

ASQ-3™ Information Summary - Extended Report

ID Number:	233343	DOB:	07/03/2010
Child's Name:	Amy Sampson	Weeks Premature:	4
Completed by:	Matt Sampson	Modified Age:	8 Months
Relation to Child:	Father	Date Tested:	4/12/2011 11:06:57 AM
Telephone:	9322321010	Program/Provider:	Dr. Janseen

Results

Area	Child's Score	Cutoff Score	Score Interpretation
Communication	45.0	33.06	Well Above Cutoff: Normal
Gross Motor	45.0	30.61	Well Above Cutoff: Normal
Fine Motor	50.0	40.15	Well Above Cutoff: Normal
Problem Solving	50.0	36.17	Well Above Cutoff: Normal
Personal-Social	55.0	35.84	Well Above Cutoff: Normal

Notes:

- Medical problems in last several months : If ear infections, possible hearing impairment. Other medical problems could indicate various issues

Health Care Provider Recommendation:

- Observe and schedule next routine well-child visit
- Age appropriate ASQ activity sheets
- Repeat ASQ in ___ months
- Refer to local Early Intervention/ ECSE Developmental Agency
- Arrange a follow-up visit for a repeat developmental & medical evaluation
- Other secondary developmental and/or medical referral _____

ID/Name: 233343 Amy Sampson

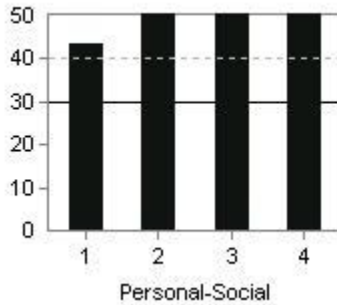
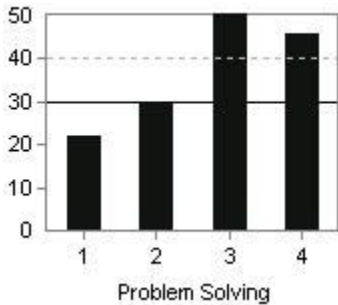
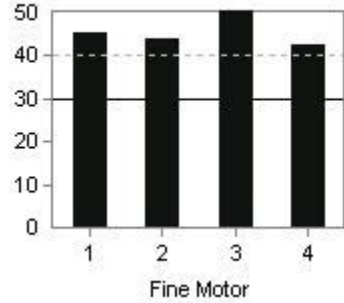
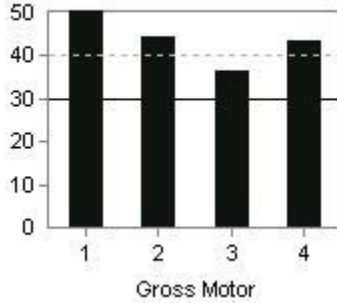
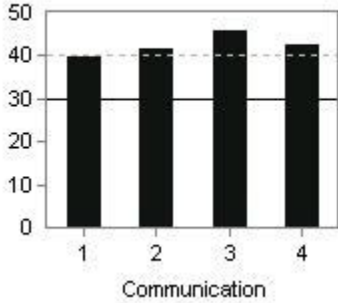
Date Tested: 4/12/2011 11:06:57 AM

Overall Section:

- | | | | |
|--|-----|--|-----|
| 1. Uses both hands & legs equally well
<i>Comments:</i> | YES | 2. Feet flat on the surface most of the time
<i>Comments:</i> | YES |
| 3. Have concerns baby is too quiet or does not make sounds like other babies
<i>Comments:</i> | NO | 4. Family history of hearing impairment
<i>Comments:</i> | NO |
| 5. Vision concerns
<i>Comments:</i> | NO | 6. Recent medical problems
<i>Comments: Runny/stuffy nose. Small cough.</i> | YES |
| 7. Have concerns about behavior
<i>Comments: Sleeping patterns.</i> | YES | 8. Other concerns
<i>Comments:</i> | NO |

Status Over Time:

Trended scores scaled to Below Cutoff = scores less than 30; Close to Cutoff = scores from 40 to 30; and scores above 40 are normal, Well Above Cutoff.



Legend

- 1) 2 month 9/2/2010
- 2) 4 month 11/2/2010
- 3) 6 month 1/12/2011
- 4) 8 month 4/12/2011

Score Interpretation:

1. If child's score is **Well Above** the cutoff, the child appears to be doing well in this area at this time
2. If child's score is **Close to Cutoff**, provide ASQ activities & monitor (child's score 1 to 2 SD's below mean)
3. If child's score is **Below Cutoff**, referral for an evaluation (child's score > 2 SD below mean)

Referral Considerations:

- Look at items marked "Not Yet" in domains Below Cutoff
- Did the caregiver observe skill and/or did the child have an opportunity to try the item?
- Consider health, cultural and psychosocial factors that may affect performance.

