# Case Studies and Scoring Exercises Ages & Stages Questionnaires® (ASQ-3™) and Ages & Stages Questionnaires®: Social-Emotional 2 (ASQ:SE 2 )



### 8 Month Old – Emma

Emma is an 8 month old baby girl who lives with her mother in a small rural community. Emma's mother receives social assistance and cares for Emma. Emma is the first child for her mother and her father is not involved in their lives. Emma's mother is often exhausted from caring for Emma by herself as Emma is fussy and has difficulty settling to sleep. When it is time to take a nap or go to bed for the night, Emma's mother puts Emma down in her crib and exits the room.

Emma becomes upset and cries when her mother leaves and is left to soothe herself. Emma's mother worries that if she gives Emma attention every time she cries, Emma will become spoiled. Emma's mother loves going for walks with Emma around the community whenever she feels overwhelmed or stressed. Emma usually falls asleep during their walks and does not display the same enjoyment as her mother during these outings.

The family's home visitor notices that Emma does not move around the way other babies do. She stays in one place and waits for adults to offer her toys. It was also noted that mom is often seen to be on her phone texting or watching the television but not very engaged with Emma.

When Emma cries, Mom responds telling her not to cry and to play. When asked how mom learned about the home visiting program, Mom says a friend recommended getting a home visitor so they could receive gift cards and clothing donations from the program. Mom indicated she feels overwhelmed by Emma and was hoping that the home visitor would give her a much needed break from Emma but was disappointed as the home visitor still expects her to play with Emma.

A developmental screen on Emma found that Emma is at risk for a social emotional delay and a gross motor delay. She is unable to support her weight when supported by her caregiver and is unable to pull herself upright or stand with support. She also has difficulty calming herself when she is upset suggesting a social emotional delay.



3 months 0 days through 8 months 30 days

Date ASQ:SE-2 completed:

Baby's information				
Baby's first name: EYNI	ид	Baby's middle initial:	Baby's last name:	
Baby's date of birth:		If baby was born 3 o please enter the num	r more weeks premature, nber of weeks:	
Baby's gender: O Male	Female			
Person filling out q	uestionnaire			
First name:		Middle initial:	Last name:	
Street address:				
City:		State/ province:	ZIP/postal code:	
Country:		Home telephone number:	Other telephone number:	
E-mail address:				
Relationship to baby:	Parent     Guard       Grandparent/ other relative     Foster parent	O Child care	Other:	
People assisting in question	naire completion:			
Program informati	on (For program use	only.)		
Baby's ID #:			Age at administration in months and days:	
Program ID #:			If premature, adjusted age in months and days:	
Program name:				

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ASQ:SE2

Ages & Stages Questionnaires

Social-Emotional

SECOND EDITION

	estions about behaviors babies may have are listed on the following pages.				Illy and che	eck the
	Portant Points to Remember:       Please         Answer questions based on what you know about your       Please         baby's behavior.       If you         Answer questions based on your baby's usual behavior,       If you         not behavior when your baby is sick, very tired, or hungry.       Thank	e return this o have any qu out this ques you and ple SE-2 in	questionn estions o tionnaire, ease look	aire by: r concerns : contact: forward to		
		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
١.	When upset, can your baby calm down within a half hour?	Z	٧	×	Ov	
	Does your baby smile at you and other family members?	⊠ z	v	×	0.	
3.	Does your baby like to be picked up and held?	ĭ⊠ z	V	×	Ov	
4.	Does your baby stiffen and arch her back when picked up?	×	٧	<b>⊠</b> z	Ov	
5.	When you talk to your baby, does he look at you and seem to listen?	<b>⊠</b> z	٧	×	Ov	
6.	Does your baby let you know when she is hungry or sick?	⊠z	٧	×	Ov.	_
7.	Does your baby seem to enjoy watching or listening to people? For example, does he turn his head to look at someone talking?	⊠z	□ v	×	Ov	

TOTAL POINTS ON PAGE

#### 6 Month Questionnaire ASO:SE-2 Check the box 🗹 that best describes your child's behavior. Also, check the circle 🔗 if the behavior is a concern. CHECK IF THIS IS A CONCERN OFTEN OR SOME-RARELY OR ALWAYS TIMES NEVER 8. Is your baby able to calm herself down (for 1 × Z V ()vexample, by sucking her hand or pacifier)? 9. Does your baby cry for long periods of time? M× Uv. 1 z Ov 10. Is your baby's body relaxed? Μz 1V 1× Ov 11. Does your baby have trouble sucking from a breast or bottle? NZ Z X U v ()12. Does it take longer than 30 minutes to feed your baby? N/v × Z 13. Do you and your baby enjoy feeding times together? ()v VZ. X □ v 14. Does your baby have any eating problems, such as gagging, Dz Uv. Ov X vomiting, or \_\_\_\_\_? (Please describe.) 15. During the day, does your baby stay awake for an hour or longer MZ V X ()v at one time? 16. Does your baby have trouble falling asleep at naptime or at night? M× NV 7. U.V.

TOTAL POINTS ON PAGE

P201060200

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Check the box  $\checkmark$  that best describes your child's behavior. Also, check the circle  $\checkmark$  if the behavior is a concern.

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
17.	Does your baby sleep at least 10 hours in a 24-hour period?	_ z	ĭ√v	×	0.	
18.	Does your baby get constipated or have diarrhea?	×□	٧	₫z	Ov	
19.	Does your baby make sounds and look at you while playing with you?	⊠z	٧	×	Ov	
20.	Does your baby make sounds or use gestures to get your attention?	⊠z	٧	×	Q	
21.	When you smile at your baby, does he smile back at you?	₫z	٧	×	Ov	
22.	When you talk or make sounds to your baby, does she make sounds back?	₫z	٦v	٦×	Ov	
23.	Has anyone shared concerns about your baby's behaviors? If         "sometimes" or "often or always," please explain:         HOVE NOT HEORO FROM HER DULTUR	×	V	₩z	Ov	

TOTAL POINTS ON PAGE

6	Month	Questionnaire	
0	Month	Questionnaire	



OVERALL Use the space below for additional comments.

24. Do you have concerns about your baby's eating or sleeping behaviors? If yes, please explain:

DOES NOT FALL ASLEEP ON HER OWN

25. Does anything about your baby worry you? If yes, please explain:

Ø YES O NO

CRIES WHENEVER I am NOT IN HER SIGHT.

26. What do you enjoy about your baby?

I Love spending time with HER.

1

Baby's name:			_ Date	ASQ:SE-2 completed:			
Baby's ID #:			Baby	's date of birth:			
Person who comple	ted ASQ:SE-2:			/'s age/adjusted age in			
	am/provider:			/'s gender: OMale	-		
. ASQ:SE-2 SCORI	NG CHART				I		
	X = 0, V = 5, X = 10, Concern = 5.			TOTAL POINTS ON PAGE 1		Cutoff	Total score
	age totals and add them for the to	otal score.		TOTAL POINTS ON PAGE 2			
<ul> <li>Record the baby's total score next to the cutoff.</li> </ul>				TOTAL POINTS ON PAGE 3		45	
				Total score			-
	INTERPRETATION: Review the ap for the score results below.	oproxima	te locati	on of the baby's total s	core on the	-	ic. Then,
	no or low risk			30	monitor	45 refer -	> 55
. OVERALL RESPO	otal score is in the <b>ma</b> area. It is ab <b>NSES AND CONCERNS:</b> Record i						
overall responsion follow-up.							
• OVERALL RESPO follow-up. 1–23. Any Conc	NSES AND CONCERNS: Record	response	s and tra	nsfer parent/caregiver			
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	c Stages onnaires <sup>®</sup> rough 8 months 30 days	A share	
Please provide the following information. Use bla legibly when completing this form. Date ASQ completed:		A	
Baby's information Baby's first name: EMMA	Middle 	Baby's last name: n 3 Baby's gender:	
Baby's date of birth:	or more weeks prematurely, # of weeks premature	of Male Female	
Person filling out questionnaire	• Middle		
First name:	, initial:	Last name: Relationship to baby: Parent Guardian Teacher Child care provider Grandparent Foster or other parent Other:	
City:	State/ Province: Home	relative ZIP/ Postal code: Other	
Country:	telephone number:	telephone number:	
E-mail address:			
Program Information			
Baby ID #:		Age at administration in months and days:	_
Program ID #: Program name:		If premature, adjusted age in months and days:	

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	New York Contraction of the Cont	Month Questionnaire	7 months 0 days through 8 months 30 days
ucst.	the following pages are questions about activities babie ribed here, and there may be some your baby has not s whether your baby is doing the activity regularly, som	begun doing yet. For each item place	done some of the activities se fill in the circle that indi-
lm	portant Points to Remember:	Notes:	
র্থ	Try each activity with your baby before marking a respo	onse.	
র্থ	Make completing this questionnaire a game that is fun you and your baby.	for	
র্থ	Make sure your baby is rested and fed.	<b>1</b> 0	
র্থ	Please return this questionnaire by		

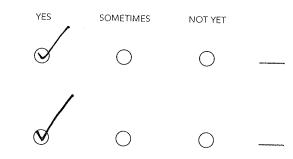
### COMMUNICATION

- 1. If you call to your baby when you are out of sight, does she look in the direction of your voice?
- 2. When a loud noise occurs, does your baby turn to see where the sound came from?
- 3. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?
- 4. Does your baby make sounds like "da," "ga," "ka," and "ba"?
- 5. Does your baby respond to the tone of your voice and stop his activity at least briefly when you say "no-no" to him?
- 6. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (The sounds do not need to mean anything.)

GROSS	MOTOR

- 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.)
- 2. Does your baby roll from his back to his tummy, getting both arms out from under him?

