

Ages & Stages Questionnaire (ASQ-3) - KDHE

Which Child was involved (Client Name):

Date of Activity: ____/____/____

Child's age (in months) at time of measurement:

Which Caregiver was involved:

If someone other than a caregiver completed the screen, please list their name:

Relationship to child: _____

ASQ-3 Screening Month: (select one)

- 2
- 4
- 6
- 8
- 9
- 10
- 12
- 14
- 16
- 18
- 20
- 22
- 24
- 27
- 30
- 33
- 36
- 42
- 48
- 54
- 60

SCORING INFORMATION

Communication area score: _____

Gross motor area score: _____

Fine motor area score: _____

Problem-solving area score: _____

Personal-social area score: _____