

# ASQ-3 Ages & Stages Questionnaires®

## 39 months 0 days through 44 months 30 days 42 Month Questionnaire



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

Date ASQ completed: 06242023  
M M D D Y Y Y Y

### Child's information

Child's first name: ELEYAH

Middle initial:

Child's last name: WILLIAMS

Child's date of birth: 11222019  
M M D D Y Y Y Y

Child's gender:  Male  Female

### Person filling out questionnaire

First name: MASON

Middle initial:

Last name: COON

Street address:

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

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:



## 42 Month Questionnaire

39 months 0 days  
through 44 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

- |  | YES                              | SOMETIMES             | NOT YET               |           |
|--|----------------------------------|-----------------------|-----------------------|-----------|
| 1. 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"/> | <u>10</u> |
| 2. 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"/> | <u>10</u> |
| 3. 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"? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <u>10</u> |
| 4. When you ask, "What is your name?" does your child say both her first and last names?   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <u>10</u> |
| 5. Without your giving help by pointing or repeating directions, does your child follow three directions that are unrelated 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> |
| 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," or "Is there a toy to play with?" or "Are you coming, too?"  | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <u>10</u> |

COMMUNICATION TOTAL

60

ASQ-3

GROSS MOTOR

YES      SOMETIMES      NOT YET

1. 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.) He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



                 10

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



                 10

3. 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.")



                 10

4. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?



                 10

5. 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.)



                 10

6. Does your child climb the rungs of a ladder of a playground slide and slide down without help?



                 10

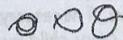
GROSS MOTOR TOTAL 60

FINE MOTOR

YES      SOMETIMES      NOT YET

1. After your child watches you draw a single circle with a pencil, crayon, or pen, 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"



                 10

ASQ-3

FINE MOTOR (continued)

	YES	SOMETIMES	NOT YET	
2. 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u>
3. 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u>
4. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u>
5. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u>
6. Using the shape at right to look at, does your child copy it onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawing should look like the design of the shape, except it may be different in size.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u>
			FINE MOTOR TOTAL	<u>60</u>

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. 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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u>
				<u>Girl, boy, small</u>
2. 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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u>
3. 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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u>



**PROBLEM SOLVING** (continued)

- |   | YES                              | SOMETIMES             | NOT YET               |           |
|---|----------------------------------|-----------------------|-----------------------|-----------|
| 4. 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.) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <u>10</u> |
| 5. When asked, "Which circle is the 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> |
|   |                                  |                       |                       |           |
| 6. 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 or sister, or an imaginary animal or figure.  | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <u>30</u> |
| <b>PROBLEM SOLVING TOTAL</b>  |                                  |                       |                       | <u>60</u> |

**PERSONAL-SOCIAL**

- |  | YES                              | SOMETIMES             | NOT YET               |           |
|--|----------------------------------|-----------------------|-----------------------|-----------|
| 1. When he is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "me" or his own name?  | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <u>10</u> |
| 2. Does your child put on a coat, jacket, or shirt by herself?   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <u>10</u> |
| 3. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <u>10</u> |
| 4. Does your child take turns by waiting while another child or adult takes a turn?  | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <u>10</u> |
| 5. Does your child serve himself, 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? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <u>10</u> |
| 6. Does your child wash his hands using soap and water and dry off with a towel without help?  | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <u>10</u> |
| <b>PERSONAL-SOCIAL TOTAL</b>   |                                  |                       |                       | <u>60</u> |

**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

Head®



**OVERALL** (continued)

2. Do you think your child talks like other children 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 children 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]

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

YES  NO

[Empty rounded rectangular box for explanation]

**OVERALL** (continued)

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]



## 42 Month ASQ-3 Information Summary

39 months 0 days through  
44 months 30 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_  
 Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 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	27.06	60	●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	36.27	60	●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	19.82	60	●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	28.11	60	●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	31.12	60	●	●	●	●	●	●	●	●	●	●	●	●	●

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

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

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						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						