

Ages and Stages Questionnaire (ASQ)

Child's Information

Name: _____ Age at Assessment: _____

Date of Birth: _____

Parent/Caregiver Information

Name: _____ Phone Number: _____

Relationship to Child: _____

Instructions:

Please answer the following questions about your child's development. Check the box that best describes what your child is able to do. If you are not sure, please leave the item blank. There are no right or wrong answers. Your honest answers will help us better understand your child's development.

Communication:

- | | |
|---|--|
| 1. Does your child babble, coo, or make sounds like "ahh" and "goo"? | ☐ Yes ☐ Sometimes ☐ No |
| 2. Does your child say words like "mama" or "dada"? | ☐ Yes ☐ Sometimes ☐ No |
| 3. Does your child use 2-word phrases, like "hi Mommy" or "more juice"? | ☐ Yes ☐ Sometimes ☐ No |
| 4. Does your child understand simple commands like "come here" or "give me the ball"? | ☐ Yes ☐ Sometimes ☐ No |

Gross Motor:

- | | |
|---|--|
| 1. Does your child crawl or creep on hands and knees? | ☐ Yes ☐ Sometimes ☐ No |
| 2. Does your child stand alone for a few seconds? | ☐ Yes ☐ Sometimes ☐ No |
| 3. Does your child walk alone? | ☐ Yes ☐ Sometimes ☐ No |
| 4. Does your child run without falling? | ☐ Yes ☐ Sometimes ☐ No |

Fine Motor:

- | | |
|---|--|
| 1. Does your child pick up small objects like Cheerios or raisins with fingers? | ☐ Yes ☐ Sometimes ☐ No |
| 2. Does your child hold a crayon or pencil and make marks on paper? | ☐ Yes ☐ Sometimes ☐ No |
| 3. Does your child use a spoon or fork to eat? | ☐ Yes ☐ Sometimes ☐ No |
| 4. Does your child dress and undress with help (e.g. pull off socks, put on a shirt)? | ☐ Yes ☐ Sometimes ☐ No |

Problem-Solving:

- | | | | |
|---|---------------------------|---------------------------------|--------------------------|
| 1. Does your child look for a toy that he or she sees you hide? | ☐ Yes | ☐ Sometimes | ☐ No |
| 2. Does your child point to or name pictures in a book? | ☐ Yes | ☐ Sometimes | ☐ No |
| 3. Does your child match objects or pictures that are alike? | ☐ Yes | ☐ Sometimes | ☐ No |
| 4. Does your child sort objects by shape or color? | ☐ Yes | ☐ Sometimes | ☐ No |

Personal-Social:

- | | | | |
|--|---------------------------|---------------------------------|--------------------------|
| 1. Does your child smile or laugh in response to things you say or do? | ☐ Yes | ☐ Sometimes | ☐ No |
| 2. Does your child like being around people and playing with others? | ☐ Yes | ☐ Sometimes | ☐ No |
| 3. Does your child show affection to familiar people? | ☐ Yes | ☐ Sometimes | ☐ No |
| 4. Does your child play games like peek-a-boo or pat-a-cake? | ☐ Yes | ☐ Sometimes | ☐ No |

Please return this form to your healthcare provider. If you have any questions or concerns, please do not hesitate to reach out to us.