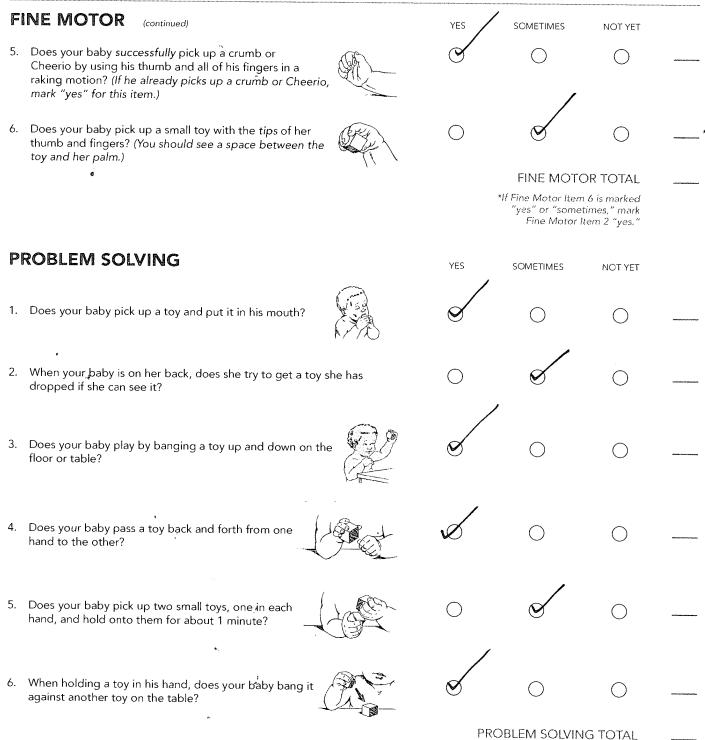
YES	SOMETIMES	NOT YET	
Q	$\bigcirc$	$\bigcirc$	*********
Ø	$\bigcirc$	$\bigcirc$	
$\bigcirc$	Ø	$\bigcirc$	100100-00000
Ø	$\bigcirc$	$\bigcirc$	
Ø	$\bigcirc$	$\bigcirc$	***********
Ś	$\bigcirc$	$\bigcirc$	***********
C	COMMUNICATIO	N TOTAL	



ASQ3

			-9
YES	SOMETIMES	NOT YET	
0	0	0	
0	0	6	
<b>~</b>	0	0	*
0	*If Gross Motor Iter "yes" or "some	n 5 is marked etimes," mark	
YES			
0	0	0	
ø	0	0	
	0	$\bigcirc$	BLUE DE LE DE L
	0	YES SOMETIMES	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO

### ASQ3



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ASQ3		8 Month Quest	tionnaire <sub>p</sub>	age 5 of 6
PERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
<ol> <li>When lying on her back, does your baby play by grabbing her foot?</li> </ol>	0	0	0	**********
2. When in front of a large mirror, does your baby reach out to pat the mirror?	6	$\bigcirc$	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.)	0	$\bigcirc$	$\bigcirc$	
4. While your baby is on her back, does she put her foot in her mouth?	Ο.	0	0	
5. Does your baby drink water, juice, or formula from a cup while you hold it?	0	$\bigcirc$	0	***************************************
6. Does your baby feed himself a cracker or a cookie?	$\bigcirc$	$\bigcirc$	0	**********
	Р	ERSONAL-SOCIA	LTOTAL	
OVERALL Parents and providers may use the space below for additional comments.			.5 .6.Y	Sjrg
1. Does your baby use both hands and both legs equally well? If no, explain:		YES	O NO	
		- DATY /		;
2. When you help your baby stand, are his feet flat on the surface most of the tir If no, explain:		V YES		
Only if I am there to support	Her	•		
			and the second s	. )
			•	

E101080500

ASQ3	8 Month Quest	tionnaire page 6 of 6
OVERALL (continued)		/
3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:	O yes	() NO
4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	O yes	O NO
5. Do you have concerns about your baby's vision? If yes, explain:	O yes	NO NO
6. Has your baby had any medical problems in the last several months? If yes, explain:	O YES	O NO
Had a Fever 1 Hu 2 month ago		
<ol> <li>Do you have any concerns about your baby's behavior? If yes, explain:</li> </ol>	YES	O NO
Always cries to get my attention		
8. Does anything about your baby worry you? If yes, explain:	OYES	
seems to need me there to all fall asleep.	rows	

E101080600

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<b>ASO-3</b> 8 Month ASQ-3 Information Summary <sup>7</sup>
Emanda M

Baby's name: EMMO	Date ASQ completed:
Baby's ID #:	Date of birth:
Administering program/provider:	Was age adjusted for prematurity when selecting questionnaire? O Yes O No

 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	33.06			0	0	0	0	0	O	0	0	0	0	0	0
Gross Motor	30.61			O I			0		0	0	0	0	0	0	0
Fine Motor	40.15		O	0	0	O	0	0	O	0	0	0	0	0	0
Problem Solving	36.17		O.	O.	0	O	Q		0	0	0	Q	0	0	0
Personal-Social	35.84		Ô	O	0	0	O	0	0	O	0	þ	0	0	0

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

1.	Uses both hands and both legs equally well? Comments:	Yes	NO	5.	Concerns about vision? Comments:	YES	No
2.	Feet are flat on the surface most of the time? Comments:	Yes	NO	6.	Any medical problems? Comments:	YES	No
3.	Concerns about not making sounds? Comments:	YES	No	7.	Concerns about behavior? Comments:	YES	No
4.	Family history of hearing impairment? Comments:	YES	No	8.	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 baby's total score is in the intermediate and a state of the state of the baby's development appears to be on schedule. If the baby's total score is in the intermediate area, it is close to the cutoff. Provide learning activities and monitor. If the baby's total score is in the intermediate 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						

## 10 Month Old – Adam

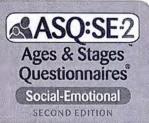
Adam is a 10 month old boy who lives with his mother and his extended family. Adam's family moved from a small northern reserve before he was born. Until two months ago, Adam's grandparents took care of him during the day while Adam's mother was at work. Neither of Adam's grandparents speaks English as a first language and Adam's mother has asked that they not speak to him in their home language because she wants him to learn English first. Adam's mother works long shifts at restaurant to provide for her family, and when she gets home she is tired and lets Adam watch TV until bed time. Adam's cousin grew tired of caring or Adam during the day because he frequently cried and threw tantrums; therefore Adam has been enrolled in Aboriginal Head Start. After two months, the Head Start staff have not heard Adam make any sounds and have difficulty reading his cues. He does not maintain eye contact when spoken to or respond when his name is called.

Observation of Adam at Head Start found that he does not engage in any back and forth games such as peek-a-boo. He does not cue his caregivers who have found he goes from being okay to being very upset and it happens very suddenly. When they call his name he does not respond although a hearing test has confirmed that his hearing is fine. When staff try to console him he does not respond and usually cries himself to sleep.

A developmental screen suggest that Adam is at risk for a social emotional delay. He does not show much emotion except when he is upset or angry. When he is upset he is unable to calm himself down. It was also found that his communication domain is at risk of a delay – he makes very few sounds, does not point at things he wants or follow simple commands such as "come here". His problem solving skills are also at risk for a delay. Adam does not show any interest in new toys and gives up on things the Head Start staff feel he should be doing.



9 months 0 days through 14 months 30 days



Date ASQ:SE-2 completed: \_

Baby's first name: 🖡	mear	Bab	y's middle init	ial:	Baby's last name:	
Baby's date of birth:			aby was born 3 ase enter the n		eks premature, eks:	
Baby's gender: OM	ale O Female					
Person filling ou	it questionnaire					
First name:		Mic	ddle initial:		Last name:	_
Street address:						
City:		Sta	te/ wince:		ZIP/postal code:	
Country:	_		me ephone nber:		Other telephone number:	
E-mail address:						
Relationship to baby:	O Parent O Grandparent/ other relative	Guardian ( Foster ( parent	) Teacher ) Child care provider	O Other:		
People assisting in ques	tionnaire completion					
<b>D</b>						
Program inform	(For pro	ogram use only.)				
Baby's ID #:				Age at in mon	administration ths and days:	
Program ID #:				If prem in mon	nature, adjusted age ths and days:	
Program name:						

	2 Month Questionnaire 9 months 0 days through 14 months 30 day	addresses \$2			ASU	SEZ
	estions about behaviors babies may have are listed on the following pages that best describes your baby's behavior. Also, check the circle Ø if the				ully and che	eck the
m		e return this				
1	Answer questions based on your baby's usual behavior, or ab	have any qu bout this ques	tionnaire,	contact: _		
]		k you and ple :SE-2 in			nning out a	inotnei
		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
	Does your baby laugh or smile at you and other family members?	□ z	<b>∀</b> ~	×	Ov	
	Does your baby look for you when a stranger comes near?	z	₫∽	□×	Ô۲	
	Does your baby like to play near or be with family and friends?	□ z	٧	×	Ov	
	Does your baby like to be picked up and held?	□ z	٧	×	Ov	
	When upset, can your baby calm down within a half hour?	🗌 z	٧	۲×	Ov	
	Does your baby stiffen and arch her back when picked up?	□×	₫×	🗆 z	Ov	-
	Does your baby like to play games such as Peekaboo?	□ z	٦v	⊠×	Ov	

TOTAL POINTS ON PAGE

P201120100

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page 1 of 4

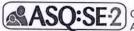
ASQ:SE2

Check the box 🗹 that best describes your child's behavior. Also, check the circle 🏈 if the behavior is a concern.

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	-
8.	ls your baby's body relaxed?	₽Z	٧	□×	Ô۲	_
9.	Does your baby cry, scream, or have tantrums for long periods of time?	⊠×	٦v	z	Ø.	
10.	Is your baby able to calm himself down (for example, by sucking his hand or pacifier)?	□ z	⊠⁄-	×	Ov	_
11.	ls your baby interested in things around her, such as people, toys, and foods?	⊠z	٦v	×	Ô۲	
12.	Does it take longer than 30 minutes to feed your baby?	□×	₫֊	z	0*	
13.	Do you and your baby enjoy mealtimes together?	z	۰v	⊠⁄×	O.	
14.	Does your baby have any eating problems, such as gagging, vomiting, or? (Please describe.)	×	٧	⊠z	Ov	_
15.	Does your baby have trouble falling asleep at naptime or at night?	×	₫.	🗌 z	Ô۲	
16.	Does your baby make babbling sounds? For example, does he put sounds together such as "ba-ba-ba-ba" or "na-na-na-na?"	E 12	٧	∎×	Ø,	

TOTAL POINTS ON PAGE

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Check the box  $\checkmark$  that best describes your child's behavior. Also, check the circle  $\checkmark$  if the behavior is a concern.

