



2 Month ASQ-3 Information Summary 1 month 0 days to 2 months 30 days (inclusive)

Baby's name: _____ Date ASQ completed: _____

Health professional: _____ Date of birth: _____

Was age adjusted for prematurity when selecting questionnaire? Yes No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). See ASQ-3 *User's Guide* for details, including how to adjust scores if item responses are missing and the activity is untried. Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	22.77		●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	41.84		●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	30.16		●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	24.62		●	●	●	●	●	●	●	●	●	●	●	●	●
Personal-Social	33.71		●	●	●	●	●	●	●	●	●	●	●	●	●

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 *User's Guide*, Chapter 6.

- | | |
|--|---|
| <p>1. Passed newborn hearing screening test? Yes NO
Comments: _____</p> <p>2. Moves both hands and both legs equally well? Yes NO
Comments: _____</p> <p>3. Family history of hearing problems? YES No
Comments: _____</p> | <p>4. Any medical/health problems? YES No
Comments: _____</p> <p>5. Concerns about behaviour? YES No
Comments: _____</p> <p>6. Other concerns? YES No
Comments: _____</p> |
|--|---|

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practise skills, to determine appropriate follow-up.

If the baby's total score is in the area, it is above the cutoff, and the baby's development appears to be on schedule.
 If the baby's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
 If the baby's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Tick all that apply.

- _____ Provide activities and review in _____ months.
- _____ Share results with primary health care provider.
- _____ Refer for (circle all that apply) hearing, eyesight, speech and language, and/or behavioural screening.
- _____ Refer to primary health care provider or other community provider (specify reason): _____
- _____ Refer to early intervention/early childhood special education.
- _____ No further action taken at this time.
- _____ Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						