

Adrienne Kate.

ASQ-3 Ages & Stages Questionnaires®

30 Month Questionnaire

28 months 16 days through 31 months 15 days



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

Date ASQ completed: 10052022
M M D D Y Y Y Y

Child's information

Child's first name: LAYLA

Middle initial: A

Child's last name: White

Child's date of birth: 04302019
M M D D Y Y Y Y

Child's gender: Male Female

Person filling out questionnaire

First name:

Middle initial:

Last name:

Street address:

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

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:



30 Month Questionnaire

28 months 16 days
through 31 months 15 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:

Child was cooperative
and playful and
talkative during screening.

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. 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?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
2. Without your giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
<input type="radio"/> a. "Put the toy on the table." <input type="radio"/> d. "Find your coat." <input checked="" type="radio"/> b. "Close the door." <input checked="" type="radio"/> e. "Take my hand." <input type="radio"/> c. "Bring me a towel." <input checked="" type="radio"/> f. "Get your book."				
3. 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.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
4. Does your child make sentences that are three or four words long? Please give an example:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
Yes I want to go outside. No I dont want that. Come to my toy room.				
5. 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?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
6. 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?"	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10

COMMUNICATION TOTAL

60

GROSS MOTOR

1. Does your child run fairly well, stopping herself without bumping into things or falling?



YES SOMETIMES NOT YET

 10

2. Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



 10

3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



 10

4. Does your child jump with both feet leaving the floor at the same time?



 10

5. 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.



 10

6. Does your child stand on one foot for about 1 second without holding onto anything?



 10

GROSS MOTOR TOTAL

60

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

FINE MOTOR

1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

YES	SOMETIMES	NOT YET	SCORE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10

2. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him 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?

Count as "yes" 

Count as "not yet" 

YES	SOMETIMES	NOT YET	SCORE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10

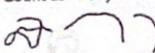
3. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?



YES	SOMETIMES	NOT YET	SCORE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10

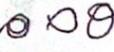
4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

Count as "yes" 

Count as "not yet" 

YES	SOMETIMES	NOT YET	SCORE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10

5. 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?

Count as "yes" 

Count as "not yet" 

YES	SOMETIMES	NOT YET	SCORE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10

6. Does your child turn pages in a book, one page at a time?

YES	SOMETIMES	NOT YET	SCORE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10

FINE MOTOR TOTAL 60

PROBLEM SOLVING

1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror?



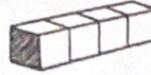
YES	SOMETIMES	NOT YET	SCORE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10

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)?

YES	SOMETIMES	NOT YET	SCORE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5

PROBLEM SOLVING (continued)

3. 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 10

4. 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 10

Daddy, Boy.

5. 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 10

6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.)

YES SOMETIMES NOT YET 10

PROBLEM SOLVING TOTAL 55

PERSONAL-SOCIAL

1. If you do any of the following gestures, does your child copy at least one of them?

YES SOMETIMES NOT YET 10

- a. Open and close your mouth.
- b. Blink your eyes.
- c. Pull on your earlobe.
- d. Pat your cheek.

2. Does your child use a spoon to feed himself with little spilling?

YES SOMETIMES NOT YET 10

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

YES SOMETIMES NOT YET 10

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

YES SOMETIMES NOT YET 5

5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?

YES SOMETIMES NOT YET 10

6. When your child is looking in a mirror and you ask, "Who is in the mirror?" does he say either "me" or his own name?

YES SOMETIMES NOT YET 10

PERSONAL-SOCIAL TOTAL 45

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

[Empty rounded rectangular box for explanation]

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

YES NO

[Empty rounded rectangular box for explanation]

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

YES NO

[Empty rounded rectangular box for explanation]

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

YES NO

[Empty rounded rectangular box for explanation]

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

YES NO

[Empty rounded rectangular box for explanation]

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

YES NO

[Empty rounded rectangular box for explanation]

OVERALL (continued)

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

YES

NO

[Empty rounded rectangular box for explanation]

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

YES

NO

[Empty rounded rectangular box for explanation]

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

YES

NO

[Empty rounded rectangular box for explanation]

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

YES

NO

[Empty rounded rectangular box for explanation]



30 Month ASQ-3 Information Summary

28 months 16 days through
31 months 15 days

Child's name: Layla White Date ASQ completed: 10-05-2022
 Child's ID #: _____ Date of birth: 04-30-2019
 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	33.30	<u>60</u>	●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	36.14	<u>60</u>	●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	19.25	<u>60</u>	●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	27.08	<u>55</u>	●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	32.01	<u>45</u>	●	●	●	●	●	●	●	●	●	●	●	●	●

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 toddlers 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 toddlers?
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 6 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						