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
17.	Does your baby sleep at least 10 hours in a 24-hour period?	□ z	<b>d</b> ~	×	0*	
18.	Does your baby get constipated or have diarrhea?	×	٧	⊠z	Ov	_
19.	Does your baby let you know when she is hungry, hurt, or tired?	□ z	₫~	×	Ô۲	_
20.	When you talk to your baby, does he turn his head, look, or smile?	□ z	₫.	×	O.	
21.	Does your baby try to hurt other children, adults, or animals (for example, by kicking or biting)?	□×	٦v	<b>□</b> ⁄₂	0.	_
22.	Does your baby try to show you things? For example, does she hold out a toy and look at you?	□z	<b>⊠</b> ∗	×	Ov.	
23.	Does your baby respond to his name when you call him? For example, does he turn his head and look at you?	🗆 z	Ľ	ছ ×	S.	
24.	When you point at something, does your baby look in the direction you are pointing?	🗌 z	₫,	×□	٥v	_
25.	Does your baby make sounds or use gestures to let you know she wants something (for example, by reaching)?	🗆 z	ľ., «	₫×	S.	_
26.	When you copy sounds your baby makes, does your baby repeat the same sounds back to you?	🗌 z	v		Or	
27.	Has anyone shared concerns about your baby's behaviors? If "sometimes" or "often or always," please explain: <u>Adam's Teacher Told me That He is more</u> <u>quiet Than MOST OF THE OTHER BABIES, and</u> <u>THAT HE ODES NOT PLAY OFTEN.</u>	×	Ç∕∕	□ z	Ov	_

TOTAL POINTS ON PAGE

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page 3 of 4



O YES

NO

OVERALL Use the space below for additional comments.

28. Do you have concerns about your baby's eating or sleeping behaviors? If yes, please explain:

SOMETIMES ADDIN HAS TROUBLE FOLLING OSLEEP OND WILL CRY UNTIL

I LET him watch His Favourate TV SHOW.

29. Does anything about your baby worry you? If yes, please explain:

30. What do you enjoy about your baby?

I LIKE THAT JOAM CALMS DOWN WHEN I TURN ON THE TV BECAUSE IT LETS

We Have Some DOWN TIME.

# 12 Month Information Summary 9 months 0 days through 14 months 30 days

Baby's name:	Date ASQ:SE-2 completed: Baby's date of birth:						
Baby's ID #:							
Person who completed ASQ:SE-2: Administering program/provider:	Baby's age/adjusted age in months Baby's gender: OMale O	s and days: ) Female	_				
<ul> <li>ASQ:SE-2 SCORING CHART:</li> <li>Score items (Z = 0, V = 5, X = 10, Concern = 5).</li> </ul>	TOTAL POINTS ON PAGE 1	Cutoff	Total				
• Transfer the page totals and add them for the total score.	TOTAL POINTS ON PAGE 2						
<ul> <li>Record the baby's total score next to the cutoff.</li> </ul>	TOTAL POINTS ON PAGE 3	50					
	Total score	7					

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the baby's total score on the scoring graphic. Then, check off the area for the score results below.

no or low risk	40 monito	or 50 refer —	> 75+ (90%ile)
The baby's total score is in the 🖂 area. It is below the cutoff. So	cial-emotional development a	ppears to be on sch	hedule

\_\_\_\_\_ The baby's total score is in the 📖 area. It is close to the cutoff. Review behaviors of concern and monitor.

\_\_\_\_ The baby's total score is in the 📟 area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–27.	Any Concerns marked on scored items?	YES	no	Comments:
28.	Eating/sleeping concerns?	YES	no	Comments:
29.	Other worries?	YES	no	Comments:

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the ASQ:SE-2 User's Guide. \_\_\_\_\_ Setting/time factors (e.g., Is the baby's behavior the same at home as at school?)

\_\_\_\_ Developmental factors (e.g., Is the baby's behavior related to a developmental stage or delay?)

\_\_\_\_ Health factors (e.g., Is the baby's behavior related to health or biological factors?)

- \_\_\_\_\_ Family/cultural factors (e.g., Is the baby's behavior acceptable given the baby's cultural or family context? Have there been any stressful events in the baby's life recently?)
- \_\_\_\_ Parent concerns (e.g., Did the parent/caregiver express any concerns about the baby's behavior?)

#### 5. FOLLOW-UP ACTION: Check all that apply.

- \_\_\_\_ Provide activities and rescreen in \_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_ Provide parent education materials.
- \_\_\_\_\_ Provide information about available parenting classes or support groups.
- \_\_\_\_\_ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher):
- \_\_\_\_ Administer developmental screening (e.g., ASQ-3).
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ Refer for social-emotional, behavioral, or mental health evaluation.
  - \_\_\_ Other:

ASO

ASQ3 Ages & S Question			K	Second S
9 months 0 days through <b>10 Month Quest</b> Please provide the following information. Use black o legibly when completing this form.				HAN I
Date ASQ completed: Baby's information			(	
Baby's first name: Adam	Middle initial:	Baby's last name:		
Baby's date of birth:	If baby was born or more weeks prematurely, # of weeks premature	:	Baby's gende	or: Female
Person filling out questionnaire				
First name:	Middle initial:	Last name:		
Street address:		Relationship to baby: Parent ( Grandparent ( or other relative	) Guardian ) Foster parent	O Teacher O Child care provider
City:	State/ Province:		ZIP/ Postal code:	
Country:	Home telephone number:		Other telephone number:	
E-mail address:				
Names of people assisting in questionnaire completion:				
Program Information				
Baby ID #:		Age at administration in	months and d	lays:
Program ID #:		If premature, adjusted a	ge in months a	and days:
Program name:				a

		onth Questionnaire	9 months 0 days through 10 months 30 days
desc	he following pages are questions about activities babies ma ribed here, and there may be some your baby has not begu s whether your baby is doing the activity regularly, sometime	in doing vet. For each item, plea	ly done some of the activities ase fill in the circle that indi-
lm	portant Points to Remember:	Notes:	
ব	Try each activity with your baby before marking a response.		
র্থ	Make completing this questionnaire a game that is fun for you and your baby.		
র্থ	Make sure your baby is rested and fed.		
শ	Please return this questionnaire by		

YES

#### COMMUNICATION

- 1. Does your baby make sounds like "da," "ga," "ka," and "ba"?
- 2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?
- 3. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (The sounds do not need to mean anything.)
- 4. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peekaboo," "clap your hands," "So Big")?
- 5. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," without your using gestures?
- 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.)

### **GROSS MOTOR**

- 1. If you hold both hands just to balance your baby, does she support her own weight while standing?
- 2. When sitting on the floor, does your baby sit up straight for several minutes *without* using his hands for support?

Ś	0	$\bigcirc$	
$\bigcirc$	Ś	0	800°07,000000000000000000000000000000000
$\bigcirc$	Ś	0	******
0	0	Ś	<b></b>
0	0	Ś	
0	$\bigcirc$	Ø	
C	COMMUNICATIC	ON TOTAL	
YES	SOMETIMES	NOT YET	
Ś	0	0	

SOMETIMES

NOT YET

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-	100	3
	ACM:	21
1.25	AJU:	<b>)</b> )
		× .

GROSS MOTO	(continued)	YES	SOMETIMES	NOT YET	
	our baby next to furniture or the crib rail, vithout leaning her chest against the rt?		0	0	
	o furniture, does your baby bend down rom the floor and then return to a		Ś	0	
5. While holding onto (without falling or f	o furniture, does your baby lower himself with contr lopping down)?	rol ()	Ś	0	
6. Does your baby wa hand?	alk beside furniture while holding on with only one	$\bigcirc$	0	Ø	
			GROSS MOT	OR TOTAL	
FINE MOTOR		YES	SOMETIMES	NOT YET	
<ol> <li>Does your baby pi one hand?</li> </ol>	ck up a small toy with only	_	0	0	
Cheerio by using h	recessfully pick up a crumb or her thumb and all of her fingers in a she already picks up a crumb or s" for this item.)	6	0	0	
	ck up a small toy with the tips of his ? (You should see a space between the	Ś	0	0	
	ries, does your baby pick up a piece irst finger and thumb? (The string o a toy.)	Ś	0	0	
	ck up a crumb or Cheerio with the and a finger? He may rest his arm or while doing it.	Ś	0	0	*
6. Does your baby p take her hand off	ut a small toy down, without dropping it, and then the toy?	0	Ø	0	
				OR TOTAL Notor Item 5 is	

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

ASQ3		10 Month Que	stionnaire	page 4 of 6
PROBLEM SOLVING	YES	SOMETIMES	NOT YET	201100.jt.,iv.,iv.
<ol> <li>Does your baby pass a toy back and forth from one hand to the other?</li> </ol>	Ś	0	0	
2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?	Ś	0	0	
3. When holding a toy in his hand, does your baby bang it against another toy on the table?	0	$\checkmark$	0	
4. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?	0	Ś	0	
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)?	0	0	Ś	
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.)	0	$\bigcirc$	Ś	
		PROBLEM SOLVIN	IG TOTAL	*********
PERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1. While your baby is on her back, does she put her foot in her mouth?	Ś	0	0	
<ol><li>Does your baby drink water, juice, or formula from a cup while you hold it?</li></ol>	0	Ś	0	
3. Does your baby feed himself a cracker or a cookie?	0	Ś	0,	••••••••••
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.)	0	0	Ø	
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?	0	0	0	
6. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?	0	$\bigcirc$	S	<b>1</b>

