ASQ3 Ages & Stages Questionnaires®

45 months 0 days through 50 months 30 days Month Questionnaire

Child's information Child's first name: Child's first name: Child's gender: Male Female Middle initial: Child's gender: Male Female Middle initial: Last name: Crity: Crity: Country: Home telephone number: Child's last name: Child's last name: Child's last name: Child's gender: Middle initial: Child's gender: Male Female Child's gender: Middle initial: Crity: Relationship to child: Grandparent Guardian Teacher Child care provider or or other relative State/Province: ZIP/Postal code: Country: Home telephone number: City: Country: C	Please provide the following information. Use black or blue ink only and plegibly when completing this form.	print
Child's first name: Child's first name: Child's gender: Male Female Child's gender: Middle initial: Child's gender: Middle initial: Last name: Child's gender: Middle initial: Last name: Child's gender: Middle initial: Child's gender: Child's gender: Middle initial: Child's gender: Middle initi	Date ASQ completed: M M D D Y Y Y Y	
Child's first name: initial: Child's gender:	Child's information	
Person filling out questionnaire First name: Middle initial: Last name: Street address: Relationship to child: Parent Guardian Teacher Child care provider or other relative State/Province: ZIP/Postal code: City: Home telephone number: Other telephone number: Country: Home telephone number: Child ID #: PROGRAM INFORMATION Program ID #:		e : Child's last name:
Person filling out questionnaire First name: Middle initial: Last name: Street address: Relationship to child: Or other parent or other relative state/Frovince: ZIP/Postal code: City: Home telephone number: Other telephone number: Country: Home telephone number: Other telephone number: Child ID #: PROGRAM INFORMATION Program ID #:		
Person filling out questionnaire First name: Middle Initial: Last name:	Child's date of birth:	Child's gender:
First name: Middle Last name:	M M D D Y Y Y Y	Male Female
First name: Initial: Last name:	Person filling out questionnaire	
Parent Guardian Teacher Child care provider Grandparent or other: City: City: State/Province: ZIP/Postal code: State/Province: ZIP/Postal code: E-mail address: Child ID #: PROGRAM INFORMATION Program ID #:		
Parent Guardian Teacher Child care provider Grandparent or other: City: City: State/Province: ZIP/Postal code: State/Province: ZIP/Postal code: E-mail address: Child ID #: PROGRAM INFORMATION Program ID #:		
Country: Home telephone number: Child ID #: Program ID #: Grandparent or other: Parent Other: State/Province: ZIP/Postal code: Country: State/Province: ZIP/Postal code: Country: State/Province: ZIP/Postal code: Country: Other telephone number: Other telephone number: Child ID #: PROGRAM INFORMATION Program ID #:	Street address:	Relationship to child:
City: Country: Home telephone number: Child ID #: PROGRAM INFORMATION Program ID #: Program ID #:		Parent Guardian Teacher Child care provider
Country: Home telephone number: Country: Home telephone number: Child ID #: PROGRAM INFORMATION Program ID #:		Grandparent Foster Other:
E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION Program ID #:	City:	State/Province: ZIP/Postal code:
E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION Program ID #:		
Names of people assisting in questionnaire completion: PROGRAM INFORMATION Program ID #: Program ID #:	Country: Home tel	lephone number: Other telephone number:
Names of people assisting in questionnaire completion: PROGRAM INFORMATION Program ID #: Program ID #:		
Child ID #: Program ID #:	E-mail address:	
Child ID #: Program ID #:		
Program ID #:	Names of people assisting in questionnaire completion:	
Program ID #:		
Program ID #:		
	Child ID #: PROGRAM I	NFORMATION
Program name:	Program ID #:	
Program name:		
	Program name:	



48 Month Questionnaire

45 months 0 days through 50 months 30 days

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

	lm	portant Points to Remember:	Notes:				
	⊴	Try each activity with your child before marking a response.					
	<u> </u>	Make completing this questionnaire a game that is fun for you and your child.				Not See to the	
	র্	Make sure your child is rested and fed.		-			
	ব	Please return this questionnaire by					—)
C	Oľ	MMUNICATION		YES	SOMETIMES	NOT YET	
1.	Fo ea ce	pes your child name at least three items from a common cate or example, if you say to your child, "Tell me some things that t," does your child answer with something like "cookies, egg real"? Or if you say, "Tell me the names of some animals," do ild answer with something like "ccw, dog, and elephant"?	you can s, and	0	0	0	YAMATANINA ANDREAS
2.	Do yo	oes your child answer the following questions? (Mark "someti ur child answers only one question.)	mes" if	\circ	\circ	\circ	V-10-0000000000000000000000000000000000
12	"9	What do you do when you are hungry?" (Acceptable answers et food," "eat," "ask for something to eat," and "have a snaease write your child's response:	include ck.")				
	"ta	What do you do when you are tired?" (Acceptable answers inc ake a nap," "rest," "go to sleep," "go to bed," "lie down," a own.") Please write your child's response:	clude nd "sit				
3.	ex	pes your child tell you at least two things about common obje ample, if you say to your child, "Tell me about your ball," doe y something like, "It's round. I throw it. It's big"?	cts? For es she	0	0	0	
4.	Fo	pes your child use endings of words, such as "-s," "-ed," and or example, does your child say things like, "I see two cats," "aying," or "I kicked the ball"?	"-ing"? I am	0	0	0	

