

Ages & Stages Questionnaires®

54 Month Questionnaire

51 months 0 days through 56 months 30 days



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

Date ASQ completed:

0	2	2	3	2	0	2	3
M	M	D	D	Y	Y	Y	Y

Child's information

Child's first name:

A	d	d	a	l	y	n	n												
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

M

Child's last name:

H	a	i	z	l	i	p													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Child's date of birth:

0	9	1	1	2	0	1	8
M	M	D	D	Y	Y	Y	Y

Child's gender: Male Female

Person filling out questionnaire

First name:

S	h	a	n	a															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle initial:

M

Last name:

S	t	a	n	l	e	y													
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Street address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

F	r	i	e	n	d
---	---	---	---	---	---

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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



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:

- 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

	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"?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
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?"	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
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"?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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."	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
5. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p>"I want to go to the park"</p> </div>				
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:	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
<div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 0 auto;"> <p>I Played</p> </div>				

COMMUNICATION TOTAL

45

page 2 of 7

GROSS 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?

 10

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.")*



 10

3. Does your child jump forward a distance of 20 inches from a standing position, starting with her feet together?

 10

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.)*



 5

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.)*



 10

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.)*

 10

GROSS MOTOR TOTAL 55

FINE 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.)*



 10

2. Does your child unbutton one or more buttons? Your child may use his own clothing or a doll's clothing.

 5

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.)*

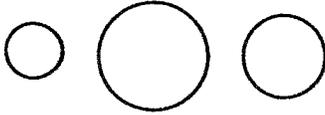
 10

FINE 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.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				
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.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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.)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
				<u>50</u>
		FINE MOTOR TOTAL		



PROBLEM 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.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
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.)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>
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.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<u>10</u>
				
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."	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<u>5</u>

PROBLEM 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.)

3 1 2

 10

PROBLEM SOLVING TOTAL 50

PERSONAL-SOCIAL

YES SOMETIMES NOT YET

1. Does your child wash her hands using soap and water and dry off with a towel without help?

 10

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.)

 10

3. Does your child brush his teeth by putting toothpaste on the toothbrush and brushing all of his teeth without help? (You may still need to check and rebrush your child's teeth.)

 5

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?)

 5

5. Does your child tell you at least four of the following? Please mark the items your child knows.

 10

- 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?

 5

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

OVERALL (continued)

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

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

 YES NO

OVERALL (continued)

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:

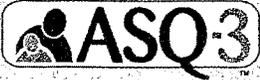
YES

NO

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

YES

NO



54 Month ASQ-3 Information Summary

51 months 0 days through
56 months 30 days

Child's name: Addalynn Date ASQ completed: 02-23-23
 Child's ID #: _____ Date of birth: 09-11-18
 Administering program/provider: Shana Stanley

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	31.85	45	●	●	●	●	●	●	●	○	○	⊗	○	○	○
Gross Motor	35.18	55	●	●	●	●	●	●	●	●	○	○	○	⊗	○
Fine Motor	17.32	50	●	●	●	●	○	○	○	○	○	○	⊗	○	○
Problem Solving	28.12	50	●	●	●	●	●	●	○	○	○	○	⊗	○	○
Personal-Social	32.33	45	●	●	●	●	●	●	●	○	○	⊗	○	○	○

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 children 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 children?
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 _____ 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	S	S	Y	Y	Y	S
Gross Motor	Y	Y	Y	S	Y	Y
Fine Motor	Y	S	Y	Y	Y	S
Problem Solving	Y	Y	S	Y	S	Y
Personal-Social	Y	Y	S	S	Y	S