

3. ¿Tiene algún familiar con historia de sordera o cualquier otro impedimento auditivo? Si contesta "sí", explique: Sí No
4. ¿Ha tenido su bebé problemas de salud? Si contesta "sí", explique: Sí No
5. ¿Tiene alguna preocupación sobre el comportamiento de su bebé (por ejemplo en relación al comer o al dormir)? Si contesta "sí", explique Sí No
6. ¿Le preocupa algún aspecto del desarrollo de su bebé? Si contesta "sí", explique: Sí No

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2 Month Questionnaire
1 month 0 days through 2 months 30 days

Baby's name: _____ **Date ASQ completed:** _____
Baby's ID #: _____ **Date of birth:** _____
Administering program/provider: _____ **Was age adjusted for prematurity when selecting questionnaire?** Yes No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 *User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). 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.

<u>Area</u>	<u>Total Score</u>	
Communication:		<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 40 <input type="checkbox"/> 45 <input type="checkbox"/> 50 <input type="checkbox"/> 55 <input type="checkbox"/> 60
Gross Motor:		<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 40 <input type="checkbox"/> 45 <input type="checkbox"/> 50 <input type="checkbox"/> 55 <input type="checkbox"/> 60
Fine Motor:		<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 40 <input type="checkbox"/> 45 <input type="checkbox"/> 50 <input type="checkbox"/> 55 <input type="checkbox"/> 60
Problem Solving:		<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 40 <input type="checkbox"/> 45 <input type="checkbox"/> 50 <input type="checkbox"/> 55 <input type="checkbox"/> 60
Personal-Social:		<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 <input type="checkbox"/> 40 <input type="checkbox"/> 45 <input type="checkbox"/> 50 <input type="checkbox"/> 55 <input type="checkbox"/> 60

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

- | | | |
|---|--|------------------|
| 1. Passed newborn hearing screening test? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments: |
| 2. Moves both hands and both legs equally well? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments: |
| 3. Family history of hearing impairment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments: |
| 4. Any medical problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments: |
| 5. Concerns about behavior? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments: |
| 6. Other concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Comments: |

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

- If the baby's total score is in the [XXX] 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 [XXX] area, it is close to the cutoff. Provide learning activities and monitor.
- If the baby's total score is in the [XXX] area, it is below the cutoff. Further assessment with a professional may be needed.

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