PERSONAL-SOCIAL TOTAL

### **OVERALL**

Parents 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	
	2 14	
When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:	Ø yes	O NO
Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:	Ø YES	O NO
Adam's daycore teachers have to (d) me more quiet than the other babiles.	that	he is
Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	O yes	<b>NO</b>
Do you have concerns about your baby's vision? If yes, explain:	O yes	Ø NO
Has your baby had any medical problems in the last several months? If yes, explain:	O yes	Ø NO

ASQ3	10 Month Questionnaire page 6			
<ul><li>OVERALL (continued)</li><li>7. Do you have any concerns about your baby's behavior? If yes, explain:</li></ul>	YES O NO			
I am worrier because Adam cries I can't get him to stop crying mess TV show.	all of the time and 1 turn on his favourite			
8. Does anything about your baby worry you? If yes, explain:	O YES ONO			

ASQ-3 10 Month ASQ-3 Information Summary	9 months 0 days through
<b>EXACUS I U</b> Wonth ASQ-3 information Summary	10 months 30 days
	Charles Abort Charles Contains

Baby's name:	Date ASQ completed:				
Baby's ID #:	Date of birth:				
Administering program/provider:	Was age adjusted for prematurity when selecting questionnaire? O Yes O No				

#### 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	22.87							0	0	Q	0	0	0	0	0
Gross Motor	30.07									0	0	0	0	0	0
Fine Motor	37.97										0	0	0	0	0
Problem Solving	32.51									0	0	0	0	0	0
Personal-Social	27.25								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.	Uses both hands and both legs equally well? Comments:	Yes	NO	5.	Concerns about vision? Comments:	YES	No
2.	Feet are flat on the surface most of the time? Comments:	Yes	NO	6.	Any medical problems? Comments:	YES	No
3.	Concerns about not making sounds? Comments:	YES	No	7.	Concerns about behavior? Comments:	YES	No
4.	Family history of hearing impairment? Comments:	YES	No	8.	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 baby's total score is in the  $\square$  area, it is above the cutoff, and the baby's development appears to be on schedule.

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).

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

## 24 Month Old – Darcey

Darcey is a 24 month old girl who lives with her mother and father in a small apartment. Darcey's father works as an electrician and her mother is a stay-at-home parent taking postsecondary education online from home. Darcey's mother is very busy throughout the day, preparing food for the family, doing all of the household chores, and completing her coursework. Darcey's mother keeps Darcey in a playpen for most of the day because she is concerned about her daughter creating a mess in the apartment. Darcey often cries for prolonged periods until exhausted in her playpen. Darcey wants to help her mom with different activities but her mom worries about tidying up any mess and taking too much time out of the day. Darcey's father gets home late at night but he does enjoy bringing Darcey outside to the playground or going for walks when possible.

Mom is thinking about going back to work or going to school and has started to transition Darcy into Aboriginal Head Start. The staff have now had several opportunities to observe Darcey in the toddler program. Even when mom is present and holding her, Darcey cries and is unable to calm down. Mom has mentioned several times that Darcey has not spent time with other children in a group at all. Even Mom seems somewhat overwhelmed by all the activity. Mom is repeatedly asking if she can just leave Darcey as she finds it quite distressing to see her upset. She feels sneaking out would force Darcey to rely on the Head Start staff. Darcey does at times seem curious about what the other kids are doing but then gets upset and starts to cry. Mom has yet to put Darcey on the floor and play with her so staff are unsure about her development.

During her fourth visit, the staff decide to do a developmental screen on Darcey. The score suggests that Darcey is at risk for a social emotional delay. Darcey tantrums sometimes and Mom finds this hard. She says Darcey gets very stiff and arches her back and then has a very hard time calming down. Even getting her to nap or sleep at night can sometimes be a challenge. Based on the screen, Darcey may be at risk for a gross motor delay and problem solving delay. Darcy does not engage in any pretend play. She also seems content to just sit and not explore her surroundings or the toys near her.

			onth onnaire through 26 months 30 days	Ages & Stages Questionnaires Social Entotional Alexand Edition
Child's informat	ion			
Child's first name:	arcey	Child's middle init	tial: Child's last name:	
Child's date of birth:				**************************************
Child's gender: 🔘 N	lale 🗹 Female			
Person filling ou	it questionnaire			
First name:		Middle initial:	Last name:	
Street address:				
City:		State/ province:	ZIP/postal code	9:
Country:		Home telephone number:	Other telephone number:	
E-mail address:				
Relationship to child:	Parent Grandparent/ other relative	Guardian Teacher Foster Child care parent provider	Other:	
People assisting in ques	tionnaire completior	:		
	••			
Program inform	ation (For pr	ogram use only.)		
Child's ID #:			Age at administration in months and days:	
Program ID #:				
Program name:				
he constant.			Annual Contraction of the Annual Contraction	

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2	4 Month QUESTIONNAIRE 21 months 0 days through 26 month	s 30 days			ASQ	SE2
bo	child's behavior. If you Answer questions based on your child's <i>usual</i> behavior, about not behavior when your child is sick, very tired, or hungry.	s. Please rea le behavior i e return this have any qu t this questic c you and ple SE-2 in	s a concer questionr restions o rnnaire, co ease look	n. haire by: r concerns ontact: forward to	about your	r child or
		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1.	Does your child look at you when you talk to him?	⊠z	۰	×	O.	-
2.	Does your child seem too friendly with strangers?	×	٧	₽z	O,	
3.	Does your child laugh or smile when you play with her?	⊠z	٧	□×	O,	-
4.	Is your child's body relaxed?	⊠z	۳	□×	O.	
5.	When you leave, does your child stay upset and cry for more than an hour?	⊠×	٦v	□z	O,	
5.	Does your child greet or say hello to familiar adults?	□z	₫,	×	O×	
7.	Does your child like to be hugged or cuddled?	⊠z	٦v	⊡×	O,	

8. When upset, can your child calm down within 15 minutes?

TOTAL POINTS ON PAGE

Ov

M×

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Z



Check the box it that best describes your child's behavior. Also, check the circle if the behavior is a concern.

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
9.	Does your child stiffen and arch his back when picked up?	×	<b>I</b>	□ z	٥v	
10.	Is your child interested in things around her, such as people, toys, and foods?	₽z	٦v	٦×	Ov	
11.	Does your child cry, scream, or have tantrums for long periods of time?	□×	⊠~	🗌 z	٥v	
12.	Do you and your child enjoy mealtimes together?	⊠z	٦v	×	O'	
13.	Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or? (Please describe.)	∏ ×	□ v	<b>⊠</b> <sup>z</sup>	Ov	
14.	Does your child sleep at least 10 hours in a 24-hour period?	ĭ∎Z	٦v	×	O,	
15.	When you point at something, does your child look in the direction you are pointing?	⊠r	٦v	×	Ov.	
16.	Does your child have trouble falling asleep at naptime or at night?	×	⊠∕`	🗌 z	Ov	
17.	Does your child get constipated or have diarrhea?	□×	٦v	⊡ <sup>⊥</sup>	Ov	

TOTAL POINTS ON PAGE

page 2 of 5

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-			

Check the box  $\mathbf{M}$  that best describes your child's behavior. Also, check the circle  $\mathbf{O}$  if the behavior is a concern.

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
18.	Does your child follow simple directions? For example, does she sit down when asked?	Z	۰	×	Ov	
19.	Does your child let you know how he is feeling with words or gestures? For example, does he let you know when he is hungry, hurt, or tired?	Z	⊠v	×	Ov	
20.	Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	Z		×	Ov	
21.	Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or? (Please describe.)	⊠×	∏ v	Z	Ov	
22.	Does your child like to hear stories or sing songs?	Z	٧	×	Ov	
23.	Does your child hurt himself on purpose?	×	۰		Ov	
24.	Does your child like to be around other children? For example, does she move close to or look at other children?	⊠z	٧	×	Ov	
25.	Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	×	□ v	Z	Ov	
26.	Does your child try to show you things by pointing at them and looking back at you?	Z	□v	×	O*	
_						

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TOTAL POINTS ON PAGE

Check the box of that best describes your child's behavior Also, check the circle of if the behavior is a concern.
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		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
27.	Does your child play with objects by pretending? For example, does your child pretend to talk on the phone, feed a doll, or fly a toy airplane?	□ z	₫,	×	٥v	
28.	Does your child wake three or more times during the night?	□×	٦v	<b>⊠</b> z	Or	
29.	Does your child respond to his name when you call him? For example, does he turn his head and look at you?	Z	٦v	□×	٥v	
30.	Is your child too worried or fearful? If "sometimes" or "often or always," please describe:	×	٦v	۲Z	O×	
31.	Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain:	×		<b>∑</b> z	O.	

TOTAL POINTS ON PAGE

page 4 of 5



() YES

() YES

() NO

**OVERALL** Use the space below for additional comments.

32. Do you have concerns about your child's eating or sleeping behaviors? If yes, please explain:

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

She can't climb stairs independent Wish she was more

34. What do you enjoy about your child?

laugh and her reaction when love her

Child's n	name: Darcey		Dat	e ASQ:SE-2 co	mpleted:				
Child's II	()			_ Date ASQ:SE-2 completed: _ Child's date of birth:					
Person v	vho completed ASQ:SE-2:								
	tering program/provider:								
			Cni	a's gender:	() Male	OFe	male		
	E-2 SCORING CHART:			TOTAL POINTS	ON PAGE 1			Tota	
	ore items ( $Z = 0$ , $V = 5$ , $X = 10$ , Concern = 5).			TOTAL POINTS	ON PAGE 2		Cutoff	SCORE	
• Ro	ansfer the page totals and add them for the to cord the child's total score next to the cutoff.	tal score	ə.	TOTAL POINTS					
- Ke	to the child's total score next to the cutoff.			TOTAL POINTS			65		
					otal score				
. ASQ:S check	<b>E-2 SCORE INTERPRETATION:</b> Review the ap off the area for the score results below.	proxima	ate locat	ion of the child	d's total score	e on the	scoring grap 	ohic. Then,	
L	no or low risk								
	HO OF IOW TISK			!	50 "	onitor	65 <sup>refe</sup>	1	
	The child's total score is in the area. It is bel The child's total score is in the area. It is close The child's total score is in the area. It is about ALL RESPONSES AND CONCERNS: Record re Eup.	se to the ove the o	e cutoff. cutoff. Fi	Review behav urther assessm	iors of conce ent with a pr	rn and m ofession	ionitor. al may be n	eeded.	
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Ages & S Question 23 months 0 days through 24 Month Question Please provide the following information. Use black or legibly when completing this form.	25 months 15 days Onnaire	ي	E	A Contraction
Date ASQ completed:			(	
Child's information				
Child's first name: Darey	Middle initial:	Child's last name:		
Child's date of birth:			ld's gende ) Male	r: Female
Person filling out questionnaire				
First name:	Middle initial:	Last name:		
Street address:		_ Grandparent O Fo	iuardian oster arent	O Teacher Child care provider
City:	State/ Province:	ZIP/ Pos	/ tal code:	
Country:	Home telephone number:		phone phone nber:	
E-mail address:				
Names of people assisting in questionnaire completion:				
Program Information				
Child ID #:			-	· *
Program ID #:				
Program name:				
				·····

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	<b>≪ASQ</b> ·3 24 №	1onth Questionnaire	23 months 0 days through 25 months 15 days
de	the following pages are questions about activities children scribed here, and there may be some your child has not be ether your child is doing the activity regularly, sometimes, o	gun doing yet. For each item, plea	idy done some of the activities ase fill in the circle that indicates
Ir	nportant Points to Remember:	Notes:	
Í	Try each activity with your child before marking a response	е.	
Í	Make completing this questionnaire a game that is fun for you and your child.	-	
Í	Make sure your child is rested and fed.		
ত	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 *point* 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.)
- 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.)
- 3. Without your giving him clues by pointing or using gestures, can your child carry out at least *three* of these kinds of directions?

🖉 а.	"Put the toy on the table."	Ø	d. "Find your coat."
O b	. "Close the door."	T	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 name at least one picture?

f. "Get your book."

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

" Davdy	home"	
		/

YES	SOMETIMES	NOT YET	
Ś	0	0	
Ś	0	0	
Ø	0	0	
Ś	0	0	
0	Ś	0	

.

#### ASQ3

### 24 Month Questionnaire page 3 of 7

COMMUNICATION (continued)	YES	SOMETIMES	NOT YET	
b. Does your child correctly use at least two words like "me," "I," "mine," and "you"?	0	0	Ś	
		COMMUNICATIO	ON TOTAL	
GROSS MOTOR	YES	SOMETIMES	NOT YET	
. 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.)	0	Ś	0	*********
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	Ś	0	
. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.	0	0	Ś	
. Does your child run fairly well, stopping herself without bumping into things or falling?	0	0	Ś	
i. Does your child jump with both feet leaving the floor at the same time?	0	Ś	0	
6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	0	GROSS MOT *If Gross Motor Iter "yes" or "some Gross Motor	n 6 is marked etimes," mark	

#### ASQ3

### 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	
Q	0	0	
J	0	0	
0	S	0	******
Ś	0	0	*****
0		$\bigcirc$	
0	0	Ś	
	FINE MOTO	OR TOTAL	
YES	SOMETIMES	NOT YET	
Ś	0	0	
Ø	0	0	
0	Ś	0	
0	Ś	0	
0	0	Ø	

Count as "yes"

Count as "not yet

_	
A 1	1000
1 /0 14	H.N. 1.N.

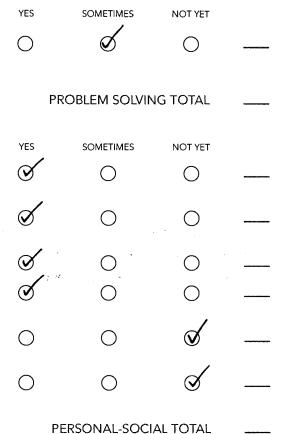
#### PROBLEM SOLVING (continued)

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 other toys.)

#### PERSONAL-SOCIAL

- 1. Does your child drink from a cup or glass, putting it down again with little spilling?
- 2. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?
- 3. Does your child eat with a fork?
- 4. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?
- 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?
- 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."

<b>24</b> Month Questionnaire	page 5 of 7



**Y**ES

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:

	,		
Do you think your child talks like other toddlers her age? If no, explain:	YES	O NO	

ASQ3	24 Month Questio	nnaire <sub>page</sub> d
OVERALL (continued) B. Can you understand most of what your child says? If no, explain:	YES	O NO
. Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:	O yes	0 NO
My brother hers a Jaughter who is who can climb stairs and kick balls am sure Dercey will control up in time.	jounger than without fallin	Durcey z. 1
Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	O yes	𝒞 NO
Do you have any concerns about your child's vision? If yes, explain:	O yes	<b>NO</b>
Has your child had any medical problems in the last several months? If yes, explain:	O yes	Ø NO

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



**24** Month ASQ-3 Information Summary

Child's name:	Date ASQ completed:
Child's ID #:	Date of birth:
Administering program/provider:	

 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							0	0	0	0	0	0	0	0
Gross Motor	38.07										0	0	0	0	0
Fine Motor	35.16									0	0	0	0	0	0
Problem Solving	29.78								O	0	þ	0	0	0	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						



### 36 Month Old - Logan

Logan is a 36 month old boy who has just started child care. His mother and father previously cared for him at home until his mother decided she wanted to introduce him to other children his age. When Logan gets dropped off at the child care centre every morning by his mother, he throws a tantrum and hangs onto her until she is able to sneak out the door. Logan plays cooperatively with the other children and is always engaged in the different activities. He doesn't initiate play but will engage with the other children if approached. He loves playing in the block area and building towers. However, whenever it is time to tidy up for lunch, Logan has a difficult time ending his activity. When nap time is over, it is always a challenge to wake Logan up without Logan getting upset. In fact, almost every transition poses a challenge and Logan requires extra time settling down and adjusting to the new task at hand. Finally at the end of the day, Logan is always excited to see his mother at pick up time.

Observations of Logan have found that he struggles with transitions and will sometimes have explosive outbursts when told he needs to tidy up. Mom and Dad have said this happens at home also and that they just ignore his behavior. Staff also note that following directions can be a challenge for him but they see this as part of the difficulty he has with transitions. When staff give him a warning or try to help him, he gets very upset and has at times thrown toys.

A developmental screen has found that Logan may be at risk of a delay in the social emotional domain. Managing his emotions when transitioning seems to be the biggest challenge for him and can lead to very aggressive behavior that the child care staff find challenging. Other domains are largely progressing as we would expect.

	6 1.		36 M Questie	onna	n ire 11 months 30 days	Ages & Stages Questionnaires Social-Emotional SECOND EDITION
1	X /		Date ASQ:SE-2	completed:		
Child's informat	tion Legan		Child's middle in	itial:	Child's last name:	
Child's date of birth:						
Child's gender: ON	Nale O Female					
Person filling or	ut questionnaire	9				
First name:			Middle initial:		Last name:	
Street address:						
City:			State/ province:		ZIP/postal code:	
Country:			Home telephone number:		Other telephone number:	
E-mail address:						
Relationship to child:	Parent Grandparent/ other relative	Guardian Foster parent	Child care provider	Other:		
People assisting in ques	tionnaire completio	n:				
Program inform	ation (For p	rogram use onl	y.)			
Child's ID #:				Age at in mon	administration ths and days:	
Program ID #:						

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Que	estions about behaviors children may have are listed on the following page to that best describes your child's behavior. Also, check the circle 🔗 if the	s. Please rea le behavior is	d each qu s a concer	iestion care n.	fully and cl	heck the
		e return this have any qu			about your	child o
	Answer questions based on your child's <i>usual</i> behavior, about not behavior when your child is sick, very tired, or hungry.	t this questio vou and ple SE-2 in	nnaire, co ease look	ontact: forward to t		
-		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1.	Does your child look at you when you talk to her?	₩ z	٦v	×	Ov	
2.	Does your child like to be hugged or cuddled?	₩Z.	٧	۵×	Ô۲	
3.	Does your child talk or play with adults he knows well?	🗌 z	₫.	□×	Ov	_
1.	Does your child cling to you more than you expect?	⊠×	٧	□z	Ov	
5.	When upset, can your child calm down within 15 minutes?	🗌 z	<b>v</b>	×	Ov	
5.	Does your child seem too friendly with strangers?	×	٦v	₹	Ov.	
7.	Does your child settle herself down after exciting activities?	□ z	٦v	M×.	du	

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TOTAL POINTS ON PAGE

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
8.	Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	🗌 z	٧	∎×	Ø.	
9.	Does your child seem happy?	Zz	٧	□×	Ov	
10.	Is your child interested in things around him, such as people, toys, and foods?	₽Z Z	V	□×	Ô۲	
11.	Does your child do what you ask her to do?	₩²	٧	□×	0.	
12.	Does your child seem more active than other children his age?	v×	٧	🗌 z	Ov.	
13.	Does your child stay with activities she enjoys for at least 5 minutes (other than watching shows or videos, or playing with electronics)?	ي ت	٧	□×	Ov	_
14.	Do you and your child enjoy mealtimes together?	₽z	٧	×	Ô۲	_
15.	Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or? (Please describe.)	⊿×	۰	□ z	0*	_
16.	Does your child sleep at least 8 hours in a 24-hour period?	₩z	۰	×	0.	_
17.	Does your child use words to tell you what she wants or needs?	□ z		×	Ov	_

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TOTAL POINTS ON PAGE

ASQ:SE2

Check the box  $\checkmark$  that best describes your child's behavior. Also, check the circle  $\checkmark$  if the behavior is a concern.

