# Ages & Stages Questionnaires®, Third Edition (ASQ-3™)

## Person filling out questionnaire

<table>
<thead>
<tr>
<th>First name:</th>
<th>Middle initial:</th>
<th>Last name:</th>
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<table>
<thead>
<tr>
<th>Street address:</th>
<th>State/Province:</th>
<th>ZIP/Postal code:</th>
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<tr>
<th>City:</th>
<th>Home telephone number:</th>
<th>Other telephone number:</th>
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<th>E-mail address:</th>
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<table>
<thead>
<tr>
<th>Names of people assisting in questionnaire completion:</th>
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## Program Information

<table>
<thead>
<tr>
<th>Baby ID #:</th>
<th>Age at administration in months and days:</th>
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<table>
<thead>
<tr>
<th>Program ID #:</th>
<th>If premature, adjusted age in months and days:</th>
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<th>Program name:</th>
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</table>
Important Points to Remember:
✓ Try each activity with your baby before marking a response.
✓ Make completing this questionnaire a game that is fun for you and your baby.
✓ Make sure your baby is rested and fed.
✓ Please return this questionnaire by _______________.

Notes:
____________________________________________
____________________________________________
____________________________________________
____________________________________________

COMMUNICATION

1. Does your baby make sounds like “da,” “ga,” “ka,” and “ba”?
   YES SOMETIMES NOT YET
2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?
   YES SOMETIMES NOT YET
3. Does your baby make two similar sounds like “ba-ba,” “da-da,” or “ga-ga”? (The sounds do not need to mean anything.)
   YES SOMETIMES NOT YET
4. If you ask your baby to, does he play at least one nursery game even if you don’t show her the activity yourself (such as “bye-bye,” “Peekaboo,” “clap your hands,” “So Big”)?
   YES SOMETIMES NOT YET
5. Does your baby follow one simple command, such as “Come here,” “Give it to me,” or “Put it back,” without using gestures?
   YES SOMETIMES NOT YET
6. Does your baby say three words, such as “Mama,” “Dada,” and “Baba”? (A “word” is a sound or sounds your baby says consistently to mean someone or something.)
   YES SOMETIMES NOT YET

COMMUNICATION TOTAL

GROSS MOTOR

1. If you hold both hands just to balance your baby, does she support her own weight while standing?
   YES SOMETIMES NOT YET
2. When sitting on the floor, does your baby sit up straight for several minutes without using his hands for support?
   YES SOMETIMES NOT YET
### GROSS MOTOR

(continued)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>SOMETIMES</th>
<th>NOT YET</th>
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<tbody>
<tr>
<td>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?</td>
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<tr>
<td>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?</td>
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<td>5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?</td>
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<tr>
<td>6. Does your baby walk beside furniture while holding on with only one hand?</td>
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**GROSS MOTOR TOTAL**

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### FINE MOTOR

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>SOMETIMES</th>
<th>NOT YET</th>
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</thead>
<tbody>
<tr>
<td>1. Does your baby pick up a small toy with only one hand?</td>
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<tr>
<td>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 &quot;yes&quot; for this item.)</td>
<td></td>
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<tr>
<td>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.)</td>
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<td>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.)</td>
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<td>5. Does your baby pick up a crumb or Cheerio with the tips of his thumb and a finger? He may rest his arm or hand on the table while doing it.</td>
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<td>6. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?</td>
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**FINE MOTOR TOTAL**

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

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### PROBLEM SOLVING

1. Does your baby pass a toy back and forth from one hand to the other?  
   - YES  
   - SOMETHING  
   - NOT YET  

2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?  
   - YES  
   - SOMETHING  
   - NOT YET  

3. When holding a toy in his hand, does your baby bang it against another toy on the table?  
   - YES  
   - SOMETHING  
   - NOT YET  

4. While holding a small toy in each hand, does your baby clap the toys together (like “Pat-a-cake”)?  
   - YES  
   - SOMETHING  
   - NOT YET  

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)?  
   - YES  
   - SOMETHING  
   - NOT YET  

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.)*  
   - YES  
   - SOMETHING  
   - NOT YET  

**PROBLEM SOLVING TOTAL**  

### PERSONAL-SOCIAL

1. While your baby is on her back, does she put her foot in her mouth?  
   - YES  
   - SOMETHING  
   - NOT YET  

2. Does your baby drink water, juice, or formula from a cup while you hold it?  
   - YES  
   - SOMETHING  
   - NOT YET  

3. Does your baby feed himself a cracker or a cookie?  
   - YES  
   - SOMETHING  
   - NOT YET  

4. 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.)*  
   - YES  
   - SOMETHING  
   - NOT YET  

5. When you dress your baby, does he push his arm through a sleeve once his arm is started in the hole of the sleeve?  
   - YES  
   - SOMETHING  
   - NOT YET  

6. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?  
   - YES  
   - SOMETHING  
   - NOT YET  

**PERSONAL-SOCIAL TOTAL**
OVERALL

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

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

7. Do you have any concerns about your baby's behavior? If yes, explain:
   ○ YES   ○ NO

8. Does anything about your baby worry you? If yes, explain:
   ○ YES   ○ NO
3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the □ area, it is above the cutoff, and the baby's development appears to be on schedule. Provide learning activities and monitor.

If the baby's total score is in the □ area, it is close to the cutoff. Provide learning activities and monitor.

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

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

____ Provide activities and rescreen in _____ months.

____ Share results with primary health care provider.

____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.

____ Refer to primary health care provider or other community agency (specify reason):

____ Refer to early intervention/early childhood special education.

____ No further action taken at this time

____ Other (specify):

5. OPTIONAL: Transfer item responses
(Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

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<tr>
<th>Communication</th>
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<th>2</th>
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<td>Fine Motor</td>
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<td>Personal-Social</td>
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