ASQ3 Ages & Stages Questionnaires® 34 months 16 days through 38 months 30 days Month Questionnaire

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

M M D D Y Y Y Y		V
Child's information		
Child's first name:	Middle initial:	Child's last name:
Child's date of birth: M M D D Y Y Y Y		Child's gender: Male Female
Person filling out questionnaire	N 41 - 11 -	
First name:	Middle initial:	Last name:
Street address:		Relationship to child:
		Parent Guardian Teacher Child care provider
		Grandparent Foster Other:
City:		relative State/Province: ZIP/Postal code:
Country:	Home telep	none number: Other telephone number:
E-mail address:		
Names of people assisting in questionnaire completion:		
Child ID #:	RAM IN	FORMATION
11091a1111D #.		

Program name:



36 Month Questionnaire

34 months 16 days through 38 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:	Notes:				
	☑ Try each activity with your child before marking a respons	e.				
	Make completing this questionnaire a game that is fun fo you and your child.	r 				
	☑ Make sure your child is rested and fed.					
	✓ Please return this questionnaire by)
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
۱.	When you ask your child to point to her nose, eyes, hair, feet so forth, does she correctly point to at least seven body part point to parts of herself, you, or a doll. Mark "sometimes" if rectly points to at least three different body parts.)	s? (She can				
2.	Does your child make sentences that are three or four words Please give an example:	long?	\bigcirc	\bigcirc	\bigcirc	
3.	Without giving your child help by pointing or using gestures, "put the book <i>on</i> the table" and "put the shoe <i>under</i> the chyour child carry out both of these directions correctly?		\bigcirc	\bigcirc	\bigcirc	
1.	When looking at a picture book, does your child tell you what pening or what action is taking place in the picture (for examing," "running," "eating," or "crying")? You may ask, "What (or boy) doing?"	ple, "bark-			\bigcirc	
5.	Show your child how a zipper on a coat moves up and down "See, this goes up and down." Put the zipper to the middle your child to move the zipper down. Return the zipper to the and ask your child to move the zipper up. Do this several tim the zipper in the middle before asking your child to move it down. Does your child consistently move the zipper up when "up" and down when you say "down"?	and ask e middle es, placing up or			0	
5 .	When you ask, "What is your name?" does your child say bo and last names?	th her first	\bigcirc	\bigcirc	\bigcirc	
				COMMUNICATION	N TOTAL	

GROSS MOTOR

1.	Without holding onto anything for support, does your child
	kick a ball by swinging his leg forward?



YES	SOMETIMES	NOT YET



2. Does your child jump with both feet leaving the floor at the same time?





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







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







5. 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.")







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



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NOT YET

GROSS MOTOR TOTAL

FINE MOTOR

1. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, 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 vertical direction?



Count as "not yet"

YES	SOMETIMES

FI	NE MOTOR (continued)	YES	SOMETIMES	NOT YET	
2.	Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?	0	\bigcirc	0	
3.	After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?	0			
4.	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?	0			
5.	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.)	0		0	
6.	When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?	\bigcirc	\bigcirc	\bigcirc	
			FINE MOTO	OR TOTAL	
PI	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up <i>four</i> objects in a row? (You can also use spools of thread, small boxes, or other toys.)	0	\bigcirc		
2.	If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	\bigcirc	\bigcirc	\bigcirc	

P	ROBLEM SOLVING (continued)	YES	SOMETIMES	NOT YET	
3.	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:		0	0	
4.	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.)	0	0		_
5.	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?	\bigcirc	\bigcirc	\bigcirc	
6.	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	0	0	\bigcirc	
	"yes" to this question.)	PR	OBLEM SOLVIN	NG TOTAL	
P	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	Does your child use a spoon to feed herself with little spilling?	\bigcirc	\bigcirc	\bigcirc	
2.	Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?	\bigcirc		\bigcirc	
3.	When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?	\bigcirc	\bigcirc	\bigcirc	_
4.	Does your child put on a coat, jacket, or shirt by himself?	\bigcirc	\bigcirc	\bigcirc	
5.	Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?	\bigcirc	\bigcirc	\bigcirc	
6.	Does your child take turns by waiting while another child or adult takes a turn?	\bigcirc	\bigcirc	\bigcirc	
		PE	rsonal-soci	AL TOTAL	



OVERALL

ents and providers may use the space below for additional comments.		
Do you think your child hears well? If no, explain:	YES	O NO
Do you think your child talks like other children her age? If no, explain:	YES	O NO
Can you understand most of what your child says? If no, explain:	YES	O NO
Can other people understand most of what your child says? If no, explain:	YES	O NO
Do you think your child walks, runs, and climbs like other children his age? If no, explain:	YES	○ NO
	\bigcap	O NO
Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO

OVERALL (continued) YES O NO 7. Do you have any concerns about your child's vision? If yes, explain: ○ YES O NO 8. Has your child had any medical problems in the last several months? If yes, explain: O YES O NO 9. Do you have any concerns about your child's behavior? If yes, explain: \bigcirc NO YES 10. Does anything about your child worry you? If yes, explain: