Ages & Stages Questionnaires: A Parent-Completed, Child-Monitoring System By Diane Bricker, Jane Squires, and Linda Mounts with assistance from LaWanda Potter, Robert Nickel, and Jane Farrell Copyright © 1995 by Paul H. Brookes Publishing Co.

• <u>36 Month</u> • Questionnaire

Please fill out the following information.

Child's name:		<u></u>							:
Child's date of birth:		•	•	<u> </u>	···	·			•
Who is filling out this questi	onnaire?		·	· · ·	<u></u>	 :		<u>-</u>	
What is your relationship to	the child?			· .		·			•
Your telephone:	• •		. :						
Your mailing address:	•		:				· ·		
		· .	•		•		· .		
		•						<u>.</u>	· .
City:			•		•	zıp code:		· 	
State:	•			·				•	•
List people assisting in que	estionnaire co	ompletior	ı:					, .	
				· .					
Today's date:		•		·	•	<u></u> .			
Administering program or	provider:		· · ·						



		YES	SOMETIMES	NOTYET	
	COMMUNICATION Be sure to try each activity with your child.		• .	•	
	1. When you ask her to point to her nose, then her eyes, hair, feet, ears, turniny, and so forth, does your child point to at least seven body part correctly? (She can point to parts of herself, you, or a doll.)	s Q			
	Does your child make sentences that are three or four words long? Please give an example:	<u> </u>			
	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?	s 🖸	, <u> </u>	. 🗖	· · · · · · · · · · · · · · · · · · ·
	4. When looking at a picturebook, 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?"	° o		۵.	
	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 the child to move the zipper up. Do this several times, placing the zipper in the middle before asking the 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 firs and last name?	· -	_		· .
			COMMUNICA	TION TOTAL	· <u></u> .
	GROSS MOTOR Be sure to try each activity with your child.		•		·
		.•			
•	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?	٥		.	
	3. Does your child walk up stairs, using only one toot on each stair? The left foot on one step and the right foot 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.)		<u> </u>		_

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	ı	:	YES	SOMETIMES	NOTYET	
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		' ' :			•	•
G	ROSS MOTOR (continued)			÷		1 .
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	, , , ,					
, 4 .	. Does your child stand on one foot fo	or about 1 second		\Box :	\Box	
	without holding onto anything?	A	u	u	¥	
		-8 -		•		
		<u> </u>				:
			•	•	t	
.	While standing, does your child thro	nw a hall overhand by				
. J.	raising his arm to shoulder height a	and throwing the ball		•	-	
	forward? (Dropping the ball or throw	wing the ball underhand				-
	does not count.)	道計				
			-			and the second s
		(CS)		.i		•
	The same of the sa		.•			
6.	Does your child jump forward at least	st 6 inches with both	<u> </u>		<u> </u>	
	feet leaving the ground at the same	time?	L	∥ ⊔	u	
		43		anase vo	TOO TOTAL	·
		<u> </u>		GROSS MOT	10H 10 m	
	all Market Commence of the Com	——————————————————————————————————————			•	
				.:		•
FI	INE MOTOR Be sure to try ea	ach activity with your child.	•	•		
		*.			· .	
		Count as 'yes'	.•	•		-
	Alleger of the control of the contro	. •		r.'	•	
1.	After she watches you draw a line from	rom the top of		•		
	the paper to the bottom with a penci pen, ask your child to make a line lik	il, crayon, or	•			
	not let your child trace your line. Doe	se your child	_	•		•
	copy you by drawing a single line in	a vertical Count as 'not yet"			_	
	direction?	160		· 🗖		
		-/ X	-	-	•	
		レイ				
• • •				•	•	: 1
•				•	•	•
2.	Does your child thread a shoelace e	either through a			П	•
	bead or an eyelet of a shoe?		_	-	. •	
• •		~~~~		•		
				•		•
•	••	Count as "yes"	. • •	•		
3.	After he watches you draw a single of	circle, O V			•	
	ask your child to make a circle like yo	yours.				
	Do not let her trace your circle. Does	Count as "not yet"			. 🗖	· ·
	child copy you by drawing a circle?	-2 2	u	u	-	
		C SH COLD				
		(W W)			•	
		•				
			•	•		
4	After she watches you draw a line	Count as "yes"		•		
⊸.	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	Count as "not yet"		•		
	copy you by drawing a single line			Ŀ	\Box	
	in a horizontal direction?	\Rightarrow /))	Ч	J	_	
		• •				i

