




COMMUNICATION			GROSS MOTOR		
1. Does your baby make sounds like "da," "ga," "ka," and "ba"?	YES	NOT YET	1. If you hold both hands just to balance your baby, does she support her own weight while standing?	YES	NOT YET
2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	YES	NOT YET	2. When sitting on the floor, does your baby sit up straight for several minutes without using his hands for support?	YES	NOT YET
3. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (The sounds do not need to mean anything.)	YES	NOT YET	3. When you stand your baby next to furniture or the crib rail, does she hold on without leaning her chest against the furniture for support?	YES	NOT YET
4. If you ask your baby to, does he play at least one nursery game even if you don't show her the activity yourself (such as "bye-bye," "Peeka-boo," "clap your hands," "So Big")?	YES	NOT YET	4. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?	YES	NOT YET
5. "Give it to me," or "Put it back," without your using gestures?"	YES	NOT YET	5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?	YES	NOT YET
6. Does your baby say three words, such as "Mama," "Dada," and "Baba"? (A "word" is a sound or sounds your baby says consistently to mean someone or something.)	YES	NOT YET	6. Does your baby walk beside furniture while holding on with only one hand?	YES	NOT YET
COMMUNICATION TOTAL			GROSS MOTOR TOTAL		

FINE MOTOR			PROBLEM SOLVING		
1. Does your baby pick up a small toy with only one hand?	YES	NOT YET	1. Does your baby pass a toy back and forth from one hand to the other?	YES	NOT YET
2. Does your baby successfully pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)	YES	NOT YET	2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?	YES	NOT YET
3. Does your baby pick up a small toy with the tips of his thumb and fingers? (You should see a space between the toy and his palm.)	YES	NOT YET	3. When holding a toy in his hand, does your baby bang it against another toy on the table?	YES	NOT YET
4. Does your baby pick up a crumb or Cheerio with the tips of his thumb and a finger? He may rest his arm or hand on the table while doing it.	YES	NOT YET	4. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?	YES	NOT YET
5. Does your baby pick up a crumb or Cheerio with the string with her first finger and thumb? (The string may be attached to a toy.)	YES	NOT YET	5. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?	YES	NOT YET
6. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?	YES	NOT YET	6. After watching you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden.)	YES	NOT YET
FINE MOTOR TOTAL			PROBLEM SOLVING TOTAL		

If Fine Motor item 5 is marked "yes" or "sometimes," mark Fine Motor item 2 "yes."

SOMETIMES NOT YET

PERSONAL-SOCIAL

1. While your baby is on her back, does she put her foot in her mouth?  YES SOMETIMES NOT YET
2. Does your baby drink water, juice, or formula from a cup while you hold it? YES SOMETIMES NOT YET
3. Does your baby feed himself a cracker or a cookie? YES SOMETIMES NOT YET
4. When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? (If she already lets go of the toy into your hand, mark "yes" for this item.) YES SOMETIMES NOT YET
5. When you dress your baby, does he push his arm through a sleeve once his arm is started in the hole of the sleeve? YES SOMETIMES NOT YET
6. When you hold out your hand and ask for her toy, does your baby let go of it into your hand? YES SOMETIMES NOT YET

PERSONAL-SOCIAL TOTAL _____

OVERALL

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain: YES NO
2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain: YES NO
3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain: YES NO
4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: YES NO
5. Do you have concerns about your baby's vision? If yes, explain: YES NO
6. Has your baby had any medical problems in the last several months? If yes, explain: YES NO
7. Do you have any concerns about your baby's behavior? If yes, explain: YES NO
8. Does anything about your baby worry you? If yes, explain: YES NO



9 Month ASQ-3 Information Summary

9 months 0 days through 9 months 30 days

Baby's name: _____ Date ASQ completed: _____
 Baby's ID #: _____ Date of birth: _____
 Administering program/provider: _____ 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	13.97														
Gross Motor	17.82														
Fine Motor	31.32														
Problem Solving	28.72														
Personal-Social	18.91														

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** 5. Concerns about vision? **YES** No
 Comments: _____ Comments: _____
2. Feet are flat on the surface most of the time? Yes **NO** 6. Any medical problems? **YES** No
 Comments: _____ Comments: _____
3. Concerns about not making sounds? **YES** No 7. Concerns about behavior? **YES** No
 Comments: _____ Comments: _____
4. Family history of hearing impairment? **YES** No 8. Other concerns? **YES** No
 Comments: _____ 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						

P101090700

Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires & Bricker © 2009 Paul H. Brookes Publishing Co. All rights reserved.

