O O	SOMETIMES O O O	NOT YET O O O O O	



OVERALL

rents and providers may use the space below for additional comments.		
Does your baby use both hands and both legs equally well? If no, explain:	○ YES	O NO
When you help your baby stand, are his feet flat on the surface most of the time?	YES	O NO
If no, explain:	<u> </u>	O
	$\overline{}$	$\overline{}$
Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:		O NO
Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO
Do you have concerns about your baby's vision? If yes, explain:	YES	○ NO
Has your baby had any medical problems in the last several months? If yes, explain:	YES	○ NO



9 months 0 days through 10 months 30 days

Ва	Baby's name:								Date ASQ completed:										
Ва	by's ID #:							D	ate of	birth:									
Ad	lministering p	rogram/p	orovider:																
1.	score and responses and In the chart	re missin	g. Score	each ite	em (YES	S = 10, S	OMETI	MES = 5	5, NO	T YET = 0).	. Add ite	m scores,							
	Area	Cutoff	Total Score	0	5	10	15	20	25	5 30	35	40	45	50)	55		60	
	Communication	22.87										\bigcirc	\bigcirc	\subset)	\bigcirc	(\bigcirc	
	Gross Motor	30.07									0	0	0	\overline{C})	\bigcirc	(0	
	Fine Motor	37.97										0	\bigcirc	\overline{C})	0	(0	
	Problem Solving	32.51									0	0	$\overline{\bigcirc}$	C)	\bigcirc	($\overline{\bigcirc}$	
	Personal-Social	27.25									0		$\overline{\bigcirc}$	\overline{C})	0	($\overline{\bigcirc}$	
2.	TRANSFER	OVERAL	L RESPO	ONSES:	Bolded	d upper	case res	ponses	requir	e follow-up	o. See AS	SQ-3 User	's Gu	ide, (Chap	oter 6			
	1. Uses bo Comme		and bot	h legs e	equally v	well?	Yes	NO	NO 5. Concerns about vision? Comments:							Y	YES No		
	Feet are flat on the surface most of the time? Comments:						Yes	NO	NO 6. Any medical problems? Comments:						Y	No			
	3. Concerr Comme		not maki	ing sour	nds?		YES	No	7.	Concerns Comment						Y	ES	No	
	4. Family h	-	hearing	impairn	nent?		YES	No	8.	Other con Comment	concerns? YE						ES	No	
3.	ASQ SCORI															s, ove	rall		
	If the baby's If the baby's If the baby's	total sc	ore is in t	the 📖	area, it	is close	to the	cutoff. F	Provid	e learning a	activities	and mon	itor.						
4.	FOLLOW-U	P ACTIO	N TAKE	N: Chec	k all th	at apply	'.				5.	OPTIONA	L: Tr	ansfe	r ite	m res	pon	ses	
	Provide	activitie	s and res	screen ir	າ	months						YES, $S = S$ response			ES, I	N = N	IOT	YET,	
	Share re	esults wit	th primar	y health	n care p	rovider.				Λ-1	Сэропэс	_	· ·	2		_			
	Refer fo	or (circle	all that a	pply) he	earing, v	vision, a	nd/or b	ehaviora	al scre	ening.			1	2	3	4	5	6	
			health d		_					_		nmunication Gross Motor							
										·		Fine Motor						\vdash	
	Refer to	early in	terventic	on/early	childho	od spe	cial edu	cation.			Prob	lem Solving							
	No furt	No further action taken at this time									1 100	.cm colving	<u> </u>						

Personal-Social

ASQ-3 Ages & Stages Questionnaires® 11 months 0 days through 12 months 30 days Month Questionnaire

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

Date ASQ completed:								
·	М	М	D	D	Υ	Υ	Υ	Υ



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:
Sueet address.	Parent Cuardian Tacabar Child care
	Grandparent or other parent Other:
City:	relative State/Province: ZIP/Postal code:
Country:	Home telephone number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
PROGI	GRAM INFORMATION
Baby ID #:	
D 10.4	Age at administration, in months and days: M M D D
Program ID #:	
	If premature, adjusted age, in months and days:
Program name:	M M D D



