ASQ-3 Ages & Stages Questionnaires®

18 Month Questionnaire

17 months 0 days through 18 months 30 days

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

Date ASQ completed: 1 2 0 1 2 0 2 4 (M M D D Y Y Y Y)

Child's information

Child's first name: LEO

Middle initial: D

Child's last name: G

Child's date of birth: 0 5 1 6 2 0 2 3 (M M D D Y Y Y Y)

If child was born 3 or more weeks prematurely, # of weeks premature: - -

Child's gender: ☒ Male ☐ Female

Person filling out questionnaire

First name: RYAN

Middle initial: S

Last name: G

Street address: 1604 WESTGATE LANE

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

City: MATTOON

State/Province: IL

ZIP/Postal code: 61938

Country: UNITED STATES

Home telephone number:

Other telephone number: 2175495391

E-mail address:

Names of people assisting in questionnaire completion:

PROGRAM INFORMATION

Child ID #:

Program ID #:

Program name:

Age at administration, in months and days: M M D D

If premature, adjusted age, in months and days: M M D D

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Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires & Bricker
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