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Communication45.0

Baby looks in the direction of your voice when called from out of sight	Yes	(10)
When loud noise occurs, baby turns to see where the sound came from	<i>Sometimes</i>	(5)
If copy sounds baby makes, baby repeats the same sounds back	<i>Sometimes</i>	(5)
Baby makes sounds like "da," "ga," "ka," and "ba"	Yes	(10)
When told "no-no", baby responds to tone and stops at least briefly	<i>Sometimes</i>	(5)
Baby makes two similar sounds like "ba-ba," "da-da," or "ga-ga"	Yes	(10)

Gross Motor45.0

On floor, baby leans on hands while sitting	Yes	(10)
Baby rolls from back to tummy, getting both arms out from under	Yes	(10)
Baby gets into crawling position by getting up on hands and knees	Yes	(10)
Baby supports own weight holding both hands for balance	<i>Sometimes</i>	(5)
Baby sits up straight for several minutes without support	Yes	(10)
Standing, baby holds on without leaning on chest for support	Not Yet	(0)

Fine Motor50.0

Baby reaches for a crumb or Cheerio and touches it with finger or hand	Yes	(10)
Baby picks up a small toy, in the center of hand with his fingers around it	Yes	(10)
Even if unable, baby tries to pick up crumb or Cheerio using raking motion	Yes	(10)
Baby picks up small toys with only one hand	Yes	(10)
Child picks up a crumb or Cheerio using a raking motion	<i>Sometimes</i>	(5)
Baby picks up a small toy with the tips of his thumb and fingers	<i>Sometimes</i>	(5)

Problem Solving50.0

Baby often picks up toys and puts them in mouth	Yes	(10)
On back, baby tries to get dropped toy they can see	Yes	(10)
Baby plays by banging toy on the floor or table	Yes	(10)
Baby passes toy back and forth from hand to hand	<i>Sometimes</i>	(5)
Baby picks up toys, one in each hand, and holds for 1 minute	Yes	(10)
Baby bangs toy in hand against another on table	<i>Sometimes</i>	(5)

Personal-Social55.0

On back, baby plays by grabbing her foot	Yes	(10)
Baby reaches out to pat mirror when in front of large mirror	Yes	(10)
Baby tries to get a toy that is out of reach	Yes	(10)
On back, baby puts foot in mouth	<i>Sometimes</i>	(5)
Baby drinks water, juice, or formula from cup while you hold it	Yes	(10)
Baby can feed herself cracker or cookie	Yes	(10)

ASQ-3 Report for Parent/Caregiver

Patient Report

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Communication:

- If you call to your baby when you are out of sight, does she look in the direction of your voice? Yes
- When a loud noise occurs, does your baby turn to see where the sound came from? *Sometimes*
- If you copy the sounds your baby makes, does your baby repeat the same sounds back to you? *Sometimes*
- Does your baby make sounds like "da," "ga," "ka," and "ba"? Yes
- Does your baby respond to the tone of your voice and stop her activity at least briefly when you say "no-no" to her? *Sometimes*
- Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (*The sounds do not need to mean anything.*) Yes

Gross Motor:

- When you put your baby on the floor, does she lean on her hands while sitting? (*If she already sits up straight without leaning on her hands, mark "yes" for this item.*) Yes
- Does your baby roll from her back to her tummy, getting both arms out from under her? Yes
- Does your baby get into a crawling position by getting up on her hands and knees? Yes
- If you hold both hands just to balance your baby, does she support her own weight while standing? *Sometimes*
- When sitting on the floor, does your baby sit up straight for several minutes *without* using her hands for support? Yes
- When you stand your baby next to furniture or the crib rail, does she hold on without leaning her chest against the furniture for support? **Not Yet**

ID/Name: 233343 Amy Sampson**Date Tested:** 4/12/2011 11:06:57 AM**Fine Motor:**

- Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? *(If she already picks up a small object the size of a pea, mark "yes" for this item.)* Yes
- Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it? Yes
- Does your baby *try* to pick up a crumb or Cheerio by using her thumb and all her fingers in a raking motion, even if she isn't able to pick it up? *(If she already picks up a crumb or Cheerio, check "yes" for this item.)* Yes
- Does your baby pick up a small toy with only one hand? Yes
- Does your baby *successfully* pick up a crumb or Cheerio by using her thumb and all her fingers in a raking motion? *(If she already picks up a crumb or Cheerio, check "yes" for this item.)* Sometimes
- Does your baby pick up a small toy with the *tips* of her thumb and fingers? *(You should see a space between the toy and her palm.)* Sometimes

Problem Solving:

- Does your baby pick up a toy and put it in her mouth? Yes
- When your baby is on her back, does she try to get a toy she has dropped if she can see it? Yes
- Does your baby play by banging a toy up and down on the floor or table? Yes
- Does your baby pass a toy back and forth from one hand to the other? Sometimes
- Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute? Yes
- When holding a toy in her hand, does your baby bang it against another toy on the table? Sometimes

ASQ-3 Report for Parent/Caregiver

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Personal-Social:

- When lying on her back, does your baby play by grabbing her foot? Yes
- When in front of a large mirror, does your baby reach out to pat the mirror? Yes
- Does your baby try to get a toy that is out of reach? (*She may roll, pivot on her tummy, or crawl to get it.*) Yes
- While your baby is on her back, does she put her foot in her mouth? *Sometimes*
- Does your baby drink water, juice, or formula from a cup while you hold it? Yes
- Does your baby feed herself a cracker or a cookie? Yes

Overall:

- Does your baby use both hands and both legs equally well? Yes
Comment:
- When you help your baby stand, are her feet flat on the surface most of the time? Yes
Comment:
- Do you have concerns that your baby is too quiet or does not make sounds like other babies? No
Comment:
- Does either parent have a family history of childhood deafness or hearing impairment? No
Comment:
- Do you have any concerns about your baby's vision? No
Comment:
- Has your baby had any medical problems in the last several months? **Yes**
Comment: Runny/stuffy nose. Small cough.
- Do you have any concerns about your baby's behavior? **Yes**
Comment: Sleeping patterns.
- Does anything about your baby worry you? No
Comment: