Ages & Stages Questionnaires®	The second
23 months 0 days through 25 months 15 days 24 Month Questionnaire	A Maria
Please provide the following information. Use black or blue ink only and print legibly when completing this form.	
Date ASQ completed: M M D D Y Y Y Y	
Child's information	
Child's first name: Middle initial:	Child's last name:
Child's date of birth:	Child's gender:
	Male Female
Person filling out questionnaire	
First name: initial:	Last name:
Street address:	Relationship to child:
	Parent Guardian Teacher Child care provider
	Grandparent Foster Other:
City:	relative State/Province: ZIP/Postal code:
Country: Home telepho	ne number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
Child ID #: PROGRAM INF	ORMATION
Program ID #:	
Program name:	



**24** Month Questionnaire

YES

SOMETIMES

23 months 0 days through 25 months 15 days

NOT YET

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Im	portant Points to Remember:	Notes:
র্থ	Try each activity with your child before marking a response.	
J	Make completing this questionnaire a game that is fun for you and your child.	
র্থ	Make sure your child is rested and fed.	
<b>1</b>	Please return this questionnaire by	

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

## COMMUNICATION

1.	Without your showing him, does your child <i>point</i> to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (She needs to identify only one picture correctly.)	$\bigcirc$	$\bigcirc$	$\bigcirc$
2.	Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Mark "yes" even if her words are difficult to understand.)	$\bigcirc$	$\bigcirc$	$\bigcirc$
3.	Without your giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?	$\bigcirc$	$\bigcirc$	$\bigcirc$
	a. "Put the toy on the table."			
	O b. "Close the door." O e. "Take my hand."			
	C. "Bring me a towel."			
4.	If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture?	$\bigcirc$	$\bigcirc$	$\bigcirc$
5.	Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-	$\bigcirc$	$\bigcirc$	$\bigcirc$

bye," "all gone," "all right," and "What's that?") Please give an example of your child's word combinations:

ASQ3		<b>24</b> Month Questionnaire	page 3 of 7
COMMUNICATION (continued)	YES	SOMETIMES NOT YET	г
<ol><li>Does your child correctly use at least two words like "me," "I," "mine," and "you"?</li></ol>	$\bigcirc$	0 0	
		COMMUNICATION TOTAL	
GROSS MOTOR	YES	SOMETIMES NOT YET	г
1. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)	$\bigcirc$	0 0	
2. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)	0	0 0	
<ol> <li>Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.</li> </ol>	0	0 0	
<ol> <li>Does your child run fairly well, stopping herself without bumping into things or falling?</li> </ol>	0	0 0	
5. Does your child jump with both feet leaving the floor at the same time?	$\bigcirc$	0 0	
6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	0	GROSS MOTOR TOTAL	
		*If Gross Motor Item 6 is marked "yes" or "sometimes," mark	

"yes" or "sometimes," mark Gross Motor Item 2 "yes." \*

## FINE MOTOR

- 1. Does your child get a spoon into his mouth right side up so that the food usually doesn't spill?
- 2. Does your child turn the pages of a book by herself? (She may turn more than one page at a time.)
- 3. Does your child use a turning motion with his hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?
- 4. Does your child flip switches off and on?
- 5. Does your child stack seven small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)
- 6. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?

## **PROBLEM SOLVING**

- 1. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? (*Mark "not yet" if your child scribbles back and forth.*)
- 2. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.) (You can use a soda-pop bottle or baby bottle.)
- 3. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food?
- 4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen?
- 5. If your child wants something she cannot reach, does she 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	
	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	$\bigcirc$	$\bigcirc$	$\bigcirc$	
n	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	$\bigcirc$	$\bigcirc$	$\bigcirc$	
\ \	$\bigcirc$	$\bigcirc$	$\bigcirc$	
λ		FINE MOTO	OR TOTAL	
	YES	SOMETIMES	NOT YET	
<u></u>	0	0	0	
	$\bigcirc$	$\bigcirc$	$\bigcirc$	
а	$\bigcirc$	0	0	
es	$\bigcirc$	$\bigcirc$	$\bigcirc$	
or to	$\bigcirc$	$\bigcirc$	$\bigcirc$	



Count as "yes"

Count as "not ve

#### E101240400

ASO-3

PI	ROBLEM SOLVING (continued)	YES	SOMETIMES	NOT YET	
6.	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	0	0	0	
	other toys.)	PR	OBLEM SOLVIN	G TOTAL	
PI	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	Does your child drink from a cup or glass, putting it down again with little spilling?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3.	Does your child eat with a fork?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.	When playing with either a stuffed animal or a doll, does your child pre- tend to rock it, feed it, change its diapers, put it to bed, and so forth?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
5.	Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
6.	Does your child call herself "I" or "me" more often than her own name? For example, "I do it," more often than "Juanita do it."	$\bigcirc$	$\bigcirc$	$\bigcirc$	
		PE	rsonal-soci <i>a</i>	AL TOTAL	
0	VERALL				
Par	ents and providers may use the space below for additional comments.				
1.	Do you think your child hears well? If no, explain:		◯ YES	O NO	
2.	Do you think your child talks like other toddlers her age? If no, explain:		O yes	O NO	

ASQ3	<b>24</b> Month Questio	nnaire page 6 of 7
<b>OVERALL</b> (continued)		
3. Can you understand most of what your child says? If no, explain:	⊖ yes	O NO
<ol> <li>Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:</li> </ol>	O YES	O NO
5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	O yes	O NO
6. Do you have any concerns about your child's vision? If yes, explain:	O YES	O NO
7. Has your child had any medical problems in the last several months? If yes, exp	plain: O YES	O NO

ASQ3	<b>24 Month Questionnaire</b> page 7 of 7
<b>OVERALL</b> (continued)	
8. Do you have any concerns about your child's behavior? If yes, explain:	◯ YES ◯ NO
9. Does anything about your child worry you? If yes, explain:	YES NO



**24** Month ASQ-3 Information Summary

Child's name:

\_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

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.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	25.17								$\bigcirc$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
Gross Motor	38.07										$\bigcirc$	0	0	0	0
Fine Motor	35.16										0	0	$\bigcirc$	0	0
Problem Solving	29.78									0	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	0
Personal-Social	31.54									0	0	0	0	0	0

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1.	Hears well? Comments:	Yes	NO	6.	Concerns about vision? Comments:	YES	No
2.	Talks like other toddlers his age? Comments:	Yes	NO	7.	Any medical problems? Comments:	YES	No
3.	Understand most of what your child says? Comments:	Yes	NO	8.	Concerns about behavior? Comments:	YES	No
4.	Walks, runs, and climbs like other toddlers? Comments:	Yes	NO	9.	Other concerns? Comments:	YES	No
5.	Family history of hearing impairment? Comments:	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. 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).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

Ages & Stages Questionnaires®	- Heren
25 months 16 days through 28 months 15 days 27 Month Questionnaire	A Marine
Please provide the following information. Use black or blue ink only and prime legibly when completing this form.	
Date ASQ completed:	
Child's information	
Child's first name: initial:	Child's last name:
Child's date of birth:	Child's condary
	Child's gender: Male Female
Person filling out questionnaire	
First name:	Last name:
Street address:	Relationship to child:
	Parent Guardian Teacher Child care provider
	Grandparent Foster Other:
City:	relative State/Province: ZIP/Postal code:
Country: Home teleph	None number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
Names of people assisting in questionnaire completion:	
Names of people assisting in questionnaire completion:	
Names of people assisting in questionnaire completion:	
PROGRAM INF	
PROGRAM INF	
Child ID #:	
PROGRAM INF           Child ID #:           Program ID #:	
Child ID #:	



**27** Month Questionnaire

25 months 16 days through 28 months 15 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

C	OMMUNICATION	YES	SOMETIMES	NOT YET	
1.	Without your giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	a. "Put the toy on the table." d. "Find your coat."				
	O b. "Close the door." O e. "Take my hand."				
	C. "Bring me a towel."				
2.	If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least <i>seven</i> 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.)	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.	Does your child correctly use at least two words like "me," "I," "mine," and "you"?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
5.	Does your child make sentences that are three or four words long? Please give an example:	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	Without giving your child help by pointing or using gestures, ask him to "put the book <i>on</i> the table" and "put the shoe <i>under</i> the chair." Does your child carry out both of these directions correctly?	$\bigcirc$	0	$\bigcirc$	
	· · ·		COMMUNICATIO	ON TOTAL	

GROSS MOTOR	YES	SOMETIMES NOT Y	ΈT
<ol> <li>Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)</li> </ol>	$\bigcirc$	0 C	
<ol> <li>Does your child run fairly well, stopping herself without bumping into things or falling?</li> </ol>	$\bigcirc$	0 C	
3. Does your child jump with both feet leaving the floor at the same time?	$\bigcirc$	0 C	
4. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	$\bigcirc$	0 C	
5. Does your child jump forward at least 3 inches with both feet leaving the ground at the same time?	$\bigcirc$	0 C	
6. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right	$\bigcirc$	0 C	*
foot is on the next.) She may hold onto the railing or wall.		GROSS MOTOR TOTA *If Gross Motor Item 6 is mark "yes" or "sometimes," m. Gross Motor Item 1 "ye	ed ark

	KASQ3		27 Month Que	stionnaire	page 4 of 7
F	INE MOTOR	YES	SOMETIMES	NOT YET	
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?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	Does your child flip switches off and on?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3.	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?	$\bigcirc$	0	$\bigcirc$	
4.	Does your child stack seven small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)	$\bigcirc$	$\bigcirc$	$\bigcirc$	
5.	Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
6.	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?	0	$\bigcirc$	$\bigcirc$	
			FINE MOT	OR TOTAL	
Ρ	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	Does your child pretend objects are something else? For example, does your child hold a cup to his ear, pretending it is a telephone? Does he put a box on her head, pretending it is a hat? Does he use a block or small toy to stir food?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	Does your child put things away where they belong? For example, does she know her toys belong on the toy shelf, her blanket goes on her bed, and dishes go in the kitchen?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3.	When looking in the mirror, ask "Where is?" (Use your child's name.) Does your child point to his image in the mirror?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.	If your child wants something she cannot reach, does she 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)?	$\bigcirc$	$\bigcirc$	$\bigcirc$	

ASQ3		<b>27</b> Month Que	stionnaire
	YES	SOMETIMES	NOT YET
5. 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 <i>four</i> objects in a row? (You can also use spools of thread, small boxes, or other toys.)	$\bigcirc$	0	$\bigcirc$
<ul> <li>6. 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:</li> </ul>	$\bigcirc$	$\bigcirc$	$\bigcirc$
	Ρ	ROBLEM SOLVII	NG TOTAL
PERSONAL-SOCIAL	YES	SOMETIMES	NOT YET

1.	If you do any of the following gestures, does your child copy at least	
	one of them?	

$\bigcirc$	a. Open and close your mouth.	$\bigcirc$	c. Pull on your earlobe.
------------	-------------------------------	------------	--------------------------

- b. Blink your eyes. d. Pat your cheek.
- 2. Does your child eat with a fork?

(

- When playing with either a stuffed animal or a doll, does your child pre-3. tend to rock it, feed it, change its diapers, put it to bed, and so forth?
- 4. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?
- 5. Does your child call herself "I" or "me" more often than her own name? For example, "I do it" more often than "Juanita do it."
- 6. Does your child put on a coat, jacket, or shirt by himself?

YES	SOMETIMES	NOT YET	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	

PERSONAL-SOCIAL TOTAL



## 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	O NO
(			
3.	Can you understand most of what your child says? If no, explain:	) YES	/ О NO
4.	Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:	() YES	U NO
5.	Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO
6.	Do you have concerns about your child's vision? If yes, explain:	⊖ yes	O NO

ASQ3	27 Month Questionnaire	age 7 of 7
OVERALL (continued)		
7. Has your child had any medical problems in the last several months? If yes, explain:	◯ yes ◯ no	
8. Do you have any concerns about your child's behavior? If yes, explain:	O yes O no	
9. Does anything about your child worry you? If yes, explain:		



-3 27 Month ASQ-3 Information Summary 25 months 16 days through

Child's name:

\_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

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.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	24.02							$\bigcirc$	0						
Gross Motor	28.01								$\bigcirc$	0	0	$\bigcirc$	0	0	0
Fine Motor	18.42						$\bigcirc$	$\bigcirc$	0	0	0	0	0	0	0
Problem Solving	27.62								0	0	0	0	0	0	0
Personal-Social	25.31								0	0	0	0	0	0	0

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1.	Hears well? Comments:	Yes	NO	6.	Concerns about vision? Comments:	YES	No
2.	Talks like other toddlers his age? Comments:	Yes	NO	7.	Any medical problems? Comments:	YES	No
3.	Understand most of what your child says? Comments:	Yes	NO	8.	Concerns about behavior? Comments:	YES	No
4.	Walks, runs, and climbs like other toddlers? Comments:	Yes	NO	9.	Other concerns? Comments:	YES	No
5.	Family history of hearing impairment? Comments:	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. 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).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

