

SCREENING INFORMATION

*Date of Activity: ____/____/____

*Child's name: _____

*Child's age at time of measurement? (In months): ____

*Caregiver's name: _____

*If completed by someone other than the caregiver,
please list 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: _____