

30 Month Questionnaire

Today's Date: _____

Form Completed By: _____

Patient First Name: _____

Relation to Child: _____

Patient Last Name: _____

Address: _____

Date of Birth: _____

City: _____ **ST:** ____ **Zip Code:** _____

**If more born than 3 weeks prematurely,
 number of weeks early:** _____

Home Telephone: _____

Other Telephone: _____

Child's Gender Male Female

Email: _____

Child ID #: _____

Names of people assisting with questionnaire:

Program ID #: _____

Age at Administration (months/days): _____ / _____

If premature, adjusted age (months/days): _____ / _____

Program Name: _____

ASQ-3

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 box that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

Try each activity with your child 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 the questionnaire by: _____

COMMUNICATION

COMMUNICATION TOTAL ____

1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask you child, "what is this?" does your child correctly *name* at least one picture?

Yes Sometimes Not Yet

2. Without giving them clues by pointing or using gestures, can your child carry out at least *three* of these kinds of directions?

Yes Sometimes Not Yet

- a. "Put the toy on the table." d. "Find your coat."
- b. "Close the door." e. "Take my hand."
- c. "Bring me a towel!" f. "Get your book."

3. When you ask your child to point to their nose, eyes, hair, feet, ears, and so forth, do they correctly point to at least *seven* body parts? (*They can point to parts of themselves, you, or a doll. Mark "sometimes" if they correctly point to at least three different body parts.*)

Yes Sometimes Not Yet

4. Does your child make sentences that are three or four words long? Please provide an example: _____

Yes Sometimes Not Yet

30 Month Questionnaire - continued

COMMUNICATION - continued

- 5. 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.” Do they carry out both of these directions correctly? Yes Sometimes Not Yet
- 6. 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 child) doing?” Yes Sometimes Not Yet

GROSS MOTOR FUNCTION

GROSS MOTOR TOTAL _____

- 1. Does your child run fairly well, stopping themselves without bumping into things or falling? Yes Sometimes Not Yet
- 2. Does your child walk either up or down at least two steps by themselves? They may hold onto the railing or wall. (*You can look for this at a store, playground, or at home.*) Yes Sometimes Not Yet
- 3. Without holding onto anything for support, does your child kick a ball by swinging their leg forward? Yes Sometimes Not Yet
- 4. Does your child jump with both feet leaving the floor at the same time.? Yes Sometimes Not Yet
- 5. 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.*) They may hold onto the railing or wall. Yes Sometimes Not Yet
- 6. Does your child stand on one foot for about 1 second without holding onto anything? Yes Sometimes Not Yet

FINE MOTOR FUNCTION

FINE MOTOR TOTAL _____

- 1. Does your child use a turning motion with their hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars? Yes Sometimes Not Yet
- 2. After you child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask them 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 vertical direction? Yes Sometimes Not Yet
- 3. Can your child string small items such as beads, macaroni, or pasta “wagon wheels” onto a string or shoelace? Yes Sometimes Not Yet
- 4. After your child watches you draw a line from one side of the paper to the other side, ask them 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? Yes Sometimes Not Yet
- 5. After your child watches you draw a single circle, ask them to make a circle like yours. Do not let them trace your circle. Does your child copy you by drawing a circle? Yes Sometimes Not Yet
- 6. Does your child turn pages in a book, one page at a time? Yes Sometimes Not Yet

PROBLEM SOLVING

PROBLEM SOLVING TOTAL _____

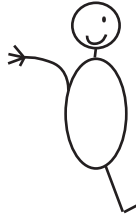
- 1. When looking in the mirror, ask, “Where is _____?” (*Use your child’s name.*) Does your child point to their image in the mirror? Yes Sometimes Not Yet
- 2. If your child wants something they cannot reach, do they find a chair or box to stand on to reach it (for example, to get a toy on a counter or to “help” you in the kitchen)? Yes Sometimes Not Yet

30 Month Questionnaire - continued

PROBLEM SOLVING - continued

3. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.) Yes Sometimes Not Yet

4. 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:



5. 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. Yes Sometimes Not Yet

6. After your child draws a "picture," even a simple scribble, do they tell you what they drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt them.) Yes Sometimes Not Yet

PERSONAL-SOCIAL

1. If you make any of the following gestures, does your child copy at least one of them? Yes Sometimes Not Yet
 a. Open and close your mouth c. Pull on your earlobe
 b. Blink your eyes d. Pat your cheek

2. Does your child use a spoon to feed themselves with little spilling? Yes Sometimes Not Yet

3. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if they cannot turn? Yes Sometimes Not Yet

4. Does your child put on a jacket, coat, or shirt by themselves? Yes Sometimes Not Yet

5. After you put loose-fitting pants around their feet, does your child pull them completely up to their waist by themselves? Yes Sometimes Not Yet

6. When your child is looking in a mirror and you ask, "Who is in the mirror?" do they say either "me" or their own name? Yes Sometimes Not Yet

PERSONAL-SOCIAL TOTAL _____

30 Month Questionnaire - continued

Overall

- 1. Do you think your child hears well? If no, explain: Yes No

- 2. Do you think your child talks like toddlers their 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 toddlers their age? If no, explain: Yes No

- 6. Does either parent have a family history of childhood deafness or hearing impariment? If yes, explain: Yes No

- 7. Do you have concerns about your child's vision? If yes, explain: Yes No

- 8. Has your child had any medical problems in the last several months? If yes, explain: Yes No

- 9. Do you have concerns about your child's behavior? If yes, explain: Yes No

- 10. Does anything about your child worry you? If yes, explain: Yes No

30 Month Questionnaire - Summary

Child First Name: _____ Date ASQ completed: _____
 Child Last Name: _____ Date of Birth: _____
 Administering program/provider: _____ Was age adjusted for prematurity
 when selecting questionnaire? Yes No

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	33.30		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	36.14		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	19.25		●	●	●	●	●	○	○	○	○	○	○	○	○
Problem Solving	27.08		●	●	●	●	●	●	○	○	○	○	○	○	○
Personal-Social	32.01		●	●	●	●	●	●	●	○	○	○	○	○	○

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

- | | |
|--|--|
| 1. Hears well? Yes <input type="checkbox"/> NO <input type="checkbox"/> | 6. Family history of hearing impairment? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |
| 2. Talks like other toddlers their age? Yes <input type="checkbox"/> NO <input type="checkbox"/> | 7. Concerns about vision? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |
| 3. Understand most things the child says? Yes <input type="checkbox"/> NO <input type="checkbox"/> | 8. Any medical problems? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |
| 4. Others understand most things the child says? Yes <input type="checkbox"/> NO <input type="checkbox"/> | 9. Concerns about behavior? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |
| 5. Walks, run, and climbs like other toddlers? Yes <input type="checkbox"/> NO <input type="checkbox"/> | 10. Other concerns? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |

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 baby's total score is in the area, it is above the cutoff, and the baby's development appears to be on schedule.
- If the baby's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
- If the baby'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 care provider.
- ___ Refer for hearing, vision, and/or behavioral screening.
- ___ Refer to primary 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						