Ages & Stages Questionnaires®	
28 months 16 days through 31 months 15 days 30 Month Questionnaire	A Maria
Please provide the following information. Use black or blue ink only and print legibly when completing this form.	
Date ASQ completed:	
Child's information	
Child's first name: Middle initial:	Child's last name:
Child's date of birth:	Child's gender:
	Male Female
Person filling out questionnaire	
First name:	Last name:
Street address:	Relationship to child:
	Parent Guardian Teacher Child care provider
	Grandparent Foster Other:
City:	relative State/Province: ZIP/Postal code:
Country: Home teleph	one number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
Child ID #: PROGRAM INF	ORMATION
Program ID #:	
Program name:	



# **30** Month Questionnaire

YES

SOMETIMES

28 months 16 days through 31 months 15 days

NOT YET

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

<ul> <li>Try each activity with your child before marking a response.</li> <li>Make completing this questionnaire a game that is fun for you and your child.</li> <li>Make sure your child is rested and fed.</li> <li>Please return this questionnaire by</li> </ul>	lm	portant Points to Remember:	Notes:
you and your child	2	Try each activity with your child before marking a response.	
	র্থ		
Please return this questionnaire by	⊴	Make sure your child is rested and fed.	
	ন	Please return this questionnaire by	

## 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 <i>name</i> at least one picture?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	Without your giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	a. "Put the toy on the table." d. "Find your coat."				
	O b. "Close the door." O e. "Take my hand."				
	C. "Bring me a towel."				
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 <i>seven</i> body parts? ( <i>She can</i> <i>point to parts of herself, you, or a doll. Mark "sometimes" if she cor-</i> <i>rectly points to at least three different body parts.</i> )	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.	Does your child make sentences that are three or four words long? Please give an example:	$\bigcirc$	$\bigcirc$	$\bigcirc$	
5.	Without giving your child help by pointing or using gestures, ask him to "put the book <i>on</i> the table" and "put the shoe <i>under</i> the chair." Does your child carry out both of these directions correctly?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
6.	When looking at a picture book, does your child tell you what is hap- pening or what action is taking place in the picture (for example, "bark- ing," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"	0	0	$\bigcirc$	

### COMMUNICATION TOTAL

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

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

ASQ3		30 Month Questic	onnaire	page 4 of 7
FINE MOTOR	YES	SOMETIMES	NOT YET	
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?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
<ul> <li>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?</li> </ul>	$\bigcirc$	0	0	
3. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?	0	$\bigcirc$	$\bigcirc$	
<ul> <li>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?</li> </ul>	0	0	$\bigcirc$	
<ul> <li>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?</li> <li>Count as "yes"</li> <li>Count as "not yet"</li> <li>Count as "not yet"</li> </ul>	0	$\bigcirc$	0	
6. Does your child turn pages in a book, one page at a time?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
		FINE MOTOR	TOTAL	
PROBLEM SOLVING	YES	SOMETIMES	NOT YET	
<ol> <li>When looking in the mirror, ask, "Where is?" (Use your child's name.) Does your child point to her image in the mirror?</li> </ol>	$\bigcirc$	$\bigcirc$	$\bigcirc$	
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)?	$\bigcirc$	0	$\bigcirc$	

	ROBLEM SOLVING (continued)		<b>30</b> Month Questionnaire page				
Ρ			SOMETIMES	NOT YET			
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.)	$\bigcirc$	0	$\bigcirc$			
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:	$\bigcirc$	$\bigcirc$	0			
5.	When you say, "Say 'seven three,'" does your child repeat <i>just</i> the two numbers in the same order? <i>Do not repeat the numbers</i> . 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.	$\bigcirc$	$\bigcirc$	$\bigcirc$			
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.)	$\bigcirc$	$\bigcirc$	$\bigcirc$			
		Р	ROBLEM SOLVIN	NG TOTAL			
Ρ	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET			
1.	If you do any of the following gestures, does your child copy at least one of them?	$\bigcirc$	$\bigcirc$	$\bigcirc$			
	) a. Open and close your mouth. () c. Pull on your earlobe.						
	O b. Blink your eyes. O d. Pat your cheek.						
2.	Does your child use a spoon to feed himself with little spilling?	$\bigcirc$	$\bigcirc$	$\bigcirc$			
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?	$\bigcirc$	$\bigcirc$	$\bigcirc$			
4.	Does your child put on a coat, jacket, or shirt by himself?	$\bigcirc$	$\bigcirc$	$\bigcirc$			
5.	After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?	$\bigcirc$	$\bigcirc$	$\bigcirc$			
6.	When your child is looking in a mirror and you ask, "Who is in the mir- ror?" does he say either "me" or his own name?	$\bigcirc$	$\bigcirc$	$\bigcirc$			

