

ASQ Answer Sheet



Name of Center		Observation Date
Name of Child	Date of Birth	ASQ Level
Person Completing Screening	Relationship to Child	Others That Helped Complete Screening

SCREENING RESULTS

Circle responses below and add comments when applicable.

COMMUNICATION			
Question	Yes	Sometimes	No
1.	Y	S	N
2.	Y	S	N
3.	Y	S	N
4.	Y	S	N
5.	Y	S	N
6.	Y	S	N

GROSS MOTOR			
Question	Yes	Sometimes	No
1.	Y	S	N
2.	Y	S	N
3.	Y	S	N
4.	Y	S	N
5.	Y	S	N
6.	Y	S	N

FINE MOTOR			
Question	Yes	Sometimes	No
1.	Y	S	N
2.	Y	S	N
3.	Y	S	N
4.	Y	S	N
5.	Y	S	N
6.	Y	S	N

PROBLEM SOLVING			
Question	Yes	Sometimes	No
1.	Y	S	N
2.	Y	S	N
3.	Y	S	N
4.	Y	S	N
5.	Y	S	N
6.	Y	S	N

PERSONAL-SOCIAL			
Question	Yes	Sometimes	No
1.	Y	S	N
2.	Y	S	N
3.	Y	S	N
4.	Y	S	N
5.	Y	S	N
6.	Y	S	N

OVERALL			
Question	Yes	No	Unknown
1.	Y	N	Unknown
2.	Y	N	Unknown
3.	Y	N	Unknown
4.	Y	N	Unknown
5.	Y	N	Unknown
6.	Y	N	Unknown
7.	Y	N	Unknown
8.	Y	N	Unknown
9.	Y	N	Unknown
10.	Y	N	Unknown

COMMENTS: