ASQ-3™

2 Month Questionnaire

1 month 0 days through 2 months 30 days

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:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your baby.
- ☑ Make sure your baby is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby sometimes make throaty or gurgling sounds?	○	○	○	___
2. Does your baby make cooing sounds such as "ooo," "gah," and "aah"?	○	○	○	___
3. When you speak to your baby, does she make sounds back to you?	○	○	○	___
4. Does your baby smile when you talk to him?	○	○	○	___
5. Does your baby chuckle softly?	○	○	○	___
6. After you have been out of sight, does your baby smile or get excited when she sees you?	○	○	○	___

COMMUNICATION TOTAL ___

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. While your baby is on his back, does he wave his arms and legs, wiggle, and squirm?	○	○	○	___
2. When your baby is on her tummy, does she turn her head to the side?	○	○	○	___
3. When your baby is on his tummy, does he hold his head up longer than a few seconds?	○	○	○	___
4. When your baby is on her back, does she kick her legs?	○	○	○	___
5. While your baby is on his back, does he move his head from side to side?	○	○	○	___
6. 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?	○	○	○	___

GROSS MOTOR TOTAL ___

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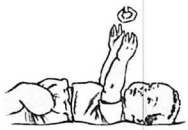
FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Is your baby's hand usually tightly closed when he is awake? (*If your baby used to do this but no longer does, mark "yes."*)	○	○	○	___
2. Does your baby grasp your finger if you touch the palm of her hand? 	○	○	○	___
3. When you put a toy in his hand, does your baby hold it in his hand briefly? 	○	○	○	___
4. Does your baby touch her face with her hands?	○	○	○	___
5. Does your baby hold his hands open or partly open when he is awake (rather than in fists, as they were when he was a newborn)? 	○	○	○	___ *
6. Does your baby grab or scratch at her clothes?	○	○	○	___

FINE MOTOR TOTAL ___

**If Fine Motor item 5 is marked "yes," mark Fine Motor item 1 as "yes."*

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. Does your baby look at objects that are 8–10 inches away?	○	○	○	___
2. When you move around, does your baby follow you with his eyes?	○	○	○	___
3. 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 her eyes, sometimes turning her head?	○	○	○	___
4. 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 his eyes?	○	○	○	___
5. When you hold your baby in a sitting position, does she look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of her?	○	○	○	___
6. When you dangle a toy above your baby while he is lying on his back, does he wave his arms toward the toy? 	○	○	○	___

PROBLEM SOLVING TOTAL ___

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PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your baby sometimes try to suck, even when she's not feeding?	○	○	○	___
2. Does your baby cry when he is hungry, wet, tired, or wants to be held?	○	○	○	___
3. Does your baby smile at you?	○	○	○	___
4. When you smile at your baby, does she smile back?	○	○	○	___
5. Does your baby watch his hands? 	○	○	○	___
6. When your baby sees the breast or bottle, does she seem to know she is about to be fed?	○	○	○	___

PERSONAL-SOCIAL TOTAL ___

OVERALL

Parents and providers may use the space below for additional comments.

1. Did your baby pass the newborn hearing screening test? If no, explain: ○ YES ○ NO

2. Does your baby move both hands and both legs equally well? If no, explain: ○ YES ○ NO

3. Does either parent have a family history of childhood deafness, hearing impairment, or vision problems? If yes, explain: ○ YES ○ NO

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OVERALL *(continued)*

4. Has your baby had any medical problems? If yes, explain: ○ YES ○ NO

5. Do you have concerns about your baby's behavior (for example, eating, sleeping)? If yes, explain: ○ YES ○ NO

6. Does anything about your baby worry you? If yes, explain: ○ YES ○ NO

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Baby Pediatric Symptom Checklist (1-5 months)

Patient Name: _____ DOB: _____ Date: _____
Name of person answering this form: _____ Relation to patient: _____
Nombre de la persona llenando esta forma: _____ Relación al paciente: _____

***The Pediatric Symptom Checklist is a psychosocial screen* recommended by the AAP to be performed regularly.** *It is designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible.*/La Lista de Síntomas Pediátricos es un questionario psicosocial **recomendada por la AAP para ser realizada regularmente**, diseñado para facilitar el reconocimiento de dificultades cognitivos, emocionales, y problemas de conducta para implementar intervenciones lo mas pronto possible..

