4 Month ASQ-3 Information Summary

3 months 0 days through 4 months 30 days

Baby's name: Delaney F.

Date ASQ completed: 10/06/2024

Baby's ID #: N/A

Date of birth: 05/23/2024

Administering program/provider: N/A

Was age adjusted for prematurity when selecting questionnaire? ○ Yes ⊘ No

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	34.60		●	●	●	●	●	●	●	○	○	○	○	○	⊘
Gross Motor	38.41		●	●	●	●	●	●	●	●	○	○	○	○	⊘
Fine Motor	29.62		●	●	●	●	●	●	○	○	○	○	○	○	⊘
Problem Solving	34.98		●	●	●	●	●	●	●	○	○	○	○	○	⊘
Personal-Social	33.16		●	●	●	●	●	●	●	○	○	○	○	○	⊘

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

1. Uses both hands and both legs equally well? (Yes) NO
   Comments:
2. Feet are flat on the surface most of the time? (Yes) NO
   Comments:
3. Concerns about not making sounds? YES (No)
   Comments:
4. Family history of hearing impairment? YES (No)
   Comments:
5. Concerns about vision? YES (No)
   Comments:
6. Any medical problems? YES (No)
   Comments:
7. Concerns about behavior? YES (No)
   Comments:
8. Other concerns? YES (No)
   Comments:

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 baby's total score is in the ▭ area, it is above the cutoff, and the baby's development appears to be on schedule.
If the baby's total score is in the ▤ area, it is close to the cutoff. Provide learning activities and monitor.
If the baby'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						

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