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 gender: ________________________________
- Male
- Female
Child’s date of birth: ____________________________

Person filling out questionnaire

First name: ____________________________
Middle initial: ________________________________
Last name: ____________________________
Relationship to child: ____________________________
- Parent
- Guardian
- Foster parent
- Other
Street address: ____________________________
City: ____________________________
Country: ____________________________
State/Province: ____________________________
ZIP/Postal code: ____________________________
Home telephone number: ____________________________
Other telephone number: ____________________________
E-mail address: ____________________________

Names of people assisting in questionnaire completion:
- ____________________________
- ____________________________
- ____________________________

Program Information

Child ID #: ____________________________
Program ID #: ____________________________
Program name: ____________________________

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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 name at least one picture?

   ○ YES  ○ SOMETIMES  ○ NOT YET  ●

2. Without your giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions?

   ○ a. “Put the toy on the table.”
   ○ b. “Close the door.”
   ○ c. “Bring me a towel.”
   ○ d. “Find your coat.”
   ○ e. “Take my hand.”
   ○ f. “Get your book.”

   ○ YES  ○ SOMETIMES  ○ NOT YET  ●

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 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.)

   ○ YES  ○ SOMETIMES  ○ NOT YET  ●

4. Does your child make sentences that are three or four words long? Please give an example:

   (Blank space)

   ● YES  ○ SOMETIMES  ○ NOT YET

5. 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?

   ○ YES  ○ SOMETIMES  ○ NOT YET  ●

6. 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?”

   ○ YES  ○ SOMETIMES  ○ NOT YET  ●

COMMUNICATION TOTAL  ●

GROSS MOTOR

1. Does your child run fairly well, stopping herself without bumping into things or falling?  
   ![Image of child running]
   YES ☐  SOMETIMES ☐  NOT YET ☐

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.)  
   ![Image of child walking up steps]
   YES ☐  SOMETIMES ☐  NOT YET ☐

3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?  
   ![Image of child kicking a ball]
   YES ☐  SOMETIMES ☐  NOT YET ☐

4. Does your child jump with both feet leaving the floor at the same time?  
   ![Image of child jumping]
   YES ☐  SOMETIMES ☐  NOT YET ☐

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.  
   ![Image of child walking up stairs]
   YES ☐  SOMETIMES ☐  NOT YET ☐

6. Does your child stand on one foot for about 1 second without holding onto anything?  
   ![Image of child standing on one foot]
   YES ☐  SOMETIMES ☐  NOT YET ☐

GROSS MOTOR TOTAL ___

*If Gross Motor item 5 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."
FINE MOTOR

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?
   - YES
   - SOMETIMES
   - NOT YET

2. 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?
   - Count as “yes”
   - Count as “not yet”

3. Can your child string small items such as beads, macaroni, or pasta “wagon wheels” onto a string or shoelace?
   - YES
   - SOMETIMES
   - NOT YET

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 line. Does your child copy you by drawing a single line in a horizontal direction?
   - Count as “yes”
   - Count as “not yet”

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?
   - Count as “yes”
   - Count as “not yet”

6. Does your child turn pages in a book, one page at a time?
   - YES
   - SOMETIMES
   - NOT YET

FINE MOTOR TOTAL

PROBLEM SOLVING

1. When looking in the mirror, ask, “Where is _______?” (Use your child’s name.) Does your child point to her image in the mirror?
   - YES
   - SOMETIMES
   - NOT YET

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)?
   - YES
   - SOMETIMES
   - NOT YET
PROBLEM SOLVING (continued)

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.)

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. If you do any of the following gestures, does your child copy at least one of them?
   - a. Open and close your mouth.
   - b. Blink your eyes.
   - c. Pull on your earlobe.
   - d. Pat your cheek.

2. Does your child use a spoon to feed himself with little spilling?

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?

4. Does your child put on a coat, jacket, or shirt by himself?

5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?

6. When your child is looking in a mirror and you ask, “Who is in the mirror?” does he say either “me” or his own name?

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  
   - NO

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

4. Can other people understand most of what your child says? If no, explain:  
   - YES  
   - NO

5. Do you think your child walks, runs, and climbs like other toddlers his age?  
   If no, explain:  
   - YES  
   - NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:
   - YES  
   - NO


OVERALL (continued)

7. Do you have any concerns about your child's vision? If yes, explain:

   ○ YES   ○ NO

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

   ○ YES   ○ NO

9. Do you have any concerns about your child's behavior? If yes, explain:

   ○ YES   ○ NO

10. Does anything about your child worry you? If yes, explain:

     ○ YES   ○ NO