ASQ3 Ages & Stages Questionnaires®

48 Month Questionnaire

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



Child's date of birth: Child'	Date ASQ completed: M M D D Y Y Y Y Child's information Middle	
Person filling out questionnaire First name: Middle Initial: Last name:	Child's first name: initial:	Child's last name:
Person filling out questionnaire First name: Middle Initial: Last name:		
Person filling out questionnaire First name: Initial: Last name: Initial: Last name:	Child's date of birth;	
First name: Middle	M M D D Y Y Y Y	
First name: Street address: Relationship to child: Parent Guardian Teacher Child care provider or other parent Other: State/Province: ZIP/Postal code: City: State/Province: ZIP/Postal code: City: Home talephone number: Other telephone number: Other telephone number: Other telephone number: City: Country: Home talephone number: Other telephone number: Other telephone number: Child ID #: PROGRAM INFORMATION PR	Person filling out questionnaire	
City: Parent	First name: Middle	Last name:
City: Parent		
Parent Guardian Teacher Chi'd care provider Grandparent or other relative State/Province: ZIP/Postal code: 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	Street address:	Relationship to child:
Country: Home telephone number: Child ID #: PROGRAM INFORMATION Grandparent of parent or other: Parent Other: State/Province: ZIP/Postal code: Child ID #: PROGRAM INFORMATION		provider
Country: Home telephone number: Child ID #: PROGRAM INFORMATION State/Province: ZIP/Postal code:	terminister of the continue decomplement is an advantage of the continue of the continue of the continue of the	Grandparent Foster Other:
E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION	City:	State/Province; ZIP/Postal code:
E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION		
Names of people assisting in questionnaire completion: PROGRAM INFORMATION	Country: Home taleph	none number: Other telephone number:
Names of people assisting in questionnaire completion: PROGRAM INFORMATION		
Child ID #: PROGRAM INFORMATION	E-mail address:	
Child ID #: PROGRAM INFORMATION		
Child ID #: PROGRAM INFORMATION	Names of people assisting in questionnaire completion:	
Child 10 #:		
Child 10 #:		
Program ID #:	Child ID #:	ORMATION
Program ID #:		
	Program ID #:	
Program name:	Program name:	



48 Month Questionnaire

45 months 0 days through 50 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,

And the second second	ln	portant Points to Remember:	Notes:	· Prompty st	Annual Management of May your	angrupe ki miyaga u ta 1959 (kg 1961) ki ili da	tinacia (1963) a l
Manage of the control of the	Ø	Try each activity with your child before marking a response.					
	Q	Make completing this questionnaire a game that is fun for you and your child.					
***************************************	র্	Make sure your child is rested and fed.					
- Jane	প্র	Please return this questionnaire by]
C	:01	MMUNICATION	Taki (e-dinkenarangan) (1882 tek) (elakarangan)	eccumum productiva accumum accumum productiva.	can ar na ann ann ann ann ann ann ann ann	Neumanneum un programmen in versionneum version version versione.	orumana, month
				YES	SOMETIMES	NOT YET	
1.	Fo ea ce	pes your child name at least three items from a common categor example, if you say to your child, "Tell me some things that yet," does your child answer with something like "cookies, eggs real"? Or if you say, "Tell me the names of some animals," doe ild answer with something like "cow, dog, and elephant"?	you can . and		0	0	WHICH AND
2.	Do yo	oes your child answer the following questions? (Mark "sometin ur child answers only one question.)	nes" if	\bigcirc	\circ	\bigcirc	SERVE STATISTICANIA
	"g	/hat do you do when you are hungry?" (Acceptable answers in et food," "eat," "ask for something to eat," and "have a snack ease write your child's response:	nclude k.")				
	"ta	'hat do you do when you are tired?" (Acceptable answers incluke a nap," "rest," "go to sleep," "go to bed," "lie down," and wn.") Please write your child's response:	ide d "sit				
3.	exa	es your child tell you at least two things about common object mple, if you say to your child, "Tell me about your ball," does something like, "It's round. I throw it. It's big"?	s? For she	0	0	0	ANTONOMONO (INC.)
4.	For	es your child use endings of words, such as "-s," "-ed," and "-i example, does your child say things like, "I see two cats," "I a ring," or "I kicked the ball"?	ing"? :m	\bigcirc	0	0	North (Thillian)

