Date ASQ completed: ________________________________

Child’s information

Child’s first name: ____________________________
Middle initial: ____________________________
Child’s last name: ____________________________
Child’s gender: ____________________________
□ Male □ Female

Child’s date of birth: ________________________________

Person filling out questionnaire

First name: ____________________________
Middle initial: ____________________________
Last name: ____________________________

Relationship to child: ____________________________
□ Parent □ Guardian □ Teacher □ Child care provider
□ Grandparent or other relative □ Foster parent □ Other: ____________________________

Street address: _______________________________________

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: ____________________________
Important Points to Remember:

- ✓ 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.
- ✓ Please return this questionnaire by__________________.

Notes:

________________________
________________________
________________________
________________________

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:

   YES          SOMETIMES            NOT YET

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

COMMUNICATION TOTAL
GROSS MOTOR

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

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

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.)  
   ![Image of a child climbing stairs]
   YES  |  SOMETIMES  |  NOT YET

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

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.”)  
   ![Image of a child throwing a ball]
   YES  |  SOMETIMES  |  NOT YET

6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?  
   ![Image of a child jumping]
   YES  |  SOMETIMES  |  NOT YET

---

GROSS MOTOR TOTAL

FINE MOTOR

1. 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?  
   ![Image of a child drawing a line]
   Count as “yes”  |  Count as “not yet”
   YES  |  SOMETIMES  |  NOT YET
FINE MOTOR (continued)

2. Can your child string small items such as beads, macaroni, or pasta “wagon wheels” onto a string or shoelace?  

3. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?  

4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?  

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 reasons.)  

6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?  

PROBLEM SOLVING

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.)  

2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to “help” you in the kitchen)?
3. When you point to the figure and ask your child, “What is this?” does your child say a word that means a person or something similar? (Mark “yes” for responses like “snowman,” “boy,” “man,” “girl,” “Daddy,” “spacesman,” and “monkey.”) Please write your child’s response here:  

4. When you say, “Say ‘seven three,’” does your child repeat just the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, “Say ‘eight two.’” (Your child must repeat just one series of two numbers for you to answer “yes” to this question.)

5. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?

6. 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 for you to answer “yes” to this question.)

PERSONAL-SOCIAL

1. Does your child use a spoon to feed herself with little spilling?

2. Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?

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

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

5. Using these exact words, ask your child, “Are you a girl or a boy?” Does your child answer correctly?

6. Does your child take turns by waiting while another child or adult takes a turn?
OVERALL

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

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

   ○ YES  ○ NO

   

2. Do you think your child talks like other children her age? If no, explain:

   ○ YES  ○ NO

   

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

   ○ YES  ○ NO

   

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

   ○ YES  ○ NO

   

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

   ○ YES  ○ NO

   

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

   ○ YES  ○ NO

   

OVERALL (continued)

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

   YES  NO

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

   YES  NO

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

   YES  NO

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

    YES  NO
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 blank area, it is above the cutoff, and the child’s development appears to be on schedule. Provide learning activities and monitor.

If the child’s total score is in the blank area, it is below the cutoff. Further assessment with a professional may be needed.

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

____ Provide activities and rescreen in _____ months.

____ Share results with primary health care provider.

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

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

____ Refer to early intervention/early childhood special education.

____ No further action taken at this time

____ Other (specify):

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

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[Additional tables and forms]