Ages & Stages Questionnaires®	
^{3 months 0} days through 4 months 30 days Month Questionnaire	A Marine
Please provide the following information. Use black or blue ink only and print legibly when completing this form.	
Date ASQ completed: M M D D Y Y Y Y	
Baby's information	
Baby's first name: initial:	Baby's last name:
Baby's date of birth: If baby was born	Baby's gender:
3 or more weeks prematurely, # of	Male Female
M M D D Y Y Y Y	
Person filling out questionnaire	
First name: initial:	Last name:
Street address:	Relationship to baby:
	Parent Guardian Teacher Child care provider
	Grandparent Foster or other parent Other:
City:	State/Province: ZIP/Postal code:
Country: Home teleph	one number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
PROGRAM INF	ORMATION
Baby ID #:	
	ge at administration, in months and days:
Program ID #:	
	premature, adjusted age, in months and days:
Program name:	M M D D

Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires & Bricker © 2009 Paul H. Brookes Publishing Co. All rights reserved.



4 Month Questionnaire

YES

SOMETIMES

3 months 0 days through 4 months 30 days

NOT YET

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:		Notes:
J	Try each activity with your baby before marking a response.	
J	Make completing this questionnaire a game that is fun for you and your baby.	
≤	Make sure your baby is rested and fed.	
J	Please return this questionnaire by	

COMMUNICATION

1.	Does your baby chuckle softly?	\bigcirc	\bigcirc	\bigcirc	
2.	After you have been out of sight, does your baby smile or get excited when he sees you?	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby stop crying when she hears a voice other than yours?	\bigcirc	\bigcirc	\bigcirc	
4.	Does your baby make high-pitched squeals?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby laugh?	\bigcirc	\bigcirc	\bigcirc	
6.	Does your baby make sounds when looking at toys or people?	\bigcirc	\bigcirc	\bigcirc	
		C	COMMUNICATIC	ON TOTAL	
G	ROSS MOTOR	YES	SOMETIMES	NOT YET	
1.	While your baby is on his back, does he move his head from side to side?	\bigcirc	\bigcirc	\bigcirc	
2.	After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward?	\bigcirc	\bigcirc	\bigcirc	
3.	When your baby is on his tummy, does he hold his head up so that his chin is about 3 inches from the floor for at least 15 seconds?	\bigcirc	\bigcirc	\bigcirc	
4.	When your baby is on her tummy, does she hold her head straight up, looking around? (She can rest on her arms while doing this.)	\bigcirc	\bigcirc	\bigcirc	

	LASQ3		4 Month Que	stionnaire	page 3 of 5
G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	
5.	When you hold him in a sitting position, does your baby hold his head steady?	\bigcirc	\bigcirc	\bigcirc	
6.	While your baby is on her back, does your baby bring her hands together over her chest, touching her fingers?	\bigcirc	\bigcirc	\bigcirc	
			GROSS MOT	OR TOTAL	
F	INE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)?	\bigcirc	\bigcirc	\bigcirc	
2.	When you put a toy in her hand, does your baby wave it about, at least briefly?	\bigcirc	\bigcirc	\bigcirc	
3.	Does your baby grab or scratch at his clothes?	\bigcirc	\bigcirc	\bigcirc	
4.	When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about, or trying to chew it?	\bigcirc	\bigcirc	\bigcirc	
5.	Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position or when he is on his tummy?	\bigcirc	\bigcirc	\bigcirc	
6.	When you hold your baby in a sitting position, does she reach for a toy on a table close by, even though her hand may not touch it?	\bigcirc	\bigcirc	\bigcirc	
			FINE MOTOR TOTAL		
Ρ	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	When you move a toy slowly from side to side in front of your baby's face (about 10 inches away), does your baby follow the toy with his eyes, sometimes turning his head?	\bigcirc	\bigcirc	\bigcirc	
2.	When you move a small toy up and down slowly in front of your baby's face (about 10 inches away), does your baby follow the toy with her eyes?	\bigcirc	\bigcirc	\bigcirc	
3.	When you hold your baby in a sitting position, does he look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of him?	\bigcirc	\bigcirc	\bigcirc	
4.	When you put a toy in her hand, does your baby look at it?	\bigcirc	\bigcirc	\bigcirc	
5.	When you put a toy in his hand, does your baby put the toy in his mouth?	\bigcirc	\bigcirc	\bigcirc	

PI	ROBLEM SOLVING (continued)	YES	SOMETIMES	NOT YET	
6.	When you dangle a toy above your baby while she is lying on her back, does your baby wave her arms toward the toy?	\bigcirc	\bigcirc	\bigcirc	
	toward the toy?		PROBLEM SOLVING	TOTAL	
PI	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	Does your baby watch his hands?	\bigcirc	\bigcirc	\bigcirc	
2.	When your baby has her hands together, does she play with her fingers?	\bigcirc	\bigcirc	\bigcirc	
3.	When your baby sees the breast or bottle, does he seem to know he is about to be fed?	\bigcirc	\bigcirc	\bigcirc	
4.	Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with her free hand?	\bigcirc	\bigcirc	\bigcirc	
5.	Before you smile or talk to your baby, does he smile when he sees you nearby?	\bigcirc	\bigcirc	\bigcirc	
6.	When in front of a large mirror, does your baby smile or coo at herself?	\bigcirc	\bigcirc	\bigcirc	
			PERSONAL-SOCIAL	TOTAL	
0	VERALL				
Par	ents and providers may use the space below for additional comments.				
1.	Does your baby use both hands and both legs equally well? If no, explain:		⊖ yes	O NO	
$\left(\right)$					
2.	When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:		⊖ yes	O NO	
$\left(\right)$					

ASQ3	4 Month Questionnai	
OVERALL (continued)		
3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:	⊖ yes	O NO
 Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: 	O yes	0 NO
5. Do you have concerns about your baby's vision? If yes, explain:	⊖ yes	O NO
 Has your baby had any medical problems in the last several months? If yes, explain:) yes	O NO
7. Do you have any concerns about your baby's behavior? If yes, explain:	⊖ yes	O NO
8. Does anything about your baby worry you? If yes, explain:	O yes	O NO