

PEDIATRIC ASSOCIATES OF BARRINGTON, S.C. -Developmental Questionnaires

-Adapted from Ages & Stages Questionnaires

Parents: For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

60 Month Questionnaire

	Yes	Sometimes	Not Yet	
Communication				
1. Does your child use four-and five-word sentences? For example, does your child say, "I want the car?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. When talking about something that already happened, does your child use words that end in -ed, -s such as walked, jumped, or played? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Does your child use comparison words, such as heavier, stronger, or shorter? Ask your child questions, such as "A car is big, but a bus is _____" (bigger); "A cat is heavy, but a man is _____" (heavier); "A TV is small, but a book is _____" (smaller).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Communication Total	_____
Gross Motor				
1. Does your child catch a large ball with both hands? You should stand about 5 feet away and give your child two or three tries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does your child walk on his tiptoes for 15 feet (about the length of a car)? You may show her how to do this.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Does your child skip using alternating feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Gross Motor Total	_____
Fine Motor				
1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? Mark "sometimes" if your child goes off the line three times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<hr style="border: 1px solid black; width: 300px; margin-left: 0;"/>				
2. Using child-safe scissors, can your child cut on a straight line?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Can your child print his first name. The letters may be large, backward, or reversed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Fine Motor Total	_____
Problem Solving				
1. When shown an object and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? Answer "yes" only if your child answers the question correctly using five colors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Does your child know the names of numbers? Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 1 2				
			Problem Solving Total	_____
Personal-Social				
1. Does your child dress and undress herself, including buttoning medium-sized buttons and zipping front zippers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does your child use the toilet by himself? (He goes to the bathroom, sits on the toilet, wipes, and flushes.) Mark "yes" even if he does this after you remind him.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Does your child usually take turns and share with other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Personal-Social Total	_____

Child's Name _____ D.O.B. _____ Today's Date _____

Person filling out the ASQ _____ Relationship to child _____

PEDIATRIC ASSOCIATES OF BARRINGTON, S.C. -Developmental Questionnaires
-Adapted from Ages & Stages Questionnaires