ĺ	≰ASQ3		48 Month Questionnaire				
(COMMUNICATION (continued)	YES	SOMET!MES	NOT YET	page 3 of 7		
5	Without your giving help by pointing or repeating, does your child follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	0		0	МАКАНТЕТБОД		
6	"the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you	\circ	0	0	"WWW.intercommy,		
	coming, too?"		COMMUNICATIO	ON TOTAL	*COMMENCATIONS		
C	GROSS MOTOR	YES	SOMETIMES	NOT YET			
1.	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.)	\bigcirc	\circ	0	Авбенения фуде		
2.	Does your child climb the rungs of a ladder of a playground slide and slide down without help?	0	\circ	0	410940000icussac _{/d}		
3.	While standing, does your child throw a ball overhand in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")	0	0	0	entreggerellenker von gege		
4.	Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?	0	\circ	\circ	4:Minor/49/Administration		
5,	Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?	0	\bigcirc	\circ	entitive**-94 focusioness		
6,	Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two	0	\circ	0	MORROS. To value respect;		
	or three tries before you mark the answer.)		GROSS MOTO	R TOTAL	ethnillinius ausaucys,		
FI	NE MOTOR	YES	SOMETIMES	NOT YET			
1.	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?)	0	0	0	М етинентова		

	\$ASQ3		48 Month Que	page 4 of 7	
F	INE MOTOR (continued)	YES	SOMETIMES	NOT YET	
2.	Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)	0	0	\circ	1960-billiothic Marineys
3.	Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)	0	0	0	1988 American Augus
4.	Does your child unbutton one or more buttons? (Your child may use his own clothing or a doll's clothing.)	\bigcirc	\circ	\bigcirc	Stordensk representación
5.	Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?	0	0	0	20 04 datronomoroneg
6.	Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? (Your child should not go more than 1/4 inch outside the lines on most of the picture.)	\circ	0	\circ	c/ProfescondonanceSchaer
	ge more man y mon earlies the most on the pictare,		FINE MOTO	OR TOTAL	***************************************
P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	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 to answer "yes" to this question.)	0	0		consistent and con-
2,	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.)	\circ	0	0	Antoning of the Super super
3.	Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "under the couch." Then ask her to put the ball "between the chairs" and the book "in the middle of the table."	0	0	0	Prilled is relational new
4.	When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)	0	0	0	entrementalistico (co.)

ASQ3		48 Month Questionnaire						
PROBLEM SOLVING (continued)	YES	SOMETIMES	NOT YET	Profession Assessment (September 1988)				
 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. 	0	0	\circ	Wildliferrenza				
6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? (Ask this question without providing help by pointing, gesturing, or naming.)	\circ	0		42.500m/s/77/s/ap				
		PROBLEM SOLVII	NG TOTAL	WWW.enchronce				
PERSONAL-SOCIAL	YES	Sometimes	NOT YET					
 Does your child serve herself, 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? 	\circ	0	0	\$650-861 hilliadar colougha				
2. Does your child tell you at least four of the following? Please mark the items your child knows.	0	. 0	\circ	¥45C450LHevacasay				
a. First name d. Last name								
b. Age e. Boy or girl								
c. City she lives in f. Telephone number								
3. Does your child wash his hands using soap and water and dry off with a towel without help?	\circ	\circ	\circ	Sind Art 4 restrictions caping				
 Does your child tell you the names of two or more playmates, not in- cluding brothers and sisters? (Ask this question without providing help by suggesting names of playmates or friends.) 	0	\circ	0	TOWN TO THE COMPANY OF THE COMPANY O				
 Does your child brush her teeth by putting toothpaste on the tooth- brush and brushing all of her teeth without help? (You may still need to check and rebrush your child's teeth.) 	0		0	TOTAL PROPERTY AND A				
6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?	0	0	\circ	all sindown consequency or				
		PERSONAL-SOCIA	AL TOTAL	. Zářná váznamováno				
OVERALL								
Parents and providers may use the space below for additional comments.								
1. Do you think your child hears well? If no, explain:		YES	Ои О					

