On the following pages are questions about activities children 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 check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

**Important Points to Remember:**

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by ____________________ .
- If you have any questions or concerns about your child or about this questionnaire, please call: ____________________ .
- Look forward to filling out another questionnaire in ________ months.
36 Month • 3 Year Questionnaire

Please provide the following information.

Child's name: ____________________________________________

Child's date of birth: ____________________________________

Today's date: ___________________________________________

Person filling out this questionnaire: _______________________

What is your relationship to the child? ______________________

Your telephone: _________________________________________

Your mailing address: ____________________________________

_______________________________________________________

City: ___________________________________________________

State: __________________________________ ZIP code: _________

List people assisting in questionnaire completion: ______________

_______________________________________________________

Administering program or provider: _________________________

ASQ™
COMMUNICATION  Be sure to try each activity with your child.

1. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll.)  
   YES  SOMETIMES  NOT YET

2. Does your child make sentences that are three or four words long?  
   Please give an example:  

3. Without giving him help by pointing or using gestures, ask your child to “Put the shoe on the table” and “Put the book under the chair.” Does your child carry out both of these directions correctly?  

4. 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,” and “Crying”) You may ask, “What is the dog (or boy) doing?”  

5. 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”?  

6. When you ask, “What is your name?” does your child say both her first and last names?  

COMMUNICATION TOTAL  

GROSS MOTOR  Be sure to try each activity with your child.

1. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?  

2. Does your child jump with both feet leaving the floor at the same time?  

3. 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.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)  

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ASQ  
36 months/3 years
GROSS MOTOR (continued)

4. Does your child stand on one foot for about 1 second without holding onto anything? □ □ □ □

5. 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 does not count.) □ □ □ □

6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time? □ □ □ □

GROSS MOTOR TOTAL □

FINE MOTOR Be sure to try each activity with your child.

1. After she watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask your child 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? □ □ □ □

2. Does your child thread a shoelace through either a bead or an eyelet of a shoe? □ □ □ □

3. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? □ □ □ □

4. After she watches you draw a line from one side of the paper to the other side, ask your child 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? □ □ □ □
FINE MOTOR (continued)

5. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get 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.)

6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?

PROBLEM SOLVING Be sure to try each activity with your child.

1. 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 spoons of thread, small boxes, or other toys.)

2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it?

3. When you point to the figure and ask your child, “What is this?” does your child say a word that means a person? Responses like “snowman,” “boy,” “man,” “girl,” and “Daddy” are correct.

   Please write your child’s response here:

4. When you say, “Say seven three,” does your child repeat just the two numbers in the correct 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.

5. 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?

6. When you say, “Say five eight three,” does your child repeat just the three numbers in the correct order? Do not repeat these 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.

FINE MOTOR TOTAL

PROBLEM SOLVING TOTAL
**PERSONAL-SOCIAL**  
*Be sure to try each activity with your child.*

1. Does your child use a spoon to feed herself with little spilling?  
   ![ ] [ ] [ ]

2. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn?  
   ![ ] [ ] [ ]

3. When she is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or her own name?  
   ![ ] [ ] [ ]

4. Can your child put on a coat, jacket, or shirt by himself?  
   ![ ] [ ] [ ]

5. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?  
   ![ ] [ ] [ ]

6. Does your child take turns by waiting while another child or adult takes a turn?  
   ![ ] [ ] [ ]

**PERSONAL-SOCIAL TOTAL**

---

**OVERALL**  
*Parents and providers may use the space below or the back of this sheet for additional comments.*

1. Do you think your child hears well?  
   ![ ] [ ]
   If no, explain: ____________________

2. Do you think your child talks like other children her age?  
   ![ ] [ ]
   If no, explain: ____________________

3. Can you understand most of what your child says?  
   ![ ] [ ]
   If no, explain: ____________________

4. Do you think your child walks, runs, and climbs like other children his age?  
   ![ ] [ ]
   If no, explain: ____________________

5. Does either parent have a family history of childhood deafness or hearing impairment?  
   ![ ] [ ]
   If yes, explain: ____________________

6. Do you have any concerns about your child's vision?  
   ![ ] [ ]
   If yes, explain: ____________________

7. Has your child had any medical problems in the last several months?  
   ![ ] [ ]
   If yes, explain: ____________________

8. Does anything about your child worry you?  
   ![ ] [ ]
   If yes, explain: ____________________
36 Month/3 Year ASQ Information Summary

Child's name: ___________________________ Date of birth: ___________________________
Person filling out the ASQ: ___________________________ Relationship to child: ___________________________
Mailing address: ___________________________ City: ___________________________ State: ___________________________ ZIP: ___________________________
Telephone: ___________________________ Assisting in ASQ completion: ___________________________
Today’s date: ___________________________

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

1. Hears well? Comments: YES NO
2. Talks like other children? Comments: YES NO
3. Understand child? Comments: YES NO
4. Walks, runs, and climbs like others? Comments: YES NO
5. Family history of hearing impairment? Comments: YES NO
6. Vision concerns? Comments: YES NO
7. Recent medical problems? Comments: YES NO
8. Other concerns? Comments: YES NO

SCORING THE QUESTIONNAIRE

1. Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in The ASQ User's Guide.
2. Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
   YES = 10  SOMETIME = 5  NOT YET = 0
3. Add up the item scores for each area, and record these totals in the space provided for area totals.
4. Indicate the child’s total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

<table>
<thead>
<tr>
<th>Total</th>
<th>0</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
<th>30</th>
<th>35</th>
<th>40</th>
<th>45</th>
<th>50</th>
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</tbody>
</table>

Examine the blackened circles for each area in the chart above.

5. If the child’s total score falls within the area, the child appears to be doing well in this area at this time.
6. If the child’s total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

36 months/3 years

<table>
<thead>
<tr>
<th>Score</th>
<th>Communication</th>
<th>Gross motor</th>
<th>Fine motor</th>
<th>Problem solving</th>
<th>Personal-social</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38.7</td>
<td>35.7</td>
<td>30.7</td>
<td>38.6</td>
<td>38.7</td>
</tr>
</tbody>
</table>

Administering program or provider: ___________________________