

ASQ (ASQ-3) Questionnaire



Infant ID Infant Name ♦ Infant DOB
Client ID Client Name DOB
Date Nurse Home Visitor ID Nurse Home Visitor Name

Check one: Infancy 4 Months Infancy 10 Months Toddler 18 Months Toddler 24 Months (optional)

1. Please provide Ages and Stages scores for the child:

Communication
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Gross Motor.....
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Fine Motor
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Problem Solving
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Personal-social
 Child not eligible for screening in this subscale at this time because child is receiving services
 Parent declined further screening

Squires, J., Twombly, E., Bricker, D. & Potter, L. (2009). ASQ-3 User's Guide 3rd Ed. Baltimore, MD: Paul H. Brookes Publishing Co, Inc.