PERSONAL-SOCIAL TOTAL



◯ YES

O YES

O NO

O NO

## **OVERALL**

Parents and providers may use the space below for additional comments.

1.	Do you think your	child hears well? If no, explai	n:
----	-------------------	---------------------------------	----

1.	Do you think your child hears well? If no, explain:	◯ YES	O NO
2.	Do you think your child talks like other toddlers her age? If no, explain:	⊖ yes	O NO

3. Can you understand most of what your child says? If no, explain:	
---------------------------------------------------------------------	--

4.	Can other people understand most of what your child says? If no, explain:	◯ YES	O NO
5.	Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:	YES	O NO

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

	ASQ3	<b>30</b> Month Questionnaire pag			
0	VERALL (continued)				
7.	Do you have any concerns about your child's vision? If yes, explain:	⊖ yes	O NO		
8.	Has your child had any medical problems in the last several months? If yes, explain:	⊖ yes	O NO		
9.	Do you have any concerns about your child's behavior? If yes, explain:	⊖ yes	O NO		
$\left( \right)$	-				
10.	Does anything about your child worry you? If yes, explain:	⊖ yes	O NO		
$\left( \right)$					



**30** Month ASQ-3 Information Summary

Child's name:

\_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

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.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	33.30									$\bigcirc$	$\bigcirc$	0	$\bigcirc$	$\bigcirc$	0
Gross Motor	36.14										0	$\bigcirc$	0	0	0
Fine Motor	19.25						$\bigcirc$	0	0	$\bigcirc$	0	0	0	0	0
Problem Solving	27.08								0	0	0	0	$\bigcirc$	$\bigcirc$	0
Personal-Social	32.01									0	0	0	0	0	0

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1.	Hears well? Comments:	Yes	NO	6.	Family history of hearing impairment? Comments:	YES	No
2.	Talks like other toddlers his age? Comments:	Yes	NO	7.	Concerns about vision? Comments:	YES	No
3.	Understand most of what your child says? Comments:	Yes	NO	8.	Any medical problems? Comments:	YES	No
4.	Others understand most of what your child says? Comments:	Yes	NO	9.	Concerns about behavior? Comments:	YES	No
5.	Walks, runs, and climbs like other toddlers? Comments:	Yes	NO	10.	Other concerns? Comments:	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. 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).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

Ages & Stages Questionnaires®	Here and the second
31 months 16 days through 34 months 15 days 33 Month Questionnaire	
Please provide the following information. Use black or blue ink only and print legibly when completing this form.	
Date ASQ completed:	
Child's information	
Child's first name: Middle initial:	Child's last name:
Child's date of birth:	Child's gender:
	Male Female
Person filling out questionnaire	
	Last name:
Street address:	Relationship to child:
	Parent Guardian Teacher Child care provider
	Grandparent Foster Other:
City:	relative State/Province: ZIP/Postal code:
Country: Home telepho	ne number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
Child ID #: PROGRAM INF	ORMATION
Program ID #:	
Program name:	



## **33** Month Questionnaire

31 months 16 days through 34 months 15 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Im	portant Points to Remember:	Notes:
ন	Try each activity with your child before marking a response.	
Ţ	Make completing this questionnaire a game that is fun for you and your child.	
J	Make sure your child is rested and fed.	
র্থ	Please return this questionnaire by	

## COMMUNICATION

- When you ask your child to point to his nose, eyes, hair, feet, ears, and so forth, does he correctly point to at least seven body parts? (He can point to parts of himself, you, or a doll. Mark "sometimes" if he correctly points to at least three different body parts.)
- 2. Does your child make sentences that are three or four words long? Please give an example:

- 3. Without giving your child help by pointing or using gestures, ask her to "put the book *on* the table" and "put the shoe *under* the chair." Does your child carry out both of these directions correctly?
- 4. 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?"
- 5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle, and ask your child to move the zipper *down*. Return the zipper to the middle, and ask your child to move the zipper *up*. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?
- 6. When you ask, "What is your name?" does your child say his first name or nickname?

