



Ages & Stages Questionnaires®

42 Month Questionnaire

39 months 0 days through 44 months 30 days

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



Date ASQ completed: _____

Child's information

Child's first name: _____ Middle initial: _____ Child's last name: _____

Child's gender:
 Male Female

Child's date of birth: _____

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

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

Street address: _____

City: _____ State/Province: _____ ZIP/Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: _____

Program ID #: _____

Program name: _____

GROSS MOTOR

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



YES SOMETIMES NOT YET _____

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



3. 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.")*



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



5. Does your child catch a large ball with both hands? *(You should stand about 5 feet away and give your child two or three tries before you mark the answer.)*



6. Does your child climb the rungs of a ladder of a playground slide and slide down without help?

GROSS MOTOR TOTAL _____

FINE MOTOR

1. After your child watches you draw a single circle with a pencil, crayon, or pen, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?

Count as "yes"

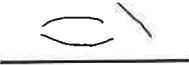






Count as "not yet"


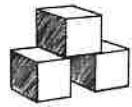


YES SOMETIMES NOT YET _____

FINE MOTOR (continued)

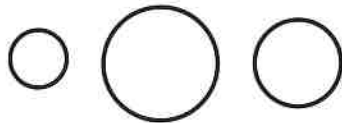
	YES	SOMETIMES	NOT YET	
<p>2. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<p style="text-align: center;">Count as "yes"  Count as "not yet" </p>				
<p>3. 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.)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>4. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<p>5. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<p>6. Using the shape at right to look at, does your child copy it onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawing should look like the design of the shape, except it may be different in size.)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
			FINE MOTOR TOTAL	—

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
<p>1. 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:</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				
<div style="border: 1px solid black; border-radius: 25px; height: 60px; width: 500px; margin: 0 auto;"></div>				
<p>2. 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.)</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<p>3. 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?</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				

PROBLEM SOLVING (continued)

- 4. 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 "yes" to this question.*)
- 5. When asked, "Which circle is the smallest?" does your child point to the smallest circle? (Ask this question *without providing help by pointing, gesturing, or looking at the smallest circle.*)



- 6. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother or sister, or an imaginary animal or figure.

YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
PROBLEM SOLVING TOTAL			—

PERSONAL-SOCIAL

- 1. When he is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "me" or his own name?
- 2. Does your child put on a coat, jacket, or shirt by herself?
- 3. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?
- 4. Does your child take turns by waiting while another child or adult takes a turn?
- 5. Does your child serve himself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?
- 6. Does your child wash his hands using soap and water and dry off with a towel without help?

YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
PERSONAL-SOCIAL TOTAL			—

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

OVERALL (continued)

2. Do you think your child talks like other children her age? If no, explain:

 YES NO

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

 YES NO

4. Can other people understand most of what your child says? If no, explain:

 YES NO

5. Do you think your child walks, runs, and climbs like other children his age?
If no, explain:

 YES NO

6. Does either parent have a family history of childhood deafness or hearing
impairment? If yes, explain:

 YES NO

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

OVERALL *(continued)*

8. Has your child had any medical problems in the last several months? If yes, explain:

YES

NO

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

YES

NO

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

YES

NO



42 Month ASQ-3 Information Summary

39 months 0 days through
44 months 30 days

Child's name: _____ Date ASQ completed: _____
 Child's ID #: _____ Date of birth: _____
 Administering program/provider: _____

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	27.06		●	●	●	●	●	●	○	○	○	○	○	○	○
Gross Motor	36.27		●	●	●	●	●	●	●	○	○	○	○	○	○
Fine Motor	19.82		●	●	●	●	●	○	○	○	○	○	○	○	○
Problem Solving	28.11		●	●	●	●	●	○	○	○	○	○	○	○	○
Personal-Social	31.12		●	●	●	●	●	○	○	○	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | | | |
|---|-----|-----------|---|------------|----|
| 1. Hears well?
Comments: | Yes | NO | 6. Family history of hearing impairment?
Comments: | YES | No |
| 2. Talks like other children his age?
Comments: | Yes | NO | 7. Concerns about vision?
Comments: | YES | No |
| 3. Understand most of what your child says?
Comments: | Yes | NO | 8. Any medical problems?
Comments: | YES | No |
| 4. Others understand most of what your child says?
Comments: | Yes | NO | 9. Concerns about behavior?
Comments: | YES | No |
| 5. Walks, runs, and climbs like other children?
Comments: | Yes | NO | 10. Other concerns?
Comments: | YES | No |

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 = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						