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
18.	Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked?	□ z	۲.۰	⊠×	Ø,	
19.	Does your child cry, scream, or have tantrums for long periods of time?	₽×	٧	□ z	Ov	
20.	Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	₩ z	v	□×	٥v	-
21.	Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or? (Please describe.)	⊠×	٦v	□z	0.	
22.	Does your child hurt himself on purpose?	□×	۵v	₽ <sup>1</sup> 2	Ô۲	
23.	Does your child stay away from dangerous things, such as fire and moving cars?	₹ Z	٧	□×	Ov	
24.	Does your child destroy or damage things on purpose?	×	₽√	□ z	0*	
25.	Does your child use words to describe her feelings and the feelings of others? For example, does she say, "I'm happy," "I don't like that," or "She's sad"?	₹ Vz	٧	□×	0.	
26.	Can your child name a friend?	Z	۵v	×	0.	

TOTAL POINTS ON PAGE

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Check the box  $\checkmark$  that best describes your child's behavior. Also, check the circle  $\checkmark$  if the behavior is a concern.

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
27.	Do other children like to play with your child?	₩z	٧	×	Ov	
28.	Does your child like to play with other children?	₫ z	٧	×	Ov	
29.	Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	×□	۵v	Z	Ô۲	
30.	Does your child show an unusual interest in or knowledge of sexual language and activity?	□×	œ√	□ z	Ô۲	
31.	Does your child try to show you things by pointing at them and looking back at you?	□ z	<b>V</b>	□×	O•	
32.	Does your child pretend objects are something else? For example, does he pretend a banana is a phone?	□ z	₫.	×□	Ov	
33.	Does your child wake three or more times during the night?	□×	۰	۲Z	O•	
34.	Is your child too worried or fearful? If "sometimes" or "often or always," please describe:	□×	٧	Z	٥v	
35.	Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: <u>Child care staff worried about his</u> transition between activities	×	ছ	🗌 z	Ov	

TOTAL POINTS ON PAGE

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OVERALL Use the space below for additional comments.

36. Do you have concerns about your child's eating, sleeping, or toileting habits? If yes, please explain: YES () NO have difficulty staff Waring him ane From 37. Does anything about your child worry you? If yes, please explain: () YES NO 38. What do you enjoy about your child? at with home child He me. iĝ a h30 DU

Child's	s name:		Date	ASQ:SE-2 comple	eted:			
Child's ID #:								
	n who completed ASQ:SE-2:			1.	1000			-
				d's age in months a	1.1.1.1.1.1.1		10.00	
Admir	nistering program/provider:		Chile	d's gender: 🔘	Male	() Fer	male	
	2:SE-2 SCORING CHART:			TOTAL POINTS ON PA	GE 1		Cutoff	
	Score items ( $Z = 0$ , $V = 5$ , $X = 10$ , Concern = 5).		-	TOTAL POINTS ON PA			Cuton	Total score
	Transfer the page totals and add them for the to Record the child's total score next to the cutoff.		e	TOTAL POINTS ON PA				-
	Record the child's total score next to the cutoff.			TOTAL POINTS ON PA			105	
				Total s	core	-		
. ASC	2:SE-2 SCORE INTERPRETATION: Review the application of the area for the score results below.	pproxim	ate locati	on of the child's to	tal score	on the s	scoring graph	ic. Then,
-	no or low risk			75	ma	onitor	105 <sup>refer</sup>	→ 1.
	The child's total score is in the 🗔 area. It is be							(9
TOIIO	RALL RESPONSES AND CONCERNS: Record r w-up.					ments. Y	ES responses	require
TOIIO	RALL RESPONSES AND CONCERNS: Record r w-up. . Any Concerns marked on scored items?	response YES				ments. Y	/ES responses	require
TOIIO	w-up. . Any Concerns marked on scored items?		es and tra	nsfer parent/careg		ments. Y	/ES responses	require
1–35	w-up. Any Concerns marked on scored items? Eating/sleeping/toileting concerns?	YES	es and tra no	nsfer parent/careg Comments:		ments. Y	/ES responses	require
1–35 36 37	w-up. Any Concerns marked on scored items? Eating/sleeping/toileting concerns? Other worries?	YES YES YES	es and tra no no no No, or Un	nsfer parent/careg Comments: Comments: Comments: sure (Y, N, U). See p	iver com			
1–35 36 37	w-up. Any Concerns marked on scored items? Eating/sleeping/toileting concerns? Other worries? LOW-UP REFERRAL CONSIDERATIONS: Mark all Setting/time factors (e.g., Is the child's behavi	YES YES YES Il as Yes, I ior the sa	es and tra no no no No, or Un ame at ho	nsfer parent/careg Comments: Comments: Comments: sure (Y, N, U). See p me as at school?)	iver com ages 98-	-103 in th		
1–35 36 37	<ul> <li>w-up.</li> <li>Any Concerns marked on scored items?</li> <li>Eating/sleeping/toileting concerns?</li> <li>Other worries?</li> <li>LOW-UP REFERRAL CONSIDERATIONS: Mark all Setting/time factors (e.g., Is the child's behavi Developmental factors (e.g., Is the child's behavi</li> </ul>	YES YES YES Il as Yes, I ior the sa navior rel	es and tra no no no No, or Un: ame at ho ated to a	nsfer parent/careg Comments: Comments: Comments: sure (Y, N, U). See p me as at school?) developmental sta	iver com ages 98-	-103 in th		
1–35 36 37	<ul> <li>w-up.</li> <li>Any Concerns marked on scored items?</li> <li>Eating/sleeping/toileting concerns?</li> <li>Other worries?</li> </ul> LOW-UP REFERRAL CONSIDERATIONS: Mark all Setting/time factors (e.g., Is the child's behavio Developmental factors (e.g., Is the child's behavior rela Family/cultural factors (e.g., Is the child's behavior rela	YES YES YES Il as Yes, I ior the sa havior rel- ated to h avior acc	es and tra no no no No, or Un ame at ho ated to a ealth or b	nsfer parent/careg Comments: Comments: Comments: sure (Y, N, U). See p me as at school?) developmental sta piological factors?)	iver com ages 98- ge or de	-103 in th elay?)	ne ASQ:SE-2 L	lser's Gui
1–35 36 37	<ul> <li>w-up.</li> <li>Any Concerns marked on scored items?</li> <li>Eating/sleeping/toileting concerns?</li> <li>Other worries?</li> </ul> LOW-UP REFERRAL CONSIDERATIONS: Mark all Setting/time factors (e.g., Is the child's behavi Developmental factors (e.g., Is the child's behavi Family/cultural factors (e.g., Is the child's behavior rela Family/cultural factors (e.g., Is the child's behavior stressful events in the child's life recently?)	YES YES YES Il as Yes, I ior the sa havior rel- ated to h avior acc	es and tra no no no No, or Un: ame at ho ated to a ealth or b septable g	nsfer parent/careg Comments: Comments: Comments: sure (Y, N, U). See p me as at school?) developmental sta biological factors?) given the child's cul	ages 98- ge or de tural or f	-103 in th elay?) family co	ne ASQ:SE-2 L	lser's Gui
36 37 . FOLI	<ul> <li>w-up.</li> <li>Any Concerns marked on scored items?</li> <li>Eating/sleeping/toileting concerns?</li> <li>Other worries?</li> </ul> LOW-UP REFERRAL CONSIDERATIONS: Mark all Setting/time factors (e.g., Is the child's behavi Developmental factors (e.g., Is the child's behavi Family/cultural factors (e.g., Is the child's behavior rela Family/cultural factors (e.g., Is the child's behavior stressful events in the child's life recently?) Parent concerns (e.g., Did the parent/caregive	YES YES YES Il as Yes, I ior the sa havior rel- ated to h avior acc	es and tra no no no No, or Un: ame at ho ated to a ealth or b septable g	nsfer parent/careg Comments: Comments: Comments: sure (Y, N, U). See p me as at school?) developmental sta biological factors?) given the child's cul	ages 98- ge or de tural or f	-103 in th elay?) family co	ne ASQ:SE-2 L	lser's Gui
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. FOLI	<ul> <li>w-up.</li> <li>Any Concerns marked on scored items?</li> <li>Eating/sleeping/toileting concerns?</li> <li>Other worries?</li> </ul> LOW-UP REFERRAL CONSIDERATIONS: Mark all Setting/time factors (e.g., Is the child's behavio Developmental factors (e.g., Is the child's behavior rela Family/cultural factors (e.g., Is the child's behavior rela Family/cultural factors (e.g., Is the child's behavior rela any stressful events in the child's life recently?) Parent concerns (e.g., Did the parent/caregive LOW-UP ACTION: Check all that apply. Provide activities and rescreen in months. Share results with primary health care provider. Provide parent education materials. Provide information about available parenting of Have another caregiver complete ASQ:SE-2. Li	YES YES YES Il as Yes, I ior the sa havior the sa havior rel ated to h avior acc er expres classes c ist caregi Q-3). cial educ	es and tra no no no No, or Un ame at ho ated to a ealth or b ceptable g s any con or support iver here cation.	nsfer parent/careg Comments: Comments: Comments: sure (Y, N, U). See p me as at school?) developmental sta biological factors?) given the child's cul cerns about the child cerns about the child's cul cerns about the child	ages 98- ge or de tural or f	-103 in th elay?) family co avior?)	ne ASQ:SE-2 L	lser's Gui
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Ages & Question 34 months 16 days throug 36 Month Quest	Stages onnaires® gh 38 months 30 days tionnaire	A Start
Please provide the following information. Use black legibly when completing this form.	or blue ink only and print	
Date ASQ completed:		
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:	Middle initial:	Last name:
Street address:		Relationship to child:         Parent       Guardian         Grandparent       Foster         or other       Parent         relative       Other:
۵ City:	State/ Province:	ZIP/ Postal code:
Country:	Home telephone number:	Other telephone number:
E-mail address:		
Names of people assisting in questionnaire completion:	· · · · · · · · · · · · · · · · · · ·	
Program Information		
Child ID #:		
Program ID #:		
Program name:		
Ages & St	ages Questionnaires®. Third Ed	ition (ASQ-3™), Squires & Bricker