YES	SOMETIMES	NOT YET	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
	COMMUNICATIO	N TOTAL	

GROSS MOTOR	YES	SOMETIMES	NOT YET	
<ol> <li>Does your child run fairly well, stopping herself without bumping into things or falling?</li> </ol>	0	0	$\bigcirc$	
2. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	0	0	0	
3. Does your child jump with both feet leaving the floor at the same time?	0	0	0	
4. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)	0	0	0	
<ol> <li>Does your child stand on one foot for about 1 second without holding onto anything?</li> </ol>	$\bigcirc$	0	$\bigcirc$	
6. While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball underhand should be scored as "not yet.")	0	GROSS MOTO	O DR TOTAL	
FINE MOTOR	YES	SOMETIMES	NOT YET	
Count as "yes" <ol> <li>After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, 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 vertical direction?</li> </ol>	0	0	$\bigcirc$	

FINE MOTOR (continued)	YES	SOMETIMES	NOT YET	
2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?	$\bigcirc$	0	0	
<ul> <li>After your child watches you draw a line from one side of the paper to the other side, 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 horizontal direction?</li> </ul>	$\bigcirc$	0	0	
<ul> <li>4. After your child watches you draw a single circle, ask her to make a circle like yours. Do not let her trace your circle. Does your child copy you by drawing a circle?</li> <li>Count as "not yet"</li> <li>Count as "not yet"</li> </ul>	$\bigcirc$	$\bigcirc$	0	
5. Does your child turn pages in a book, one page at a time?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
6. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)	$\bigcirc$	$\bigcirc$	$\bigcirc$	
		FINE MOTO	OR TOTAL	
PROBLEM SOLVING	YES	SOMETIMES	NOT YET	
<ol> <li>When looking in the mirror, ask, "Where is?" (Use your child's name.) Does your child point to her image in the mirror?</li> </ol>	$\bigcirc$	0	0	
2. 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 <i>four</i> objects in a row? (You can also use spools of thread, small boxes, or other toys.)	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3. 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)?	$\bigcirc$	0	$\bigcirc$	

## PROBLEM SOLVING (continued)

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. Does your child use a spoon to feed herself with little spilling?
- 2. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?
- 3. Does your child put on a coat, jacket, or shirt by herself?
- 4. After you put on loose-fitting pants around his feet, does your child pull them completely up to his waist?
- 5. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?
- 6. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

YES	SOMETIMES	NOT YET	
$\bigcirc$	0	$\bigcirc$	
0	0	0	
	C		
TROD		OTAL	
YES	SOMETIMES	NOT YET	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
	RSONAL-SOCI		



## **OVERALL**

Parents and providers may use the space below for additional comments.

1.	Do you think your	child hears	well? If no,	explain:
----	-------------------	-------------	--------------	----------

1.	Do you think your child hears well? If no, explain:	◯ YES	O NO
(			
2.	Do you think your child talks like other toddlers her age? If no, explain:	O yes	O NO
3.	Can you understand most of what your child says? If no, explain:	O yes	O NO
I.	Can other people understand most of what your child says? If no, explain:	O yes	O NO
5.	Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:	O yes	O NO
».	Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	O yes	O NO
/			

	ASQ3	<b>33</b> Month Quest	ionnaire page 7 of
0	/ERALL (continued)		
7.	Do you have any concerns about your child's vision? If yes, explain:	⊖ yes	O NO
8.	Has your child had any medical problems in the last several months? If yes, explain:	⊖ yes	O NO
9.	Do you have any concerns about your child's behavior? If yes, explain:	⊖ yes	O NO
10.	Does anything about your child worry you? If yes, explain:	O yes	O NO



**33** Month ASQ-3 Information Summary

Child's name:

\_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

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.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	25.36								$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
Gross Motor	34.80									$\bigcirc$	0	0	0	0	0
Fine Motor	12.28					0	$\bigcirc$	0	0	0	0	0	0	0	0
Problem Solving	26.92								0	0	0	0	0	0	0
Personal-Social	28.96								$\bigcirc$	0	$\phi$	0	0	0	0

