## ASQ3 Ages & Stages Questionnaires®

## 51 months 0 days through 56 months 30 days Month Questionnaire

Please provide the following information. Use black or blue ink only and pr legibly when completing this form.	int
Date ASQ completed:  M M D D Y Y Y Y	
Child's information	
Child's first name: Middle initial:	Child's last name:
Child's date of birth:	Child's gender:
M M D D Y Y Y Y	Male Female
Person filling out questionnaire	
First name: Middle initial:	Last name:
Street address:	Relationship to child:
	Parent Guardian Teacher Child care provider
	Grandparent Foster Other:
City:	State/Province: ZIP/Postal code:
Country: Home tele	phone number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
Child ID #: PROGRAM IN	NFORMATION
Program ID #:	
Program come:	
Program name:	



## **54** Month Questionnaire

51 months 0 days through 56 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.

	Important Points to Remember: Notes	:			
	✓ Try each activity with your child before marking a response				
	Make completing this questionnaire a game that is fun for you and your child.				
	✓ Make sure your child is rested and fed.				<del></del>
	✓ Please return this questionnaire by		×		_)
C	OMMUNICATION	YES	SOMETIMES	NOT YET	
1.	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"?	0	0	0	***************************************
2.	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," "Is there a toy to play with?" or "Are you coming, too?"	0	0	0	99-1900000Appensor
3.	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"?	0	0	0	W. W
4.	Without giving your child help by pointing or repeating directions, does he 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	9990996-1-496444
5.	Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:	$\circ$	0	0	V0000000000000000000000000000000000000
6.	When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:	0	0	0	***************************************
			COMMUNICATIO	ON TOTAL	***

	ASQ∃		<b>54</b> Month Questi	page 3 of 7	
G	ROSS MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child hop up and down on either the right foot or the left foot at least one time without losing her balance or falling?	0	0	$\circ$	Note the second
2.	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	***************************************
3.	Does your child jump forward a distance of 20 inches from a standing position, starting with her feet together?	0	0	0	************************
4.	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	Militaria
5.	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.)	0	0	0	ANAMONETE
6.	Does your child walk on his tiptoes for 15 feet (about the length of a large car)? (You may show him how to do this.)	0	0	0	para and a second
			GROSS MOTOR	N=America paracecers	
FI	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	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	to reference and described and and
	L + 1 O				
2.	Does your child unbutton one or more buttons? Your child may use his own clothing or a doll's clothing.	0	0	0	9999
3.	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	$\circ$	- Address control and control

	ASQ3		54 Month Que	page 4 of 7	
FI	NE MOTOR (continued)	YES	SOMETIMES	NOT YET	
4.	Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? (Mark "sometimes" if your child goes off the line three times.)	0	0	0	Westernament of the Control of the C
5.	Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, and legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire.	0	0	0	
6.	Draw a line across a piece of paper. Using child-safe scissors, does your child cut the 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	71466000000000
			FINE MOTO	OR TOTAL	*******
P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	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	**************************************
2.	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, sister, or an imaginary animal or figure.	0	0	0	***************************************
3.	If you place five objects in front of your child, can she 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	and a second second
4.	When asked, "Which circle is smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)	0	0	0	APPROXIMATION AND ARTICLES AND
	$\bigcirc\bigcirc\bigcirc$				
5.	Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."	0	0	0	******

	AASQ3)		54 Month Questionnaire	page 5 of 2	
P	ROBLEM SOLVING (continued)	YES	SOMETIMES NOT YET		
6.	Does your child know the names of numbers? (Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers.)	0	0 0	North-respondence	
	3 1 2		PROBLEM SOLVING TOTAL		
P	ERSONAL-SOCIAL	YES	SOMETIMES NOT YET		
1.	Does your child wash her hands using soap and water and dry off with a towel without help?	$\bigcirc$	0 0	(Melennico) tradicione	
2.	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	***************************************	
3.	Does your child brush his teeth by putting toothpaste on the tooth- brush and brushing all of his teeth without help? (You may still need to check and rebrush your child's teeth.)	0	0 0	1994/100:00/4/4/400004	
4.	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	***************************************	
5.	Does your child tell you at least four of the following? Please mark the items your child knows.	$\bigcirc$	0 0	war for min-shootshood	
	a. First name d. Last name				
	b. Age e. Boy or girl				
	C. City he lives in f. Telephone number				
6.	Does your child dress and undress herself, including buttoning medium-size buttons and zipping front zippers?	0	0 0	1900-collection-consti	
			PERSONAL-SOCIAL TOTAL	9-400	
C	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 NO	)	

ASQ3	54 Month Quest	ionnaire page 6 of 7
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	O NO
4. Can other people understand most of what your child says? If no, explain:	YES	O NO
<ol> <li>Do you think your child walks, runs, and climbs like other children his age?</li> <li>If no, explain:</li> </ol>	YES	O NO
6. 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

<b>ASQ</b> 3	<b>54</b> Month Questionnaire pa	age 7 of 7
OVERALL (continued)		
8. Has your child had any medical problems in the last several months? If yes, explain:	n: 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	



## 54 Month ASQ-3 Information Summary

51 months 0 days through 56 months 30 days

Child's name: Date ASQ comple						2 complete	ed:	:b									
Child's ID #: Date of birth:																	
inistering p	orogram/p	orovider:			-												
responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each item chart below, transfer the total scores, and fill in the circles corresponding with the total scores.										score	es if	item otal.					
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ommunication	31.85				0			0		0	0	0	C	)	0	(	$\overline{O}$
Gross Motor	35.18				0			•		0	0	Ó	C	)	0	(	0
Fine Motor	17.32				0		0	0	0	0	0	0	C	)	0	(	$\overline{\bigcirc}$
blem Solving								0		0	0	0	C	)	0	(	0
ersonal-Socia	32.33			<b>MORE</b>	0					0	0	0		)	0	(	0
TRANSFER	OVERAL	L RESPO	NSES:	Bolded up	operca:	se res	ponses r	equire	follow-up.	See A	SQ-3 Use	er's Gu	ide, (	Chap	ter 6		
I. Hears v	vell?					Yes	NO		Family his	story o							No
		hildren h	is age?			Yes	NO	7.							YES	1	No
		t of what	your ch	nild says?		Yes	NO	8.	0.50	(E)					YES	- 1	No
		nd most (	of what	your child	says?	Yes	NO	9.	Concerns about behavior? Comments:					YES	. 1	No	
		climbs lil	ke other	children?		Yes	NO	10.	Other concerns? Comments:						YES	- 1	No
ASQ SCOF esponses,	RE INTER! and other	PRETATION TO CONSIDER	ON AND	RECOM such as o	<b>MEND</b> pportu	ATIO nities	N FOR F	OLLO	<b>W-UP:</b> You ls, to dete	ı must rmine i	consider appropria	total a	rea s ow-u	core: p.	s, ove	erall	
If the child	's total sco	ore is in t	he 📖 i	area, it is o	close to	the o	cutoff. Pr	ovide	learning ad	ctivitie	s and mor	nitor.					
OLLOW-U	JP ACTIO	N TAKE	<b>N</b> : Chec	k all that a	apply.					5.	OPTION	AL: Tr	ansfe	r iter	m res	pon	ses
Provid	e activitie	s and res	creen in	ı mo	onths.					(Y =	= YES, S =	SOM	ETIM	ES, N	/ = V	ЮТ	YET,
Share	results wit	th primar	y health	care prov	rider.					\ =	response	_					
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