O3 Ages & Stages Questionnaires®

3 months 0 days through 4 months 30 days Month Questionnaire

Please provide the following information. Use black or blue ink only and print

legibly when completing this form. Date ASQ completed: м м р Б Baby's information Middle initial: Baby's first name: Baby's last name: Baby's date of birth: If baby was born Baby's gender. 3 or more weeks () Male Female prematurely, # of weeks premature: D Person filling out questionnaire Middle initial: First name: Last name: Street address Relationship to baby: Child care provider) Parent Ouardian 🔵 Teacher Grandparent or other relative Foster parent City: State/Province: ZIP/Postal code: Country: Home telephone number: Other telephone number: E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION Baby ID #: Age at administration, in months and days: Ď м Program ID #: If premature, adjusted age, in months and days: М М D Program name:

i	Buse could be a lineaged the mean Hill	
,		l
ij		
ij	18 is 1 bill to so response unus a company in	

4 Month Questionnaire

film numation decide and builder for the form and believed the contract of the

3 months 0 days through 4 months 30 days

On the following pages are questions about activities bables 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.

	Important Points to Remember:	Notes:				
	☑ Try each activity with your baby before marking a respo	onse.				
	Make completing this questionnaire a game that is fun you and your baby.	for				
					<u> </u>	
	선 Please return this questionnaire by					<i>)</i>
C	OMMUNICATION		YES	SOMETIMES	NÖT YET	
1.	Does your baby chuckle softly?		\circ	\circ	\circ	
2.	After you have been out of sight, does your baby smile or when he sees you?	get excited	0	0	0	_
3.	Does your baby stop crying when she hears a voice other	than yours?	\circ	\circ	\circ	
4.	Does your baby make high-pitched squeals?		\circ	0	0	
5.	Does your baby laugh?		\circ	0	0	
6.	Does your baby make sounds when looking at toys or peo	ople?	\circ	0	0	
			c	COMMUNICATION TOTAL		
G	ROSS MOTOR		YES	SOMETIMES	NOT YET	
1.	While your baby is on his back, does he move his head fro side?	m side to	0	0	0	
2.	After holding her head up while on her tummy, does your head back down on the floor, rather than let it drop or fall		0	0	0	
3.	When your baby is on his tummy, does he hold his head up so that his chin is about 3 inches from the floor for at least 15 seconds?		0	0	0	
4.	When your baby is on her tummy, does she hold her head straight up, looking around? (She can rest on her arms while doing this.)		0	0	0	_

<u>ASQ3</u>			4 Month Questionnaire		page 3 of 5
G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	<u>. </u>
5.	When you hold him in a sitting position, does your baby hold his head steady?	0	0	0	
6.	While your baby is on her back, does your baby bring her hands together over her chest, touching her fingers?	0	0	0	
		·	GROSS MOTO	OR TOTAL	
F	INE MOTOR	YES	SOMETIMES	N O T 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	
2.	When you put a toy in her hand, does your baby wave it about, at least briefly?	0	0	0	
3.	Does your baby grab or scratch at his clothes?	\circ	0	0	
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?	0	0	0.	_
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?	0	0	0	
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	_
			FINE MOTOR TOTAL		
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 tuming his head?	0	0	0	
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	0	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	_
4.	When you put a toy in her hand, does your baby look at it?	0	0	0	
5.	When you put a toy in his hand, does your baby put the toy in his mouth?	0	\circ	0	

