Child's name: __________________________________________________________

Child’s date of birth: ___________________________  Boy  □  Girl  □

Date ASQ-3 completed by parent/caregiver: ________________________________________________________________

Date of review with health professional: ________________________________________________________________

Child’s home address: ____________________________________________________________

__________________________________________

Town: ________________________________________  Postcode: __________________________

Person completing the questionnaire: ________________________________________________________________

Relationship to child: ________________________________________________________________

Home tel: ____________________________  Mobile no: __________________________

Email address: ________________________________________________________________

All children develop at different rates and in different ways. Please do not worry if your child is not doing all or any of the activities mentioned in the questionnaire. It is not a test. The activities are simply one way of understanding how your child is progressing.

Possible answers:

Yes = your child does this activity (or has done it and has now progressed, e.g., crawling, but is now walking)

Sometimes = your child is just beginning to do this activity (but does not do it regularly)

Not Yet = your child has not yet started doing this

Please leave blank any activities your child has not been able to try with you.
On the following pages are questions about activities children may 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 fill in the circle that indicates whether your child is doing the activity regularly (yes), sometimes, or not yet.

**Important Points to Remember:**
- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is not tired or hungry.
- Please bring this questionnaire with you to your child’s health and development review.

**Notes:**

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark “yes” for the item.

**COMMUNICATION**

1. Without showing him, does your child point to the correct picture when you say, “Show me the cat,” or ask, “Where is the dog?” *(She needs to identify only one picture correctly.)*

2. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as “Mama eat,” “Daddy play,” “Go home,” or “What’s this?” Does your child say both words back to you? *(Mark “yes” even if her words are difficult to understand.)*

3. Without giving him clues by pointing or using gestures, can your child carry out at least three of these kinds of directions?

   a. “Put the toy on the table.”
   b. “Close the door.”
   c. “Bring me a towel.”
   d. “Find your coat.”
   e. “Take my hand.”
   f. “Get your book.”

4. If you point to a picture of a ball (cat, cup, hat, etc.) and ask your child, “What is this?” does your child correctly name at least one picture?

5. Does your child say two or three words that represent different ideas together, such as “See dog,” “Mummy come home,” or “Cat gone”? *(Don’t count word combinations that express one idea, such as “bye-bye,” “all gone,” “all right,” or “What’s that?”)* Please give an example of your child’s word combinations:
COMMUNICATION (continued)

6. Does your child correctly use at least two words like “me,” “I,” “mine,” and “you”?

GROSS MOTOR

1. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the handrail or wall. (You can look for this in a shop, in a playground, or at home.)

2. When you show your child how to kick a large ball, does he try to kick the ball either by moving his leg forward or by walking into it? (If your child already kicks a ball, mark “yes” for this item.)

3. Does your child walk either up or down at least two steps by herself? She may hold onto the handrail or wall.

4. Does your child run fairly well, stopping herself without bumping into things or falling over?

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

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

COMMUNICATION TOTAL

GROSS MOTOR TOTAL

* If Gross Motor Item 6 is marked “yes” or “sometimes,” mark Gross Motor Item 2 “yes.”
FINE MOTOR

1. Does your child get a spoon into his mouth right side up so that the food usually doesn’t spill? ○ ○ ○ □

2. Does your child turn the pages of a book by herself? (She may turn more than one page at a time.) ○ ○ ○ □

3. Does your child use a turning motion with his hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars? ○ ○ ○ □

4. Does your child flip switches off and on? ○ ○ ○ □

5. Does your child stack seven small blocks or toys on top of each other by herself? (You could also use cotton reels, small boxes, or toys that are about 1 inch in size.) ○ ○ ○ □

6. Can your child string small items such as pasta or beads onto a string or shoelace? (Carefully watch your child’s use of beads and strings for safety reasons.) ○ ○ ○ □

PROBLEM SOLVING

1. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in any direction? (Mark “not yet” if your child scribbles back and forth.) ○ ○ ○ □

2. After a raisin is dropped into a clear plastic bottle, does your child turn the bottle upside down to tip out the raisin? (Do not show him how.) (You can use a small water bottle or baby bottle.) ○ ○ ○ □

3. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or a small toy to stir food? ○ ○ ○ □

4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen? ○ ○ ○ □

5. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it (for example, to reach a toy on a table or worktop or to “help” you in the kitchen)? ○ ○ ○ □
PROBLEM SOLVING  
(continued)
6. 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 cotton reels, small boxes, or other toys.)

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<tr>
<th>YES</th>
<th>SOMETIMES</th>
<th>NOT YET</th>
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PROBLEM SOLVING TOTAL

PERSONAL-SOCIAL

1. Does your child drink from a cup or glass, putting it down again with little spilling?

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<th>YES</th>
<th>SOMETIMES</th>
<th>NOT YET</th>
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2. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?

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<th>YES</th>
<th>SOMETIMES</th>
<th>NOT YET</th>
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3. Does your child eat with a knife/spoon and fork?

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<th>YES</th>
<th>SOMETIMES</th>
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5. When playing with either a soft toy or a doll, does your child cuddle it, pretend to feed it, put it to bed, etc.?

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<tr>
<th>YES</th>
<th>SOMETIMES</th>
<th>NOT YET</th>
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6. Does your child push a little truck, doll’s buggy, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?

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<th>YES</th>
<th>SOMETIMES</th>
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7. Does your child call herself “I” or “me” more often than her own name? For example, “I do it,” more often than “Emily do it.”

<table>
<thead>
<tr>
<th>YES</th>
<th>SOMETIMES</th>
<th>NOT YET</th>
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PERSONAL-SOCIAL TOTAL

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

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<th>YES</th>
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2. Do you think your child talks like other toddlers her age? If no, explain:

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<thead>
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<th>YES</th>
<th>NO</th>
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OVERALL  (continued)

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

4. Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:  
   [ ] YES  [ ] NO

5. Does either parent have a family history of childhood deafness or hearing problems? If yes, explain:  
   [ ] YES  [ ] NO

6. Do you have concerns about your child’s eyesight? If yes, explain:  
   [ ] YES  [ ] NO

7. Has your child had any medical or health-related problems in the last few months?  
   If yes, explain:  
   [ ] YES  [ ] NO
OVERALL  (continued)

8. Do you have any concerns about your child's behaviour? If yes, explain:  

   [ ] YES  [ ] NO

9. Does anything about your child worry you? If yes, explain:  

   [ ] YES  [ ] NO