

ASQ 3 - Ages & Stages Questionnaires

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Instructions: Please answer the following questions based on your child's abilities. Check the box that best describes your child's current skills. If you are unsure, choose the response that you think is closest to your child's ability.

Communication

Questions	Yes	Sometimes	Not Yet
Does your child babble or coo, making sounds like "ba-ba," "da-da," "goo-goo"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child use gestures to communicate, like pointing, waving, or reaching for things they want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child respond to their name or turn to look at you when you call them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child say simple words like "mama," "dada," or "baba"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE:

Gross Motor Skills

Questions	Yes	Sometimes	Not Yet
Can your child sit without support for a few minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child crawl on hands and knees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child pull themselves up to stand while holding onto furniture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can your child take a few steps while holding onto your hands for support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SCORE:

Fine Motor Skills

Questions	Yes	Sometimes	Not Yet
Can your child pick up small objects, like cereal, with their thumb and fingers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child try to use a spoon or another object to feed themselves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child hold a small toy in each hand and bang them together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE:

Problem Solving

Questions	Yes	Sometimes	Not Yet
Does your child imitate you or others, like clapping when others clap or making sounds back when you talk to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child find a hidden object, like a toy under a blanket or a cup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child try to imitate simple actions or gestures, like waving bye-bye or blowing kisses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE:

Personal-Social Skills

Questions	Yes	Sometimes	Not Yet
Does your child enjoy playing peek-a-boo or games like pat-a-cake with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child show interest in playing with other children or watching them play?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child respond to simple verbal commands, like "come here" or "give me the toy"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your child show affection, such as hugging or cuddling with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORE:

TOTAL SCORE:

Scoring: Count the number of checks in each category.

Communication: ____/4

Gross Motor Skills: ____/4

Fine Motor Skills: ____/3

Problem Solving: ____/3

Personal-Social Skills: ____/4

Total Score: ____/18

Scoring Key:

17-18 - Most checks in the "Yes" column: Your child's development is on track in this area.

10-16 - Some checks in the "Yes" column: Your child may be at risk for a developmental delay. Consider discussing your concerns with a healthcare provider.

0-9 - All checks in the "Sometimes" or "Not yet" column: Your child may be at significant risk for a developmental delay. Please talk to a healthcare provider for further evaluation and support.