11 months 0 days through 12 months 30 days

	Important Points to Remember:	Notes:				
	☑ Try each activity with your baby before marking a respons	e				
	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)
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	Does your baby make two similar sounds, such as "ba-ba," " "ga-ga"? (The sounds do not need to mean anything.)	da-da," or	\bigcirc	\bigcirc	\bigcirc	
2.	If you ask your baby to, does he play at least one nursery gar you don't show him the activity yourself (such as "bye-bye," boo," "clap your hands," "So Big")?			\bigcirc	\bigcirc	
3.	Does your baby follow one simple command, such as "Come" "Give it to me," or "Put it back," without your using gesture.		\bigcirc	\bigcirc	\bigcirc	_
4.	Does your baby say three words, such as "Mama," "Dada," a "Baba"? (A "word" is a sound or sounds your baby says cons mean someone or something.)			\bigcirc	\circ	
5.	When you ask, "Where is the ball (hat, shoe, etc.)?" does you look at the object? (Make sure the object is present. Mark "y knows one object.)		\bigcirc	\bigcirc	\circ	
6.	When your baby wants something, does he tell you by point	ing to it?	\bigcirc	\bigcirc	\bigcirc	
			C	COMMUNICATIO	ON TOTAL	
G	ROSS MOTOR		YES	SOMETIMES	NOT YET	
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?		\bigcirc	\bigcirc	\bigcirc	
2.	While holding onto furniture, does your baby lower herself w (without falling or flopping down)?	rith control	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby walk beside furniture while holding on with a hand?	only one	\bigcirc	\bigcirc	\bigcirc	—

G	ROSS 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.)	0	0	0	
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.)		0	\bigcirc	_
6.	Does your baby stand up in the middle of the floor by himself and take several steps forward?	\circ	\bigcirc	\bigcirc	
			GROSS MOTO	OR TOTAL	_
F	INE 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.)	\bigcirc	\bigcirc	\bigcirc	_
2.	Does your baby pick up a crumb or Cheerio with the <i>tips</i> of her thumb and a finger? She may rest her arm or hand on the table while doing it.	\circ	\bigcirc	\circ	—
3.	Does your baby put a small toy down, without dropping it, and then take his hand off the toy?	\bigcirc	\bigcirc	\bigcirc	
4.	Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the <i>tips</i> of her thumb and a finger?	0	0	0	*
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.)	0		0	
6.	Does your baby help turn the pages of a book? (You may lift a page for him to grasp.)	\bigcirc	\bigcirc	\bigcirc	
			*If Fine Motor Item	n 4 is marked	_

PF	ROBLEM 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")?	\bigcirc	\bigcirc	\bigcirc	
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)?	\bigcirc	\bigcirc	\bigcirc	
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.)	\bigcirc	\bigcirc	\bigcirc	
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.)	\bigcirc			
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.)	0	0	0	
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.)	\circ	\circ	\bigcirc	
		*If I	ROBLEM SOLVIN Problem Solving Item " or "sometimes," n Solving I	n 5 is marked	
PE	ERSONAL-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? (If he already lets go of the toy into your hand, mark "yes" for this item.)	\circ	\circ	\bigcirc	
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?	\bigcirc	\bigcirc	\bigcirc	
3.	When you hold out your hand and ask for his toy, does your baby let go of it into your hand?	\bigcirc	\bigcirc	\bigcirc	
4.	When you dress your baby, does she lift her foot for her shoe, sock, or pant leg?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby roll or throw a ball back to you so that you can return it to him?	\bigcirc	\bigcirc	\bigcirc	
6.	Does your baby play with a doll or stuffed animal by hugging it?	\bigcirc	\bigcirc	\bigcirc	
		Р	ERSONAL-SOCI	AL TOTAL	