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OVERALL (continued)		on the state of th				
2. Do you think your child talks like other children her age? If no, explain:	YES	O NO				
3. 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	О но				
Do you think your child walks, runs, and climbs like other children his age? If no, explain:	○ yes	O nó				
Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO				
Do you have any concerns about your child's vision? If yes, explain:	YES	O NO				
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OVERALL (continued)	1997/00/00/00 Wildows vordy cyprograph of philosophic voran vorgery (1996) bild didden sheper dryfylddiferol mewn (199	MA Albina meng paganjagih Pina. Albin 1988 Malan sa sakumman pagaliki Sakumman paganjan penjanjah sa seme			
8. Has your child had any medical problems in the last several months? If yes, explain:	YES	O NO			
		<i>)</i>			
9. Do you have any concerns about your child's behavior? If yes, explain:	YES	Оио			
		<i>)</i>			
10. Does anything about your child worry you? If yes, explain:	YES	О мо			



48 Month ASQ-3 Information Summary

45 months 0 days through 50 months 30 days

Ch	ild's name:					····			Date A!	SQ comple	eted:							4
	ild's ID #:			birth:														
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1.	SCORE AND responses ar In the chart I) = IU. 3		IIVIFS =	3 User' 5 NO	1 YEL = (1)	r details • Add ita	, includii	ng ho									
	Area	Cutoff	Total Score	0	5	10	15	20	25		35	40	45		50	55	-	40
	Communication	30.72										<u> </u>	$\frac{73}{\circ}$		<u> </u>			60
_	Gross Motor	32.78									Ô	$\overline{\Delta}$	$\stackrel{\circ}{\circ}$		5	$\frac{1}{C}$		<u> </u>
_	Fine M otor	15.81						O	Ó	d			$\frac{\circ}{\circ}$		$\frac{\circ}{\circ}$	$\stackrel{\smile}{-}$		
P	roblem Solving	31.30			•						Ô	$\widetilde{\cap}$	Ö		$\overset{\smile}{\supset}$	$-\frac{\circ}{\circ}$		-
	Personal-Social	26,60									0		$\overline{}$		$\tilde{}$	$\overline{}$		$\frac{\circ}{\circ}$
2.	TRANSFER (OVERAL	L RESPC	NSES:	Bolded	upperc	ase res	ponses	require	follow-ur	See A	SO-3 He	er's G		\succeq $-$			<u> </u>
	Hears we Commen	?					Yes	NO			istory of	See ASQ-3 User's Guide, Chastory of hearing impairment?				YE		No
	Talks like other children his age? Comments:					Yes	NO	7.	Concerns about vision?						YE	S	No	
	3. Understar Commen	nd most ts:	of what	your ch	ild saysî	?	Yes	NO	8.	8. Any medical problems? Comments:						YE	S	No
,	4. Others ur Comment	nderstan ts:	d most a	of what :	your chi	ld says?	Yes	NO	9.		Concerns about behavior? Comments:					ΥE	s	No
!	5. Walks, rur Comment		dimbs lik	e other	childrer	1?	Yes	NO	10,	Other concerns? Comments:						YE	S	No
3. ,	ASO SCORE I esponses, an	INTERPI	RETATIO considera	N AND ations, s	RECON	MMENC opportu	ATION Inities	i FOR F to practi	OLLO ice skil	W-UP: You is, to dete	ı must co rmine ap	onsider t opropriat	otal a	irea :	score	s, ov	erall	
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	OLLOW-UP											PTION						
	_ Provide a										(Y = Y)	ÆS, S =	SOM:	ETIM	1ES, I	N = N	spon 10T	ses YET,
	_ Share resu										X = re	sponse	missir	ng).				•
							nd/or behavioral screening.				<u> </u>		1	2	3	4	5	6
	_ Refer to p reason): _	rimary h	ealth car	e provi	der or o							nunication oss Motor						
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