	<u>RASQ3</u>	<b>36</b> Month Questionnaire	34 months 16 days through 38 months 30 days
desc	he following pages are questions about activiti- ribed here, and there may be some your child her your child is doing the activity regularly, so	has not begun doing yet. For each item, plea	ady done some of the activities ase fill in the circle that indicates
lm	portant Points to Remember:	Notes:	
Q	Try each activity with your child before marking	a response.	
ব	Make completing this questionnaire a game th you and your child.	at is fun for	
র্থ	Make sure your child is rested and fed.		
প্র	Please return this questionnaire by		

### COMMUNICATION

- 1. 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:

l	want	mommy	

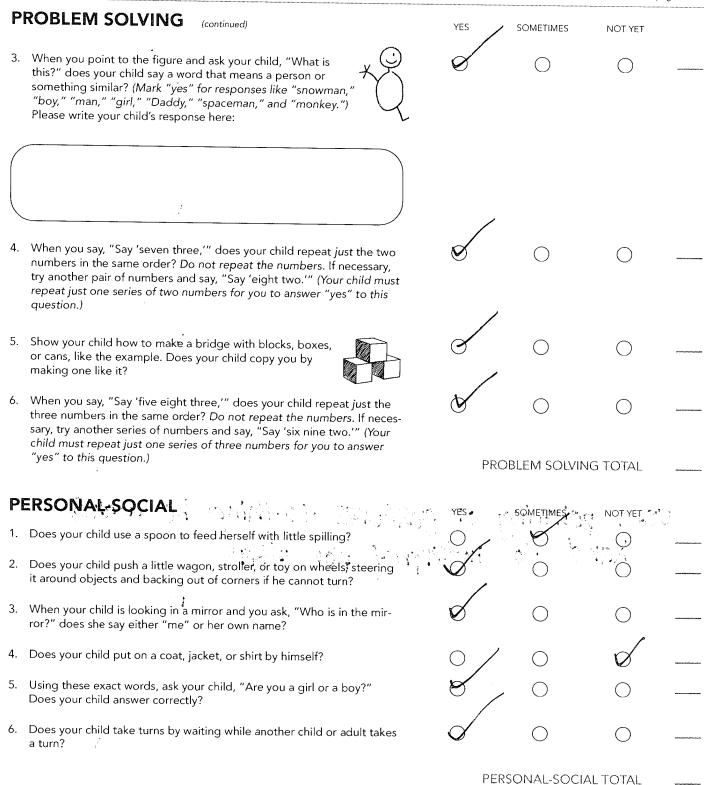
- 3. Without giving your child help by pointing or using gestures, ask him to "put the book on the table" and "put the shoe *under* the chair." Does your child carry out both of these directions correctly?
- 4. When looking at a picture book, does your child tell you what is happening or what action 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	
$\bigcirc$		$\bigcirc$	
<b>~</b>	0	0	and the state of the
0	5	0	
	0	0	991-0082/04/04-0
	$\bigcirc$	0	
0	$\bigcirc$		
СС	OMMUNICATIO	ON 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	0	$\bigcirc$	
<ol> <li>Does your child jump with both feet leaving the floor at the same time?</li> </ol>	6	0	$\bigcirc$	
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	$\bigcirc$	waterstate
<ol> <li>Does your child stand on one foot for about 1 second without holding onto anything?</li> </ol>	9	0	$\bigcirc$	
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		$\bigcirc$	
<ol> <li>Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?</li> </ol>		O GROSS MOTO	O DR TOTAL	
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	0		

ASQ3		<b>36</b> Month Que	stionnaire	page 4 of 7
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		
<ol> <li>After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your</li> </ol>	as "yes" NO as "not yet"	$\bigcirc$	J	
<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	
5. 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 re	asons.)	0	$\bigcirc$	
6. When drawing, does your child hold a pencil, crayon, or pen be her fingers and thumb like an adult does?	etween	$\bigcirc$	$\bigcirc$	
		FINE MOT	OR 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	0	
2. If your child wants something he cannot reach, does he find a c box to stand on to reach it (for example, to get a toy on a coun "help" you in the kitchen)?	hair or O ter or to	$\checkmark$	$\bigcirc$	

#### ASQ3



( <u>«ASQ3</u> ) 36 N	lonth Questio	nnaire page 6 of 7
OVERALL		
Parents 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 children her age? If no, explain:	YES	() NO
<ol> <li>Can you understand most of what your child says? If no, explain:</li> </ol>	YES	O NO
4. Can other people understand most of what your child says? If no, explain:	O YES	0 NO
uses pointing or gestures to thing hard to interpret for others	he wo	ihrs,
<ol> <li>Do you think your child walks, runs, and climbs like other children his age? If no, explain:</li> </ol>	YES	O NO
<ol> <li>Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:</li> </ol>	O YES	<b>N</b> NO

<b>36</b> Month Questionna	ire page 7 of
O yes	NO
	/
O yes	NO
O YES	NO
O YES	NO
	O YES

63		199385555	0.0	NOT THE REAL					and the second			
	R	AS	60	93	36	Month	ASQ-3	Information	on Summar	<b>y</b> <sup>34</sup> months 36	s 16 days through 8 months 30 days	1
	C. C. C. C.			TN TN		2131500005855						

	\$
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		O	O.		O	Q	O.		0	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
Gross Motor	36.99		O	O		O.	O		O		0	0	0	0	0
Fine Motor	18.07		Q	O	0	O	0	0	0	$\bigcirc$	0	0	0	$\bigcirc$	0
Problem Solving	30.29		O ·	0	0	O	O	O	0	0	0	0	0	0	0
Personal-Social	35.33		O I	O	O	O	O	O	O	Ö	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 is above the cutoff, and the child's development appears to be on schedule. If the child's total score is in the is area, it is close to the cutoff. Provide learning activities and monitor. If the child's total score is in the is 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						



### 48 Month Old - Devon

Devon is a 48 month old boy who has just started Kindergarten. Devon lives in a house with his mother and father in a large it . Before starting Kindergarten, Devon stayed at home with the family's bab itter. Devon's parents are both very concerned about school readiness and hope for their son to be ahead of the game. Therefore, Devon has always been provided with the latest educational toys, videos, and tablet/computer games. Devon's parents are confident that their son's exposure to these technologies will better prepare him for school and work in our technology-centered society. Devon's parents also believe that discipline is the best way to instill good manners and values in their son; therefore Devon is given time outs or spankings when he misbehaves. Prior to starting Kindergarten, Devon attended a weekly drop-in program to interact with children his age. He typically played by himself. The Kindergarten teacher has noted that when he does play with other children, he is very aggressive and hits other kids when things do not go his way.

At school, Devon's teacher has expressed concern about his ability to manage his behavior. He is very aggressive (kicking and hitting other children) and has difficulty staying on a task. Even when playing with other children, the teacher feels he can be a bully, which often results in children not wanting to play with him. Initially his parents were sending e on to hool ith his iPad and it a er hallenging to e plain to e on and hi parent that hi a not per itted While mom and dad see his independent play as a strength, the teacher sees it as a concern as he is becoming more and more isolated.

A developmental screen completed by his parents shows that Devon is at risk for a social emotional delay. Aside from his aggression and inability to play with other children, there is a serious concern by both home and school about some interest in sexual behavior and use of sexual language by Devon. Mom and Dad cannot explain where this is coming from. Devon's fine motor skills are also at risk for delay as he struggles to use any kind of pencil or crayon or scissors.

Carlo and C	<b>48</b> Month Duestionna months 0 days through 5	ire	Ages & Stages Questionnaires Social-Emotional
	Date ASQ:SE-2 completed:		
Child's information			
Child's first name: Devon	Child's middle initial:	Child's last name:	
Child's date of birth:			
Child's gender: Male Female			
First name:	Middle initial:	Last name:	
		Last name.	
Street address:			
City:	State/ province:	ZIP/postal code:	
Country:	Home telephone number:	Other telephone number:	
E-mail address:			
	<u> </u>	- And Andrews	
Relationship to child: Orarent Guardian Grandparent/ other relative parent	<ul> <li>Teacher</li> <li>Other:</li> <li>Child care provider</li> </ul>		
Grandparent/ Foster	Child care		
Grandparent/ other relative Foster parent	Child care provider		
eople assisting in questionnaire completion:	Child care provider	t administration hths and days:	
Grandparent/ other relative Foster parent reople assisting in questionnaire completion: Program information (For program use or	Child care provider	t administration hths and days:	

Questions about behaviors children may have are listed on the fo box 🗹 that best describes your child's behavior. Also, check the	ollowing pages. Please read each circle 🗭 if the behavior is a con	question carefully and check the acern.
<ul> <li>Important Points to Remember:</li> <li>Answer questions based on what you know about your child's behavior.</li> <li>Answer questions based on your child's usual behavior, not behavior when your child is sick, very tired, or hungry.</li> <li>Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:</li> </ul>	<ul> <li>If you have any question about this questionnaire</li> <li>Thank you and please lo ASQ:SE-2 in n</li> </ul>	ok forward to filling out another

OR /S	SOME- TIMES	RARELY OR NEVER	THIS IS A CONCERN	
	٧	□×	Ov	
	₫~	🗖 z	Ov	-
	<b>1</b>	×	Ov	
	<b>1</b> ~	□×	Ov	
	۳	×	Ov	
	٧	Z	Qv	_
		□×	Ov	
	<b>.</b>	□ z	Ov	

TOTAL POINTS ON PAGE

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## 48 Month Questionnaire



E2 Check the box of that best describes your child's behavior. Also, check the circle of if the behavior is a concern.