OVERALL

Pai	rents 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	O NO	
2.	Does your baby play with sounds or seem to make words? If no, explain:	YES	O NO	
3.	When your baby is standing, are her feet flat on the surface most of the time? If no, explain:	YES	O 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	O NO	
5.	Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO	

OVERALL (continued)			
6. Do you have concerns about your baby's vision? If yes, explain:	YES	O NO	
7. Has your baby had any medical problems in the last several months? If yes, explain:	YES	O NO	
8. Do you have any concerns about your baby's behavior? If yes, explain:	YES	O NO	
9. Does anything about your baby worry you? If yes, explain:	YES	○ NO	



11 months 0 days through 12 months 30 days

۰.	aby's name:							F	Data /	۸۶۸	comple	+04.								
	•								'											
	aby's ID #: dministering pr	ogram/p							Vas a	ge a	djusted	for prer	naturity nnaire?	0		_	No			
1.	. SCORE AND responses ar In the chart b	e missing	g. Score	each ite	m (YES	= 10, 9	SOMET	IMES =	5, N	OT Y	'ET = 0).	. Add ite	em scores							
	Area	Cutoff	Total Score	0	5	10	15	20		25	30	35	40	45	50)	55	ć	60	
	Communication	15.64	000.0					\bigcirc	($\overline{}$		\bigcirc	\bigcirc	\bigcap	\overline{C})	\bigcirc	(\overline{C}	
	Gross Motor	21.49						Ŏ	($\overline{)}$	Ŏ	Ŏ	$\overline{\bigcirc}$	$\overline{\bigcirc}$	\overline{C}		Ō		$\overline{\mathbb{C}}$	
	Fine Motor	34.50										Ö	O	Ō	\overline{C}		Ō		$\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline}}}}}}$	
	Problem Solving	27.32									0	Ö		Ō	\overline{C}		Ō		$\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{$	
	Personal-Social	21.73							(\bigcirc				Ō	\overline{C})	O		\overline{C}	
2.	TRANSFER (OVERAL	I RESPO	ONSES:	Rolded	unner	case re	snonses	requi	iira f	ollow-ur	See A	SO-3 1 lsa	r's Gu	iida (^har	oter 6			
	1. Uses both	TRANSFER OVERALL RESPONSES: Bolded uppercase responses both hands and both legs equally well? Yes Comments:								Со		about vis		3 04	iiac, ·		ES	No)	
	-	Plays with sounds or seems to make words? Comments:					Yes	NO	7.		y medic mments							No)	
		. Feet are flat on the surface most of the time? Comments:					Yes	NO	8.		ncerns a		ehavior?			Y	ES	No)	
	4. Concerns Comments		ot makin	g sound:	s?		YES	No	9. Other concerns? Comments:						Y	ES	No)		
	5. Family hist	-	earing in	npairme	nt?		YES	No												
3.	. ASQ SCORE responses, a																s, ove	erall		
	If the baby's If the baby's If the baby's	total sco	ore is in t	the 📖 i	area, it i	s close	e to the	cutoff.	Provi	de le	earning a	activities	s and mor	itor.						
4.	FOLLOW-UF	ACTIO	N TAKEI	N: Checl	k all tha	t apply	/.					5.	OPTION	AL: Tr	ansfe	r ite	m res	pons	ses	
	Provide											(Y =	YES, S =	SOM	ETIM					
	 Share re											Λ=	response	1	T .	_				
	Refer fo		•	-				oehavio	ral sci	reen	ing.			1	2	3	4	5	6	
		· primary			•						•		mmunication	+						
	reason):										·		Gross Motor	+						
	Refer to	early int	terventic	n/early	childhoo	od spe	cial edu	ucation.					Fine Motor	+						
	No furth	No further action taken at this time									Prol	olem Solving								

Personal-Social