

4 Month Questionnaire

Baby's first name: State ASQ completed: M M D D Y Y Y Y	Please provide the following legibly when complete	ollowing infornating this form.	nation. Use black o	or blue ink only and p	rint	
Bably's fast name: Middle	Date ASQ completed:	M M D	D Y Y Y			
Baby's first name: initial: Baby's sat name: Baby's date of birth: If baby was born 3 or more weeks prematurely, if of weeks prematurely, if of weeks premature: Male Female Person filling out questionnaire First name: Middle Initial: Last name: Initial: Last name	Baby's infor	mation				
Person filling out questionnaire First name: Middle Initial: Last name:	Baby's first name:				e Baby's last name:	
Person filling out questionnaire First name: Middle Initial: Last name:						
Person filling out questionnaire First name: Middle initial: Last name: Last name: Last name: Last name: Last name: Child care provider Ch	Baby's date of birth:				Baby's gender:	
First name: Middle initial: Last name:	M M D D Y	YYY	prematurely, # of			
First name: Street address:	Person filling	out questic	onnaire			
Parent Guardian Teacher Child care provider Grandparent or other relative State/Province: ZIP/Postal code: City: State/Province: ZIP/Postal code: E-mail address: PROGRAM INFORMATION Baby ID #: PROGRAM INFORMATION Age at administration, in months and days: Program ID #: If premature, adjusted age, in months and days:	First name:					
Parent Guardian Teacher Child care provider Grandparent or other relative State/Province: ZIP/Postal code: City: State/Province: ZIP/Postal code: E-mail address: PROGRAM INFORMATION Baby ID #: PROGRAM INFORMATION Age at administration, in months and days: Program ID #: If premature, adjusted age, in months and days:						
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: PROGRAM INFORMATION Baby ID #: PROGRAM INFORMATION Age at administration, in months and days: Program ID #: M M D D If premature, adjusted age, in months and days:	Street address:		anne de la company de la compa	negari internes ga competenza de la comp	Relationship to bal	ру:
City: Country: Home telephone number: Cher telephone number: E-mail address: PROGRAM INFORMATION Baby ID #: Program ID #: If premature, adjusted age, in months and days: M M D D If premature, adjusted age, in months and days:				AND BLAN AND		O provider
Country: Home telephone number: Other telephone number: E-mail address: PROGRAM INFORMATION Baby ID #: Program ID #: If premature, adjusted age, in months and days: M M M D D If premature, adjusted age, in months and days:	A triant to a series of the se		andres a stankantum talam pangkanganggal,		Grandparent or other	Foster Other:
E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION Baby ID #: Program ID #: If premature, adjusted age, in months and days:	City:	ar triarini a glacia, in incidentigados formados propriessos pro-			relative	State/Province: ZIP/Postal code:
E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION Baby ID #: Program ID #: If premature, adjusted age, in months and days:					Comments and a second s	
Names of people assisting in questionnaire completion: PROGRAM INFORMATION Age at administration, in months and days: Program ID #: If premature, adjusted age, in months and days:	Country:			Home tele	phone number:	Other telephone number:
Names of people assisting in questionnaire completion: PROGRAM INFORMATION Age at administration, in months and days: Program ID #: If premature, adjusted age, in months and days:						
PROGRAM INFORMATION Age at administration, in months and days: Program ID #: If premature, adjusted age, in months and days:	E-mail address:		dang menungkan menungkan menungkan kelabah sebagai kelabah sebagai dang berahas berahas berahas berahas berahas	in transfer a general mental and general as a 1915 given to 1 12 given 5 and 5 given 5 given 5 and 5 given 5	d side is gitterstatustappolistus ob sepad of 1975 milys 5 1977 19 20 phytosocia conspicoloris os observados p	The state of the s
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Age at administration, in months and days: Program ID #: If premature, adjusted age, in months and days:	WAS the season to the control of the	! vvv.liv.a.ov.uov.vvv.av.vv.av.vv.1705, ; ;)	NO STANDARDA CONTRACTOR AND	The Miller of Control of Control of the Control of Cont		
Age at administration, in months and days: Program ID #: If premature, adjusted age, in months and days:	Bahy ID #:			PROGRAM IN	IFORMATION	
If premature, adjusted age, in months and days:						
	Program ID #:					M M D D
Program name: M M D D					If premature, adjusted age, in m	
	Program name:					M M D D



4 Month Questionnaire

3 months 0 days through 4 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.