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
9.	Is your child interested in things around her, such as people, toys, and foods?		٧	□×	٥v	_
10.	Does your child stay dry during the day?	□ z	দ্রু	×	0*	
11.	Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or? (Please describe.)	□×	٧	₽z	Ov	-
12.	Do you and your child enjoy mealtimes together?	Z	٧	×□	Ov	
13.	Does your child do what you ask her to do?	□ z	٧		Ø.	
14.	Does your child seem happy?	□ z	g,	□×	Ov	
15.	Does your child sleep at least 8 hours in a 24-hour period?	₩ <sup>z</sup>	٧	×□	Ov	
16.	Does your child seem more active than other children his age?	□×	٧	٧z	Ov	
17.	Does your child use words to tell you what she wants or needs?	□ z	₫~	×	Ov	
18.	Does your child stay with activities he enjoys for at least 10 minutes (other than watching shows or videos, or playing with electronics)?	□ z	۵v	<b>∀</b> ×	Ov	
19.	Does your child use words to describe her feelings and the feelings of others? For example, does she say, "I'm happy," "I don't like that," or "She's sad?"	□ z		۳×	Ov	

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page 2 of 5

TOTAL POINTS ON PAGE

# **48** Month Questionnaire

Check the box in that best describes your child's behavior. Also, check the circle if the behavior is a concern.

_		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
20.	Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	□z	<b>N</b>	×	Ov	
21.	Does your child explore new places, such as a park or a friend's home?	<b>№</b> z	٦v	×	Ô۲	
22.	Does your child do things over and over and get upset when you try to stop him? For example, does he rock, flap his hands, spin, or? (Please describe.)	□×	٧	₽Z	٥v	
23.	Does your child hurt herself on purpose?	×	٧	₽z	Ô۲	_
24.	Does your child follow rules at home or at child care?	z	٧	₽×	Ø	
25.	Does your child destroy or damage things on purpose?	×	٧	□z	Ô۲	
26.	Does your child stay away from dangerous things, such as fire and moving cars?	₹	٦v	×	0.	
27.	Can your child name a friend?	Z	٧	□×	Ô۲	
28.	Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt?	_ z	ø⁄,	□×	Ov.	_
29.	Do other children like to play with your child?	🗌 z	₽√	□×	Ov	_

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page 3 of 5

TOTAL POINTS ON PAGE

### 48 Month Questionnaire



Check the box in that best describes your child's behavior. Also, check the circle if the behavior is a concern.

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
30.	Does your child like to play with other children?	□ z	∎∕	×	Ov	
31.	Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	⊠×	۰	F., :	Ø	
32.	Does your child show an unusual interest in or knowledge of sexual language and activity?	□×		□ z	Ov	
33.	Does your child wake three or more times during the night?	□×	٧	<b>∑</b> z	Ov	-
34.	Is your child too worried or fearful? If "sometimes" or "often or always," please describe:	×	□v	₽Z	Ov	
35.	Does your child have simple back-and-forth conversations with you? For example, Parent: "It's raining!" Child: "And cold outside." Parent: "Let's get your coat." Child: "I got it!"	z	đ.	×	Ov	
36.	Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: <u>Since Devon started kinderparten his</u> <u>teachers have mentioned that he doesn't</u> <u>always listen to them or follow rules.</u> He is the same way at home.	×	d.	Z	Ov	

TOTAL POINTS ON PAGE

**48** Month Questionnaire **OVERALL** Use the space below for additional comments. 37. Do you have concerns about your child's eating, sleeping, or toileting habits? If yes, please explain: () YES 38. Does anything about your child worry you? If yes, please explain: YES () NO and rules follow directions Wis would ho 39. What do you enjoy about your child? like the independent is and Devon irly 10 t he still being do his ON O him close 10 ove ON F 1310 00

Child's name:		Date	ASQ:SE-2 completed				
Child's ID #:							
Person who completed ASQ:SE-2:							
				-			
Administering program/provider:		_ Child	d's gender: () Mal	le OFe	emale		
. ASQ:SE-2 SCORING CHART:		-	TOTAL POINTS ON PAGE 1			Total	
<ul> <li>Score items (Z = 0, V = 5, X = 10, Concern = 5</li> <li>Too for the second s</li></ul>			TOTAL POINTS ON PAGE 2	1000	Cutoff	score	
<ul> <li>Transfer the page totals and add them for the</li> <li>Record the child's total score next to the cuto</li> </ul>		TOTAL POINTS ON PAGE 3					
		TOTAL POINTS ON PAGE 4			85		
			Total score	4			
ASQ:SE-2 SCORE INTERPRETATION: Review the check off the area for the score results below.	e approxima	ite locati	on of the child's total s	score on the	e scoring graph	ic. Then,	
no or low risk			70	monitor	85 refer -	→ 15 (90	
			urther assessment with	a professio	nat may be net		
follow-up.		s and tra	nsfer parent/caregiver				
	d responses						
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Ages & S Question 45 months 0 days through 45 months 0 days through 48 Month Quest Please provide the following information. Use black of legibly when completing this form.	50 months 30 days		J.	July I	
Child's information				8/ /	
Child's first name: Devon	Middle initial:	Child's last name:			
		··	Child's gend	er:	
			O Male	○ Female	
Child's date of birth:					
Person filling out questionnaire					
First name:	Middle initial:	Last name:			
		Relationship to chi	ld:		
		O Parent	🔵 Guardian	O Teacher	Child care provider
Street address:	1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	- O Grandparent or other	Foster parent	Other:	p. c c.
		relative			
City:	State/ Province:		ZIP/ Postal code:		
Country:	Home telephone number:		Other telephone number:		
E-mail address:					
			,		<i>,</i> .
Names of people assisting in questionnaire completion:		<del></del>		542.E.C.	
		· · · · · · · · · · · · · · · · · · ·			
Program Information					
Child ID #:					
Program ID #:					
Program name:					

Ø	<b>\$ASQ</b> 3 48 №	Ionth Questionnaire	45 months 0 days through 50 months 30 days
desc	the following pages are questions about activities children ribed here, and there may be some your child has not be ther your child is doing the activity regularly, sometimes, o	gun doing yet. For each item, plea	edy done some of the activities ase fill in the circle that indicates
Im	portant Points to Remember:	Notes:	
র্থ	Try each activity with your child before marking a response	9.	
র্থ	Make completing this questionnaire a game that is fun for you and your child.		
র্ত্র	Make sure your child is rested and fed.		
শ্	Please return this questionnaire by		

#### COMMUNICATION

eat

- Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?
- 2. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.") Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:



lunch

- 3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?
- 4. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?

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SOMETIMES

 $\cap$ 

YES

NOT YET

()

#### COMMUNICATION (continued)

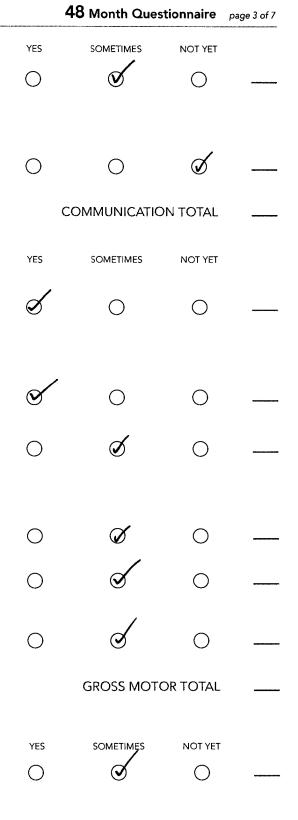
- 5. Without your giving help by pointing or repeating, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."
- 6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?"

#### **GROSS MOTOR**

- Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)
- 2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?
- 3. While standing, does your child throw a ball overhand in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")
- 4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?
- 5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?
- 6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)

#### **FINE MOTOR**

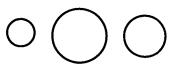
 Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)



#### ASQ3

### FINE MOTOR (continued) 2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.) 3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size.) 4. Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll's clothing.) 5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet? 6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? (Your child should not go more than <sup>1</sup>/<sub>4</sub> inch outside the lines on most of the picture.) **PROBLEM SOLVING**

- 1. 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 to answer "yes" to this question.)
- 2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)



- 3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "under the couch." Then ask her to put the ball "between the chairs" and the book "in the middle of the table."
- 4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)

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YES	SOMETIMES	NOT YET	
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YES			
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#### ASQ3

#### PROBLEM SOLVING (continued)

- 5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure.
- 6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? (Ask this question without providing help by pointing, gesturing, or naming.)

#### PERSONAL-SOCIAL

- 1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?
- 2. Does your child tell you at least four of the following? Please mark the items your child knows.

🗭 a. First name	🗹 d. Last name
🔗 b. Age	🗭 e. Boy or girl
🗭 c. City she lives in	○ f. Telephone number

- 3. Does your child wash his hands using soap and water and dry off with a towel without help?
- 4. Does your child tell you the names of two or more playmates, not including brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.)
- 5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? (You may still need to check and rebrush your child's teeth.)
- 6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?

#### **OVERALL**

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

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

48 Month Questionnaire page 5 of 7											
YES	SOMETIMES	NOT YET									
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PF	ROBLEM SOLVIN	IG TOTAL									
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Р	ERSONAL-SOCI	AL TOTAL									
	YES		)								

# 48 Month Questionnaire page 6 of 7 OVERALL (continued) **V**YES 2. Do you think your child talks like other children her age? If no, explain: O NO **V**YES 3. Can you understand most of what your child says? If no, explain: O NO **YES** 4. Can other people understand most of what your child says? If no, explain: O NO 5. Do you think your child walks, runs, and climbs like other children his age? **YES** O NO If no, explain: 6. Does either parent have a family history of childhood deafness or hearing () NO O YES impairment? If yes, explain: 7. Do you have any concerns about your child's vision? If yes, explain: O YES **N**NO

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#### ASQ3

⊖ yes	<b>N</b> O
Aver 6	<u>О</u> NO
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O YES	Ø NO
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**48** Month ASQ-3 Information Summary

Child's name: \_\_\_\_

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

Child's	ID #:	
---------	-------	--

\_\_\_\_\_ Date of birth: \_\_\_\_

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

 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	30.72	• •							0.	0	O.	, O	0		0
Gross Motor	32.78		•							0	0		0	0.	0
Fine Motor	15.81						0	0	Q	0	Õ	0	0	0	0
Problem Solving	31.30						$\bullet$	0		0	0	0	0	0	0
Personal-Social	26.60							0.	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.	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						

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