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1.	Hears well? Comments:	Yes	NO	6.	Family history of hearing impairment? Comments:	YES	No
2.	Talks like other toddlers his age? Comments:	Yes	NO	7.	Concerns about vision? Comments:	YES	No
3.	Understand most of what your child says? Comments:	Yes	NO	8.	Any medical problems? Comments:	YES	No
4.	Others understand most of what your child says? Comments:	Yes	NO	9.	Concerns about behavior? Comments:	YES	No
5.	Walks, runs, and climbs like other toddlers? Comments:	Yes	NO	10.	Other concerns? Comments:	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. 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).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

Ages & Stages Questionnaires®	
34 months 16 days through 38 months 30 days 36 Month Questionnaire	A Maria
Please provide the following information. Use black or blue ink only and prin legibly when completing this form.	
Date ASQ completed: M M D D Y Y Y Y	
Child's information	
Child's first name: Middle initial:	Child's last name:
Child's date of birth:	Child's gender:
	Male Female
Person filling out questionnaire	
First name: initial:	Last name:
Street address:	Relationship to child:
	Parent Guardian Teacher Child care provider
	Parent     Guardian     Teacher     Child care provider       Grandparent     Foster parent     Other:
City:	Parent Guardian Teacher Child care provider
City:	Parent     Guardian     Teacher     Child care provider       Grandparent or other relative     Foster parent     Other:
	Parent     Guardian     Teacher     Child care provider       Grandparent or other relative     Foster parent     Other:
	Parent       Guardian       Teacher       Child care provider         Grandparent or other relative       Foster parent       Other:
Country: Home teleph	Parent       Guardian       Teacher       Child care provider         Grandparent or other relative       Foster parent       Other:
	Parent       Guardian       Teacher       Child care provider         Grandparent or other relative       Foster parent       Other:
Country: Home teleph	Parent       Guardian       Teacher       Child care provider         Grandparent or other relative       Foster parent       Other:
Country: Home teleph	Parent       Guardian       Teacher       Child care provider         Grandparent or other relative       Foster parent       Other:
Country: Home teleph	Parent       Guardian       Teacher       Child care provider         Grandparent or other relative       Foster parent       Other:
Country: Home teleph E-mail address: Names of people assisting in questionnaire completion:	Operation       Guardian       Teacher       Child care provider         Operation       Grandparent or other relative       Foster parent       Other:
Country: Home teleph	Operation       Guardian       Teacher       Child care provider         Operation       Grandparent or other relative       Foster parent       Other:
Country: Home teleph	Operation       Guardian       Teacher       Child care provider         Operation       Grandparent or other relative       Foster parent       Other:
Country: Home teleph	Operation       Guardian       Teacher       Child care provider         Operation       Grandparent or other relative       Foster parent       Other:
Country: Home teleph E-mail address: Home teleph E-mail address: Names of people assisting in questionnaire completion: Child ID #: Child ID #:	Operation       Guardian       Teacher       Child care provider         Operation       Grandparent or other relative       Foster parent       Other:
Country: Home teleph   Country: Home teleph   E-mail address: Image: Country in the image: Country in	Operation       Guardian       Teacher       Child care provider         Operation       Grandparent or other relative       Foster parent       Other:
Country: Home teleph E-mail address: Home teleph E-mail address: Names of people assisting in questionnaire completion: Child ID #: Child ID #:	Operation       Guardian       Teacher       Child care provider         Operation       Grandparent or other relative       Foster parent       Other:



**36** Month Questionnaire

34 months 16 days through 38 months 30 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

lm	portant Points to Remember:	Notes:
ন	Try each activity with your child before marking a response.	
র্থ	Make completing this questionnaire a game that is fun for you and your child.	
ন	Make sure your child is rested and fed.	
র্থ	Please return this questionnaire by	

## COMMUNICATION

- 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.)
- 2. Does your child make sentences that are three or four words long? Please give an example:
- 3. 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?
- 4. 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?"
- 5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle and ask your child to move the zipper *down*. Return the zipper to the middle and ask your child to move the zipper *up*. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?
- 6. When you ask, "What is your name?" does your child say both her first and last names?