The sale of the sa	lm	portant Points to Remember:	Notes:				
TALLA STATE OF	Ø	Try each activity with your baby before marking a response.	***************************************				
		Make completing this questionnaire a game that is fun for you and your baby.					
	Q	Make sure your baby is rested and fed.	\				
and a second		Please return this questionnaire by			ander A State St. St. Andrett and the control of Arthur St. St. Arthur St. St. Arthur St.		***************************************
C	ON	MMUNICATION	YE	ΞS	SOMETIMES	NOT YET	
1.	Do	es your baby chuckle softly?)	\bigcirc	\bigcirc	nere make the emit
2.		ter you have been out of sight, does your baby smile or get ex en he sees you?	xcited		0	\circ	
3.	Do	es your baby stop crying when she hears a voice other than y	ours?)	\circ	\bigcirc	St. Mariner, P. St. Car
4.	Do	es your baby make high-pitched squeals?			\circ	\bigcirc	
5.	Do	es your baby laugh?			\circ	\bigcirc	1.000 (0.000)
6.	Do	es your baby make sounds when looking at toys or people?			\circ	\circ	is the forest flower assessment
				CC	COMMUNICATION TOTAL		North Validad Validada
G	RC	OSS MOTOR	YE	≣S	SOMETIMES	NOT YET	
1.	Wł sid	nile your baby is on his back, does he move his head from side e?	e to (0	\circ	Security and security
2.		er holding her head up while on her tummy, does your baby l ad back down on the floor, rather than let it drop or fall forwa)	0	\circ	e, a same crawe
3.	hea	nen your baby is on his tummy, does he hold his ad up so that his chin is about 3 inches from the or for at least 15 seconds?			0	0	A44.0000.00
4.	hea	nen your baby is on her tummy, does she hold her ad straight up, looking around? (She can rest on her as while doing this.))	0	0	A010A10.A01.99.

	RASQ3		4 Month Que	Month Questionnaire		
G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET		
5.	When you hold him in a sitting position, does your baby hold his head steady?	0	0	0	1186841 1000	
6.	While your baby is on her back, does your baby bring her hands together over her chest, touching her fingers?	0	0	0	althe billion for 100 fills of	
			GROSS MOTO	OR TOTAL	Me ages - ages of the fulfilles	
F	INE MOTOR	YES	SOMETIMES	NOT YET		
1.	Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)?	0	0	0	601 615 T. J. T	
2.	When you put a toy in her hand, does your baby wave it about, at least briefly?	0	0	0	STATE OF STA	
3.	Does your baby grab or scratch at his clothes?	\circ	\bigcirc	\circ	6761 67646-000m	
4.	When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about, or trying to chew it?	\circ	\circ	0	3335 (37% A67%)	
5.	Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position or when he is on his tummy?	\circ	0	0	Abdustral Senten e	
6.	When you hold your baby in a sitting position, does she reach for a toy on a table close by, even though her hand may not touch it?	0	0	0	e me Novelger gr. 7	
			FINE MOTOR TOTAL		THE STOREST AT A S.	
P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET		
1,	When you move a toy slowly from side to side in front of your baby's face (about 10 inches away), does your baby follow the toy with his eyes, sometimes turning his head?	0	0	0	Maddle Colon a land ha	
2.	When you move a small toy up and down slowly in front of your baby's face (about 10 inches away), does your baby follow the toy with her eyes?	0	\bigcirc	0	******************	
3.	When you hold your baby in a sitting position, does he look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of him?	0	0	0	manganana ka	
4.	When you put a toy in her hand, does your baby look at it?	\circ	\circ	\circ	elast homeosti se	
5.	When you put a toy in his hand, does your baby put the toy in his mouth?	\circ	\circ	\circ	*582*245*244*12*4	

	RASQ3)		4 Month Questionnaire pag						
P	ROBLEM SOLVING (continued)	YES	SOMETIMES	NOT YET					
6.	When you dangle a toy above your baby while she is lying on her back, does your baby wave her arms toward the toy?	0	0	0	***************************************				
		<i>\\\</i>	ROBLEM SOLVIN	KO TOTAL	- mentionelessons of the				
P	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET					
1.	Does your baby watch his hands?	0	0	0	and Stradistic actual				
2.	When your baby has her hands together, does she play with her fingers?	0	0	0	-15% d to Atlanta a sa basin				
3.	When your baby sees the breast or bottle, does he seem to know he is about to be fed?	0	0	0	disk of Specific Asia and Specific Asia				
4.	Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with her free hand?	\circ	0	0	5-11 0005 St. A. 22.3				
5.	Before you smile or talk to your baby, does he smile when he sees you nearby?	\circ	0	\circ					
6.	When in front of a large mirror, does your baby smile or coo at herself?	0	0	0	eran des etc. 2000 desau				
		PE	PERSONAL-SOCIAL TOTAL						
0	VERALL								
Ра	rents and providers may use the space below for additional comments.								
1.	Does your baby use both hands and both legs equally well? If no, explain:		YES	O NO					
2.	When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:		YES	Оио					
					J				

OVERALL (continued)

3.	Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:	YES	O NO
4.	Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	Оио
5.	Do you have concerns about your baby's vision? If yes, explain:	YES	О мо
			`
6.	Has your baby had any medical problems in the last several months? If yes, explain:	YES	Оио
7.	Do you have any concerns about your baby's behavior? If yes, explain:	YES	O NO
8.	Does anything about your baby worry you? If yes, explain:	YES	O NO



4 Month ASQ-3 Information Summary

3 months 0 days through 4 months 30 days

Baby's name:									Date ASQ completed:									
Ва	Baby's ID #:																	
Ac	lmin	istering pr								Was age adjusted for prematurity when selecting questionnaire? Yes No								
 SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASO- responses are missing. Score each item (YES = 10, SOMETIMES = In the chart below, transfer the total scores, and fill in the circles of 							Q-3 User's Guide for details, including how to adjust scores if item 5 = 5, NOT YET = 0). Add item scores, and record each area total.											
		Area	Cutoff	Total Score	0	5	10	15	20	2	5 30	35 40	45	5	50	55		60
	Com	munication	34.60						•				0		\supset	0		\overline{O}
	G	ross Motor	38.41				•		•			• 0	0		5	Ō		Ō
		Fine Motor	29.62			•			•			0 0	0		\supset	0 0		
	Probl	em Solving	34.98									\bigcirc	þ	$\overline{}$)	0 0		
	Pers	onal-Social	33.16				•		•			0 0	0)	0		0
2.	TR	ANSFER (OVERAL	L RESPO	ONSES:	Bolded	upper	case res	ponses	requi	re follow-up.	See ASQ-3 Use	r's Gu	uide.	Chai	pter 6	j.	
		Uses bot Commer	h hands					Yes	NO						'		'ES	No
	Feet are flat on the surface most of the time? Comments:						Yes	NO	6.	Any medica Comments:	lical problems? nts:				Y	ΈS	No	
	3.	Concerns about not making sounds? Comments:		YES	No	7.	Concerns a Comments:	erns about behavior? nents:					ΈS	No				
		Family hi Commen	istory of hearing impairment? nts:					YES	No	8.	Other concerns? Comments:					YES No		No
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.											5. OPTIONA		•			nan	
	Provide activities and rescreen in months.											(Y = YES, S = S)	SOM	ETIM				
	Share results with primary health care provider.											X = response	missi	ng).	,			
	Refer for (circle all that apply) hearing, vision, and/or behavio									al scre	enina		1	2	3	4	5	6
		Refer to reason):	primary	health ca	are prov	ider or	other c	ommun	ity age	ncy (sp	pecify	Communication Gross Motor						
	Refer to early intervention/early childhood special education No further action taken at this time											Problem Solving						
	Other (energy)											Personal-Social						