	ASQ3		48 Month Ques	8 Month Questionnaire		
C	OMMUNICATION (continued)	YES	SOMETIMES	NOT YET		
5.	Without your giving help by pointing or repeating, does your child follow three directions that are <i>unrelated</i> 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."	0	0	0	Merchanis	
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?"	0	O	0	***************************************	
			COMMUNICATIO	DNIOIAL	A1111/MARAMATANA	
G	ROSS MOTOR	YES	SOMETIMES	NOT YET		
1.	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.)	0	0	0	AMORPO - MARKET	
2.	Does your child climb the rungs of a ladder of a playground slide and slide down without help?	0	0	0	300/000000cconductor	
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.")	0	0	0	APPENDENCE AND ADDRESS OF THE APPEND	
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?	0	0	\circ	The state of the s	
5.	Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?	0	0	0	**************************************	
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	0	0	0	2000m; an 1,000mag	
	or three tries before you mark the answer.)		GROSS MOTO	Water and the second		
F	NE MOTOR	YES	SOMETIMES	NOT YET		
1.	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?)	0	0	0	promption and a second second	

	AASQ3		48 Month Questionnaire page						
FI	NE MOTOR (continued)	YES	SOMETIMES	NOT YET					
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.)	0	0	0	**************************************				
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.)	0	0	0	About interpretation and an interpretation a				
4.	Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll's clothing.)	0	0	0	NOCONTRACTOR AND ADDRESS OF THE PARTY OF THE				
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?	0	0	0	~ 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				
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 1/4 inch outside the lines on most of the picture.)	0	0	0	AT A SECURIOR COMMISSION				
	go mare than 14 man, outlined the most of the picture.)		FINE MOTO	OR TOTAL	***************************************				
P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET					
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.)	0	0	0	**************************************				
2.	When asked, "Which circle is the smallest?" does your child point to the smallest circle? (Ask this question without providing help by point- ing, gesturing, or looking at the smallest circle.)	0	0	\circ	- minima di Managangan				
	$\bigcirc\bigcirc\bigcirc$								
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."	0	0	0					
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.)	0	0	0	100000000000000000000000000000000000000				

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P	ROBLEM SOLVING (continued)	YES	SOMETIMES NOT YET	
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.	0	0 0	ghildeline and general and
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.)	0	0 0	***************************************
			PROBLEM SOLVING TOTAL	***************************************
P	ERSONAL-SOCIAL	YES	SOMETIMES NOT YET	
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?	0	0 0	***************************************
2.	Does your child tell you at least four of the following? Please mark the items your child knows.	0	0 0	***************************************
	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?	0	0 0	oronomic conditions and
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.)	0	0 0	***************************************
5.	Does your child brush her teeth by putting toothpaste on the tooth- brush and brushing all of her teeth without help? (You may still need to check and rebrush your child's teeth.)	0	0 0	***************************************
6.	Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?	0	0 0	No. of Concessions
			PERSONAL-SOCIAL TOTAL	translation Andrews
0	VERALL			
Pa	rents and providers may use the space below for additional comments.			
1.	Do you think your child hears well? If no, explain:		O YES O N	0

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

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



48 Month ASQ-3 Information Summary

45 months 0 days through 50 months 30 days

Chi	ld's i	name:							Da	ate AS0	2 complet	ed:							
Chi	Child's ID #: Date of birth:																		
		stering pr									-		12000						
1.	. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). In the chart below, transfer the total scores, and fill in the circles corresponding with									Add ite	em scores	, and	to acrecor	djust d ea	score ch ar	es if ea to	item otal.		
_	Area Cutoff Score 0 5 10 15 20 25 30										35	40	45	50)	55		60	
	Comr	nunication	30.72							0		0	0	0	C)	0	(0
	Gr	oss Motor	32.78						0	0		0	0	0	C)	0	(\bigcirc
	F	ine Motor	15.81			0	0		0	0	Q	0	O	0	C)	0	(\bigcirc
1	Proble	m Solving	31.30				0			0		0	0	0	C)	0	(\bigcirc
-	Perso	onal-Social	26.60				0			0	0	0		0)	0	(
2.	TRA	ANSFER (OVERAL	L RESP	ONSES:	Bolded	upperca	se res	ponses r	equire	follow-up	. See A	SQ-3 Use	r's Gu	ide, (Chap	ter 6		
	1.	Hears we Commer						Yes	NO	6.	Family h		f hearing	impaiı	men	t?	YES		No
	2. Talks like other children his age? Comments:3. Understand most of what your child says? Comments:					Yes	NO	7. Concerns about vision? Comments:							YES	;	No		
					?	Yes	NO	8.	Any medical problems? YES Comments:					. 1	No				
	4.	Others u Commer		nd most	of what	what your child says? Yes NO 9. Concerns Commen						t behavior	?	8		YES)	No	
	5.	Walks, ru Commer		climbs l	ike other	childre	n?	Yes	NO	10.		ther concerns? omments:					YES	. 1	No
3.	AS res	Q SCORE	INTERF	PRETATI conside	ON AND	RECO such as	MMENI opportu	DATIO unities	N FOR I	FOLLO	W-UP: Yo ls, to dete	u must ermine a	consider appropria	total a	rea s ow-u	core	s, ove	erall	
	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.	FO	LLOW-UF	ACTIO	N TAKE	N: Chec	k all that	t apply.					5.	OPTION	AL: Tr	ansfe	r ite	m res	pon	ses
		Provide	activitie	s and re	screen in	n	nonths.					(Y =	= YES, S =	SOM	ETIM	ES, I	V = N	TOI	YET,
	Share results with primary health care provider.					\ =	response												
					pply) he			d/or b	ehaviora	al scree	ning.	_		1	2	3	4	5	6
		Refer to	primary	health (care prov	vider or	other co	mmur	nity ager		1000	-	mmunication Gross Moto	_					
					on/early								Fine Moto	r					
					at this tir		1					Pro	blem Solvinç	9					
		Other (s										Pe	ersonal-Socia	1					