YES	SOMETIMES	NOT YET	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
0	$\bigcirc$	0	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
0	$\bigcirc$	0	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
С	OMMUNICATIC	N TOTAL	

GROSS MOTOR	YES	SOMETIMES	NOT YET	
<ol> <li>Without holding onto anything for support, does your child kick a ball by swinging his leg forward?</li> </ol>	0	$\bigcirc$	0	
2. Does your child jump with both feet leaving the floor at the same time?	0	0	0	
3. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)	0	0	0	
<ol> <li>Does your child stand on one foot for about 1 second without holding onto anything?</li> </ol>	0	0	0	_
5. While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball underhand should be scored as "not yet.")	0	$\bigcirc$	$\bigcirc$	
<ol> <li>Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?</li> </ol>	0	GROSS MOTO		
FINE MOTOR	YES	SOMETIMES	NOT YET	
<ul> <li>Count as "yes"</li> <li>After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, 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 vertical direction?</li> </ul>	0	$\bigcirc$	$\bigcirc$	

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FINE MOTOR (continued)		YES	SOMETIMES	NOT YET	
2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?		0	0	0	
<ol> <li>After your child watches you draw a single circle, ask h to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?</li> </ol>	Count as "yes" im Count as "not yet" Count as "not yet"	$\bigcirc$	$\bigcirc$	$\bigcirc$	
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	Count as "yes"	0	$\bigcirc$	$\bigcirc$	
5. Does your child try to cut paper with child-safe scissor He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for		0	0	0	
6. When drawing, does your child hold a pencil, crayon, on her fingers and thumb like an adult does?	or pen between	$\bigcirc$	$\bigcirc$	$\bigcirc$	
			FINE MOTO	R TOTAL	
PROBLEM SOLVING		YES	SOMETIMES	NOT YET	
1. 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.)		0	$\bigcirc$	$\bigcirc$	
<ol> <li>If your child wants something he cannot reach, does he box to stand on to reach it (for example, to get a toy o "help" you in the kitchen)?</li> </ol>		$\bigcirc$	$\bigcirc$	$\bigcirc$	

### PROBLEM SOLVING (continued)

- 3. 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:

- 4. 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 mus repeat just one series of two numbers for you to answer "yes" to this question.)
- 5. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?
- 6. When you say, "Say 'five eight three,'" does your child repeat just the three numbers in the same order? Do not repeat the numbers. If necessary, try another series of numbers and say, "Say 'six nine two.'" (Your child must repeat just one series of three numbers for you to answer "yes" to this question.)

## PERSONAL-SOCIAL

- 1. Does your child use a spoon to feed herself with little spilling?
- 2. Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?
- 3. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?
- 4. Does your child put on a coat, jacket, or shirt by himself?
- 5. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?
- 6. Does your child take turns by waiting while another child or adult takes a turn?

	YES	SOMETIMES	NOT YET	
Ŷ	$\bigcirc$	$\bigcirc$	$\bigcirc$	
e two ssary, d must this	0	0	0	
	$\bigcirc$	$\bigcirc$	$\bigcirc$	
t the neces- (Your wer	0	$\bigcirc$	$\bigcirc$	
	PI	ROBLEM SOLVIN	IG TOTAL	
eering	YES			
e mir-	$\bigcirc$	$\bigcirc$	$\bigcirc$	
) <i>11</i>	0 0	$\bigcirc$	$\bigcirc$	
takes	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	Р	ERSONAL-SOCI	AL TOTAL	

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O YES

◯ YES

◯ YES

O NO

O NO

O NO

## OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:	◯ YES

2. Do you think your child talks like other children her age? If no, explain:

3. Can you understand most of what your child says? If no, explain:

4.	Can other people understand most of what your child says? If no, explain:	⊖ yes	O NO
5.	Do you think your child walks, runs, and climbs like other children his age? If no, explain:	⊖ yes	O NO

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

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



**36** Month ASQ-3 Information Summary

Child's name:

\_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

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.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.99									$\bigcirc$	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	Ο
Gross Motor	36.99										0	0	0	0	0
Fine Motor	18.07						$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	0	0	0	0	0
Problem Solving	30.29									0	0	0	0	0	0
Personal-Social	35.33										0	0	0	0	0

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1.	Hears well? Comments:	Yes	NO	6.	Family history of hearing impairment? Comments:	YES	No
2.	Talks like other children his age? Comments:	Yes	NO	7.	Concerns about vision? Comments:	YES	No
3.	Understand most of what your child says? Comments:	Yes	NO	8.	Any medical problems? Comments:	YES	No
4.	Others understand most of what your child says? Comments:	Yes	NO	9.	Concerns about behavior? Comments:	YES	No
5.	Walks, runs, and climbs like other children? Comments:	Yes	NO	10.	Other concerns? Comments:	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. 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).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						