PROBLEM SOLVING (continued) VES SOMETIMES NOT YET When you dangle a toy above your baby while she is lying on her back, does your baby wave her arms toward the toy? PROBLEM SOLVING TOTAL PERSONAL-SOCIAL 1. Does your baby watch his hands? 2. When your baby has her hands together, does she play with her fingers? 3. When your baby sees the breast or bottle, does he seem to know he is about to be fed? 4. Does your baby help hold the bottle with both hands at once, or when mursing, does she hold the breast with her free hand? 5. Before you smile or talk to your baby, does he smile when he sees you nearby? 6. When in front of a large mirror, does your baby smile or coo at herself? PERSONAL-SOCIAL TOTAL OVERALL Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally weil? If no, explain:	<u>«ASQ3</u>		4 Month Que	stionnaire	page 4 of 5
is lying on her back, does your baby wave her arms toward the toy? PERSONAL-SOCIAL YES SOMETIMES NOT YET 1. Does your baby watch his hands? 2. When your baby has her hands together, does she play with her fingers? 3. When your baby sees the breast or bottle, does he seem to know he is about to be fed? 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? 5. Before you smile or talk to your baby, does he smile when he sees you nearby? 6. When in front of a large mirror, does your baby smile or coo at herself? PERSONAL-SOCIAL TOTAL OVERALL Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally well? If no,	PROBLEM SOLVING (continued)	YE\$	SOMETIMES	NOT YET	
PERSONAL-SOCIAL YES SOMETIMES NOT YET 1. Does your baby watch his hands? 2. When your baby has her hands together, does she play with her fingers? 3. When your baby sees the breast or bottle, does he seem to know he is about to be fed? 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? 5. Before you smile or talk to your baby, does he smile when he sees you nearby? 6. When in front of a large mirror, does your baby smile or coo at herself? PERSONAL-SOCIAL TOTAL OVERALL Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally well? If no,	is lying on her back, does your baby wave her arms	0	0	0	
1. Does your baby watch his hands? 2. When your baby has her hands together, does she play with her fingers? 3. When your baby sees the breast or bottle, does he seem to know he is about to be fed? 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? 5. Before you smile or talk to your baby, does he smile when he sees you nearby? 6. When in front of a large mirror, does your baby smile or coo at herself? PERSONAL-SOCIAL TOTAL OVERALL Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally well? If no,		P	ROBLEM SOLVIN	NG TOTAL	
2. When your baby has her hands together, does she play with her fingers? 3. When your baby sees the breast or bottle, does he seem to know he is about to be fed? 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? 5. Before you smile or talk to your baby, does he smile when he sees you nearby? 6. When in front of a large mirror, does your baby smile or coo at herseif? PERSONAL-SOCIAL TOTAL OVERALL Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally weil? If no,	PERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	•
fingers? 3. When your baby sees the breast or bottle, does he seem to know he is about to be fed? 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? 5. Before you smile or talk to your baby, does he smile when he sees you nearby? 6. When in front of a large mirror, does your baby smile or coo at herself? PERSONAL-SOCIAL TOTAL OVERALL Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally well? If no,	1. Does your baby watch his hands?	0	0		_
about to be fed? 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? 5. Before you smile or talk to your baby, does he smile when he sees you nearby? 6. When in front of a large mirror, does your baby smile or coo at herself? PERSONAL-SOCIAL TOTAL OVERALL Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally well? If no,	2. When your baby has her hands together, does she play with her fingers?	0	0	0	
nursing, does she hold the breast with her free hand? 5. Before you smile or talk to your baby, does he smile when he sees you nearby? 6. When in front of a large mirror, does your baby smile or coo at herself? PERSONAL-SOCIAL TOTAL OVERALL Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally well? If no,	3. When your baby sees the breast or bottle, does he seem to know he is about to be fed?	0	· 🔾	0	_
nearby? 6. When in front of a large mirror, does your baby smile or coo at herself? PERSONAL-SOCIAL TOTAL OVERALL Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally well? If no,	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?	0	0	0	
PERSONAL-SOCIAL TOTAL OVERALL Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally well? If no,	5. Before you smile or talk to your baby, does he smile when he sees you nearby?	Ö	\circ	0	<u></u> -
PERSONAL-SOCIAL TOTAL OVERALL Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally well? If no,	6. When in front of a large mirror, does your baby smile or coo at herself?	0	0	0	
Parents and providers may use the space below for additional comments. 1. Does your baby use both hands and both legs equally well? If no,		P	ERSONAL-SOCI	AL TOTAL	
1. Does your baby use both hands and both legs equally well? If no,	OVERALL				
1. Does your baby use both hands and both legs equally well? If no, explain:	Parents and providers may use the space below for additional comments.			•	
	 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:	of the time? If no, explain:		O YES	O NO	
				<u>. </u>	
		•			

ASQ3		4 Month Questionnaire page 5 of 5		
C	VERALL (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	O NO	
/				
5.	Do you have concerns about your baby's vision? If yes, explain:	O YES	O NO .	
		'		
6.	Has your baby had any medical problems in the last several months? If yes, explain:	○ YES	О NO	
		<u> </u>		
7.	Do you have any concerns about your baby's behavior? If yes, explain:	○ YES	O NO	
		·		
			J	
8.	Does anything about your baby worry you? If yes, explain:	YES	О мо	