

Ages and Stages Questionnaire (ASQ)

Child's Information

Name: _____ Age at Assessment: _____

Date of Birth: _____

Parent/Caregiver Information

Name: _____ Phone Number: _____

Relationship to Child: _____

Instructions:

Please answer the following questions about your child's development. Check the box that best describes what your child is able to do. If you are not sure, please leave the item blank. There are no right or wrong answers. Your honest answers will help us better understand your child's development.

Communication:

1. Does your child babble, coo, or make sounds like "ahh" and "goo"? Yes Sometimes No
2. Does your child say words like "mama" or "dada"? Yes Sometimes No
3. Does your child use 2-word phrases, like "hi Mommy" or "more juice"? Yes Sometimes No
4. Does your child understand simple commands like "come here" or "give me the ball"? Yes Sometimes No

Gross Motor:

1. Does your child crawl or creep on hands and knees? Yes Sometimes No
2. Does your child stand alone for a few seconds? Yes Sometimes No
3. Does your child walk alone? Yes Sometimes No
4. Does your child run without falling? Yes Sometimes No

Fine Motor:

1. Does your child pick up small objects like Cheerios or raisins with fingers? Yes Sometimes No
2. Does your child hold a crayon or pencil and make marks on paper? Yes Sometimes No
3. Does your child use a spoon or fork to eat? Yes Sometimes No
4. Does your child dress and undress with help (e.g. pull off socks, put on a shirt)? Yes Sometimes No

Problem-Solving:

1. Does your child look for a toy that he or she sees you hide? Yes Sometimes No
2. Does your child point to or name pictures in a book? Yes Sometimes No
3. Does your child match objects or pictures that are alike? Yes Sometimes No
4. Does your child sort objects by shape or color? Yes Sometimes No

Personal-Social:

1. Does your child smile or laugh in response to things you say or do? Yes Sometimes No
2. Does your child like being around people and playing with others? Yes Sometimes No
3. Does your child show affection to familiar people? Yes Sometimes No
4. Does your child play games like peek-a-boo or pat-a-cake? Yes Sometimes No

Please return this form to your healthcare provider. If you have any questions or concerns, please do not hesitate to reach out to us.