

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.

48 Month Questionnaire

	Yes	Sometimes	Not Yet	
Communication				
1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like, "Cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like, "Cow, dog, and elephant"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does your child use endings of words, such as "s," "ed," and "ing"? For Example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down."	<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 climb the rungs of a ladder of a playground slide and slide down without help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Does your child hop up and down on either the right or left foot at least one time without losing his balance or falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Gross Motor Total			_____
Fine Motor				
1. Does your child put together a six-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does your child unbutton one or more buttons? Your child may use his own clothing or a doll's clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?	<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 dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. If you place five objects in front of your child, can he count them saying, "One two, three, four, five," in order? Ask this question without providing help by pointing, gesturing, or naming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Problem Solving Total			_____
Personal-Social				
1. Does your child tell you at least four of the following: first name, last name, age, boy or girl, city she lives in, telephone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all her teeth without help? You may still need to check and rebrush your child's teeth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?	<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 _____

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