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 [date].

**Notes:**

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

**COMMUNICATION**

1. When your child wants something, does she tell you by pointing to it?
   - Yes
   - Sometimes
   - Not Yet

2. When you ask your child to, does he go into another room to find a familiar toy or object? (You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go get your blanket.")
   - Yes
   - Sometimes
   - Not Yet

3. Does your child say eight or more words in addition to "Mama" and "Dada"?
   - Yes
   - Sometimes
   - Not Yet

4. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Mark "yes" even if her words are difficult to understand.)
   - Yes
   - Sometimes
   - Not Yet

5. Without your showing him, does your child point to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (He needs to identify only one picture correctly.)
   - Yes
   - Sometimes
   - Not Yet

6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?") Please give an example of your child's word combinations:

   [Insert example]

**COMMUNICATION TOTAL**

[Total]
**GROSS MOTOR**

1. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 10

2. Does your child move around by walking, rather than by crawling on her hands and knees?  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 10

3. Does your child walk well and seldom fall?  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 10

4. Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 10

5. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 10

6. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 5

**GROSS MOTOR TOTAL**  

**FINE MOTOR**

1. Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 10

2. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 10

3. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 5

4. Does your child stack three small blocks or toys on top of each other by himself?  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 10

5. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 10

6. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?  
   - **YES**  
   - **SOMETIMES**  
   - **NOT YET**  
   - Score: 5

**FINE MOTOR TOTAL**
### PROBLEM SOLVING

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<th>SOMETIMES</th>
<th>NOT YET</th>
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<tr>
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<td></td>
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**PROBLEM SOLVING TOTAL**: 30

*If Problem Solving Item 6 is marked "yes" or "sometimes," mark Problem Solving Item 3 "yes."

### PERSONAL-SOCIAL

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<tr>
<th>Item</th>
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<th>SOMETIMES</th>
<th>NOT YET</th>
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**PERSONAL-SOCIAL TOTAL**: 30

Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires & Bricker © 2009 Paul H. Brookes Publishing Co. All rights reserved.
7. Has your child had any medical problems in the last several months? If yes, explain:  

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

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

She does not play with other kids, just does not seem to care about them.
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

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

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

4. Do you think your child walks, runs, and climbs like other toddlers her age? 
   If no, explain:  
   YES  NO

5. Does either parent have a family history of childhood deafness or hearing 
   impairment? If yes, explain:  
   YES  NO

6. Do you have concerns about your child’s vision? If yes, explain:  
   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, SOMETHING = 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.

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<tr>
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<tr>
<td>Personal-Social</td>
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</table>


1. Hears well? Yes No
   Comments:
2. Talks like other toddlers his age? Yes No
   Comments:
3. Understand most of what your child says? Yes No
   Comments:
4. Walks, runs, and climbs like other toddlers? Yes No
   Comments:
5. Family history of hearing impairment? Yes No
   Comments:
6. Concerns about vision? Yes No
   Comments:
7. Any medical problems? Yes No
   Comments:
8. Concerns about behavior? Yes No
   Comments:
9. 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 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 = SOMETHING, N = NOT YET, X = response missing).

<table>
<thead>
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