	Y	'ES	SOMETIMES	NOT YET	•
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.)		.			
6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?		a	☐ FINE M	OTOR TOTAL	-
PROBLEM SOLVING Be sure to try each activity	ly with your child.	•			
While your child watches, line up four objects like blocks or cars in a row. Does your child copy you or imitate and line up four objects in				-	
a row? (You can also use spools of thread, small boxes, or other toys.)	- Alkinklin	a .			
If your child wants something he cannot reach, does h something like a chair or box to stand on to reach it?	ne go and find (Q		Ο,	
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:	****	a	٥	a	•
4. When you say, "Say seven three," does your child rependent of the correct order? Do not repeat the number another pair of numbers and say, "Say eight two." You repeat just one series of two numbers for you to answer.	pers. If necessary, our child must				
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?			۵	۵	<u></u>
6. When you say, "Say five eight three," does your child rethree numbers in the correct order? Do not repeat the If necessary, try another series of numbers and say, "Stwo." Your child must repeat just one series of three numbers.	se numbers. Say six nine	0	.	· *	
to answer "yes" to this question.	. (u ~	DORLEM SOL		
		۲	ROBLEM SOL	VIING TOTAL	

YES SOMETI	IMES NOTY	ΞT _.
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?	۵	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
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?	٥	
4. Can your child put on a coat, jacket, or shirt by himself?	۵	
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?	, <u> </u>	
PERSON	AL-SOCIAL TO	OTAL
		•
OVERALL Parents and providers may use the back of this sheet for additional commen	•	
1. Do you think your child hears well?	YES C] ио 🗆
If no, explain:	 	a no 🗆
Do you think your child talks like other children her age? If no, explain:	YES C	a NOM
If no, explain:	 Yes [NO 🗆
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?	YES C] ио []
If no, explain:		•
5. Does either parent have any family history of childhood deafness or hearing impairment?	YES [] ио 🗆
If yes, explain:		·
6. Has your child had any medical problems in the last several months?	YES] NO 🗆
If yes, explain:		
7. Does anything about your child worry you?	YES C] NO []
If yes, explain:		
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36 Month ASQ Information Summary

Thick's name: Date of bitht: Relationship to child: ZiP; State: ZiP; Relationship to child: ZiP; ZiP; Relationship to child: ZiP; ZiP	hild's name:		<u> </u>						•	
Assisting in ASO completion: ideprivate: INVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any pare continents. Hears wel? Comments: Tables like other children? Comments: Understand child? YES NO S. Family history of hearing impairment? YES Comments: Understand child? YES NO Comments: Understand child? YES NO Total of Sold Enthers? YES NO Total of Sold Enthers of the question cannot be answered, refer to the ratio scoring procedure in The ASO Use Children and Children a					Rela	ationship to c	hild:			•
Assisting in Assistant in Assi					City	:	State:	Z	P	-
Today's date:	elephone:					isting in ASQ	combienou:			٠.
DVERALL2. Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any pare comments. 1. Hears well? 2. Talks like other children? 2. Talks like other children? 3. Understand child? 3. Understand child? 4. Wells, runs, and climbs like others? 4. Wells, runs, and climbs like others? 5. Family history of hearing impalment? 7. Comments: 9. Tother concerns? Comments: 4. Wells, runs, and climbs like others? 5. Family history of hearing impalment? 7. Comments: 9. Understand child? 7. Other concerns? Comments: 9. Wells, runs, and climbs like others? 9. Soore each item on the questionnaire by writing the appropriate number on the line by each item answer. 9. Soore each item on the questionnaire by writing the appropriate number on the line by each item answer. 9. Soore each item on the questionnaire by writing the appropriate or the line by each item answer. 9. Soore each item on the questionnaire by writing the appropriate or the line by each item answer. 9. Soore each item on the questionnaire by writing the appropriate or the line by each item answer. 9. Soore each item on the questionnaire by writing the appropriate or the line by each item answer. 9. Soore each item on the questionnaire by writing the appropriate or the line by each item answer. 9. Soore each item on the questionnaire by writing the appropriate or the line by each item answer. 9. Soore line the blackense or each area and record these totals in the space provided for area totals. 1. If the child's total score falls within the Climbs appropriate or the chart below. For example, if the total score for each area in the first tow. 1. The child's total score falls within the Climbs appropriate or the chart below. For example, if the total score falls within the Climbs appropriate or the chart below. For example, if the total score falls within the Climbs appropriate or the chart below. For example, if the total score falls within the Climbs appropriate or the chart below	oday's date:									
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Hears well? Comments: Comments: Talks like other children? Comments: YES NO S. Recent medical problems? YES Comments: YES NO T. Other concerns? Comments: YES NO T. Other concerns? YES NO Tother concerns? YES NO TOTHE QUESTIONNAIRE 1. Be suring each question has been answered. If a question cannot be answered, refer to the ratio scoring procedure in The ASO Let Guide. YES = 10 SOMETIMES = 5 NOTYET = 0 YES = 10 YES = 1	VERALL: Please tran	nster the answers	in the Overall	section or me						
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