





# Ages & Stages Questionnaires®

## 36 Month Questionnaire

34 months 16 days through 38 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:          
M M D D Y Y Y Y



### Child's information

Child's first name:

Child's date of birth:          
M M D D Y Y Y Y

Middle initial:

Child's last name:

Child's gender:  Male  Female

### Person filling out questionnaire

First name:

Street address:

City:

Country:

E-mail address:

Names of people assisting in questionnaire completion:

Middle initial:

Last name:

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

State/Province:  ZIP/Postal code:

Home telephone number:

Other telephone number:

### PROGRAM INFORMATION

Child ID #:



# 36 Month Questionnaire

34 months 11 days through 38 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:

- 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:

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## 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:

*Mommy, do you want to shuggle?*

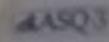
3. Without giving your child help by pointing or using gestures, ask him to "put the book on the table" and "put the shoe under the chair." Does your child carry out both of these directions correctly?
4. When looking at a picture book, does your child tell you what is happening or what action is taking 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"?

YES                      SOMETIMES                      NOT YET

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. "What is your name?" does your child say both her first

through 36 months. To be  
 ready done some of the activities  
 we fill in the circle that best

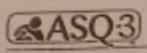


**GROSS MOTOR**

	YES	SOMETIMES	NOT YET	
1. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
2. Does your child jump with both feet leaving the floor at the same time?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
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.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
4. Does your child stand on one foot for about 1 second without holding onto anything?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
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.")	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<b>GROSS MOTOR TOTAL</b>				—

**FINE MOTOR**

YES SOMETIMES NOT YET



**FINE MOTOR** (continued)

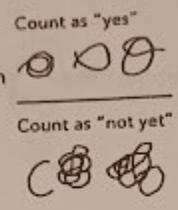
YES                      SOMETIMES                      NOT YET

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



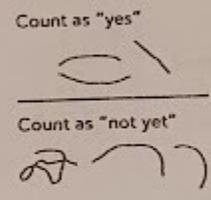
YES                       SOMETIMES                       NOT YET

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?



YES                       SOMETIMES                       NOT YET

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



YES                       SOMETIMES                       NOT YET

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.)



YES                       SOMETIMES                       NOT YET

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

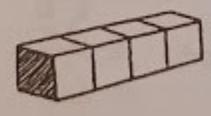
YES                       SOMETIMES                       NOT YET

FINE MOTOR 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.)



YES                       SOMETIMES                       NOT YET

2. If your child wants something he cannot reach, does he find a chair or

YES                       SOMETIMES                       NOT YET

**PROBLEM SOLVING** (continued)

YES      SOMETIMES      NOT YET

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," "spaceman," and "monkey.") Please write your child's response here:



YES       SOMETIMES       NOT YET

It's a friend

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.)

YES       SOMETIMES       NOT YET

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?



YES       SOMETIMES       NOT YET

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.)

YES       SOMETIMES       NOT YET

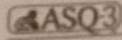
PROBLEM SOLVING TOTAL

**PERSONAL-SOCIAL**

YES      SOMETIMES      NOT YET

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?

YES       SOMETIMES       NOT YET



### 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

[Empty text box for explanation]

8. Has your child had any medical problems in the last several months? If yes, explain:  YES  NO

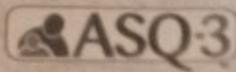
[Empty text box for explanation]

9. Do you have any concerns about your child's behavior? If yes, explain:  YES  NO

[Empty text box for explanation]

10. Does anything about your child worry you? If yes, explain:  YES  NO

[Empty text box for explanation]



# 36 Month ASQ-3 Information Summary

34 months 16 days through 38 months 30 days

Child's name: Oliver Pierce Date ASQ completed: 12/9/21  
 Child's ID #: \_\_\_\_\_ Date of birth: 12/5/18  
 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		●	●	●	●	●	●	●	●	●	○	○	○	○
Gross Motor	36.99		●	●	●	●	●	●	●	●	●	●	○	○	○
Fine Motor	18.07		●	●	●	●	●	●	●	●	●	●	●	○	○
Problem Solving	30.29		●	●	●	●	●	●	●	●	●	●	○	○	○
Personal-Social	35.33		●	●	●	●	●	●	●	●	●	●	○	○	○

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

- |                                                                 |               |                                                       |               |
|-----------------------------------------------------------------|---------------|-------------------------------------------------------|---------------|
| 1. Hears well?<br>Comments:                                     | <b>Yes</b> NO | 6. Family history of hearing impairment?<br>Comments: | YES <b>No</b> |
| 2. Talks like other children his age?<br>Comments:              | <b>Yes</b> NO | 7. Concerns about vision?<br>Comments:                | YES <b>No</b> |
| 3. Understand most of what your child says?<br>Comments:        | <b>Yes</b> NO | 8. Any medical problems?<br>Comments:                 | YES <b>No</b> |
| 4. Others understand most of what your child says?<br>Comments: | <b>Yes</b> NO | 9. Concerns about behavior?<br>Comments:              | YES <b>No</b> |
| 5. Walks, runs, and climbs like other children?<br>Comments:    | <b>Yes</b> NO | 10. Other concerns?<br>Comments:                      | YES <b>No</b> |

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): \_\_\_\_\_

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

	1	2	3	4	5
Communication	Y	Y	Y	Y	Y
Gross Motor	Y	Y	Y	Y	Y
Fine Motor	Y	Y	Y	Y	Y