

## 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:** \_\_\_\_\_