ASQ-3 Ages & Stages Questionnaires®

39 months 0 days through 44 months 30 days

42 Month Questionnaire

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

Date ASQ completed: M M D D Y Y Y Y

Child's information

Child's first name:

Middle initial:

Child's last name:

Child's date of birth: M M D D Y Y Y Y

Child's gender:
- ◯ Male
- ◯ Female

Person filling out questionnaire

First name:

Middle initial:

Last name:

Street address:

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

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:

E101420100

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ASQ-3™

42 Month Questionnaire

39 months 0 days through 44 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your child.
- ☑ Make sure your child is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Without giving your child help by pointing or using gestures, ask him to "put the book *on* the table" and "put the shoe *under* the chair." Does your child carry out both of these directions correctly?	○	○	○	___
2. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"	○	○	○	___
3. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle, and ask your child to move the zipper *down.* Return the zipper to the middle, and ask your child to move the zipper *up.* Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?	○	○	○	___
4. When you ask, "What is your name?" does your child say both her first and last names?	○	○	○	___
5. Without your giving help by pointing or repeating directions, does your child follow three directions that are *unrelated* 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."	○	○	○	___
6. Does your child use all of the words in a sentence (for example, "a," "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 coming, too?"	○	○	○	___

COMMUNICATION TOTAL ___

E101420200

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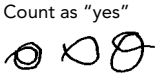
GROSS MOTOR

	YES	SOMETIMES	NOT YET	
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.)*	○	○	○	___
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

	YES	SOMETIMES	NOT YET	
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"	○	○	○	___

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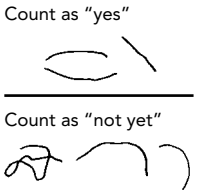
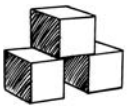
FINE MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
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? 	○	○	○	___
3. Does your child try to cut paper with child-safe scissors? He does not need to cut 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.)*	○	○	○	___
4. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?	○	○	○	___
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?)*	○	○	○	___
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.)*	○	○	○	___
		FINE MOTOR TOTAL		___

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
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:	○	○	○	___
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.)*	○	○	○	___
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? 	○	○	○	___

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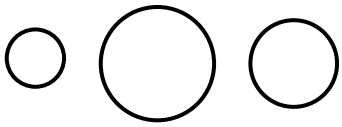
PROBLEM SOLVING *(continued)*

	YES	SOMETIMES	NOT YET	
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.	○	○	○	___
		PROBLEM SOLVING TOTAL		___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
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?	○	○	○	___
		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

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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

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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

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