

**ASQ-3** Ages & Stages Questionnaires®

**2** Month Questionnaire

1 months 0 days through 2 months 30 days



ASQ-TRAK English v2015

Date ASQ completed: 8/04/2015

Place ASQ Completed:  Clinic  Child Care  Other \_\_\_\_\_

Please file in Medical Records. If completed outside of clinic, please

Sample

**Baby's information**

Baby's name: John Smith

Baby's gender:  Male  Female UR Number: 123456

Baby's date of birth: 1/02/2015 Was the baby more than 3 weeks premature?  Yes  No  
If yes, number of weeks premature: \_\_\_\_\_

Age at administration: 2 months 7 days. If premature, adjusted age: \_\_\_\_\_ months \_\_\_\_\_ days.

Baby's main language at home: English

**Persons completing questionnaire**

Caregiver:  Mother  Father  Grandmother  Aunt  Other (specify) \_\_\_\_\_

Staff member:  AHW  Nurse  Child care provider  Other (specify) \_\_\_\_\_

**Caregiver**

This paper asks many questions about your child.

It asks what your child does, what they say, what they think and what they feel.

The paper also has instructions for your child to follow. Some instructions ask you to sit still and say nothing so your child can listen and think. For other questions, help your child feel comfortable and happy so we can see things your child does easily and things your child doesn't do yet. We want to see if your child is on track.

For each number, you should choose if your child can do it YES or SOMETIMES or NOT YET.







**Staff member – Important points to remember**

- Try each activity with the baby before marking the response
- Everyone should make the baby think that doing what this paper wants is a game
- Babies will show us all they can do after they have slept and eaten food. When they are tired and hungry, they will not want to do what we ask

# COMMUNICATION

Sample

How your child listens, talks and how he lets us know what he's

<p>1. Does your baby make throaty noises or gurgly sounds?</p>		<p>Yes <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not yet <input type="checkbox"/></p>	<p><u>10</u></p>
<p>2. Does your baby make sounds like "ooo", "gah" and "ah"?</p>		<p>Yes <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not yet <input type="checkbox"/></p>	<p><u>10</u></p>
<p>3. When you talk to your baby, does she make sounds back to you?</p>		<p>Yes <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not yet <input type="checkbox"/></p>	<p><u>5</u></p>
<p>4. When you talk to your baby, does your baby smile?</p>		<p>Yes <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not yet <input type="checkbox"/></p>	<p><u>10</u></p>
<p>5. Does your baby make a soft laugh or little laughing sound?</p>		<p>Yes <input checked="" type="checkbox"/> Sometimes <input type="checkbox"/> Not yet <input type="checkbox"/></p>	<p><u>10</u></p>
<p>6. When you come back to your baby, does your baby smile or get excited when she sees you?</p>		<p>Yes <input type="checkbox"/> Sometimes <input checked="" type="checkbox"/> Not yet <input type="checkbox"/></p>	<p><u>5</u></p>

**Communication Total** 50

UR Number: 123456



## 2 Month ASQ-3 – Information Summary

1 month 0 days through  
2 months 30 days

### ASQ-TRAK v2015

Baby's name: John Smith Date ASQ completed: 8/04/2015  
 Baby's ID #: 123456 Date of birth: 1/02/2015  
 Administering program/provider:  Clinic Was age adjusted for prematurity  
 Child care  Other \_\_\_\_\_ when selecting questionnaire?  Yes  No

**1. SCORING 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	22.77	50	●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	41.84	55	●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	30.16	50	●	●	●	●	●	●	●	●	●	●	●	●	●
Problem solving	24.62	45	●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	33.71	55	●	●	●	●	●	●	●	●	●	●	●	●	●

### 2. \*2 Month ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR 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

When determining appropriate follow-up, you must consider

- total area scores,
- other considerations, such as opportunities to practice skills,
- Child Health Check (Healthy Under 5 Kids or other) to make sure any concerns for health, vision, hearing have been considered

### 3. FOLLOW-UP ACTION TAKEN: Tick all that apply.

- Provide handout and rescreen in 4 months.
- Share results with primary health care provider (clinic).
- Refer for (circle all that apply) hearing, vision.
- 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): \_\_\_\_\_