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child./ Algunas veces todos los niños lloran, gruñen o se quejan, tienen problemas al dormir o tienen problemas cuando llegan a lugares nuevos. Comparado a la mayoría de los niños/as de esta edad, usted diría que su niño hace estas cosas igual, un poco más o mucho más que otros niños de su misma edad?	Not at all/ Igual (0)	Some-what/ Un poco mas (1)	Very Much/ Mucho mas (2)
1. *Does your child have a hard time being with new people?* ¿Su niño/a tiene dificultad al estar con personas desconocidas?	☐	☐	☐
2. *Does your child have a hard time in new places?* ¿Su niño/a tiene dificultad al estar en lugares nuevos?	☐	☐	☐
3. *Does your child have a hard time with change?* ¿Su niño/a tiene dificultad con los cambios?	☐	☐	☐
4. *Does your child mind being held by other people?* ¿A su niño/a le molesta que lo carguen otras personas?	☐	☐	☐
		Total	/3
5. *Does your child cry a lot?* ¿Su niño/a llora mucho?	☐	☐	☐
6. *Does your child have a hard time calming down?* ¿Su niño/a tiene dificultad para calmarse?	☐	☐	☐
7. *Is your child fussy or irritable?* ¿Su niño/a se enoja fácilmente o se irrita?	☐	☐	☐
8. *Is it hard to comfort your child?* ¿Su niño/a es di fícil de consolar?	☐	☐	☐
		Total	/3
9. *Is it hard to keep your child on a schedule or routine?* ¿Es difícil mantener a su niño/a en un horario o una rutina establecida?	☐	☐	☐
10. *Is it hard to put your child to sleep?* ¿Es difícil poner a su niño/a a dormir?	☐	☐	☐
11. *Is it hard to get enough sleep because of your child?* ¿Es difícil para usted dormir lo suficiente debido a su niño/a?	☐	☐	☐
12. *Does your child have trouble staying asleep?* ¿Su niño/a tiene dificultad para mantenerse dormido?	☐	☐	☐
		Total	/3
		Reviewed by:	

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Name of Mother/Nombre de Mama: _____

Edinburgh Postnatal Depression Scale (EPDS)

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE which comes closest to how you have felt. IN THE PAST 7 DAYS, not just how you feel today.
Como usted have poco tuvo un bebe, nos gustaria saber como se ha estado sintiendo. Por favor haga un circulo alrededor de la respuesta que mas se acarca a como se ha sentido en los ultimos.

In the Past 7 Days:	En los ultimos 7 dias:
1. I have been able to laugh and see the funny side of things as much as I always could. 0 – As much as I always could 1 – Not quite so much now 2 – Definitely not so much now 3 – Not at all	1. He podido reír y ver el lado bueno de las cosas: 0 – Tanto como siempre he podido hacerlo 1 – No tanto ahora 2 – Sin duda, mucho menos ahora 3 – No, en absolute
2. I have looked forward with enjoyment to things. 0 – As much as I ever did 1 – Rather less than I used to 2 – Definitely less than I used to 3– Hardly at all	2. He mirado al futuro con placer para hacer cosas: 0 – Tanto como siempre 1 -- Algo menos de lo que solía hacerlo 2 -- Definitivamente menos de lo que solía hacerlo 3 -- Prácticamente nunca
3. I have blamed myself unnecessarily when things went wrong. 3 – Yes, most of the time. 2 – Yes, some of the time 1 – Not very often 0 – No, never	3. Me he culpado sin necesidad cuando las cosas marchaban mal: 3 -- Sí, casi siempre 2 -- Sí, algunas veces 1 -- No muy a menudo 0 -- No, nunca
4. I have been anxious or worried for no good reasons. 0 – No, not at all. 1 -- Hardly, ever 2 – Yes, sometimes 3 -- Yes, very often	4. He estado ansiosa y preocupada sin motivo alguno: 0 -- No, en absolute 1 -- Casi nada 2 -- Sí, a veces 3 -- Sí, muy a menudo
5. I have felt scared or panicky for no very good reason. 3 – Yes, quite a lot 2 – Yes, sometimes 1 – No, not much 0 – No, not at all	5. He sentido miedo o pánico sin motivo alguno: 3 -- Sí, bastante 2 -- Sí, a veces 1 -- No, no mucho 0 -- No, en absolute
6. Things have been getting on top of me. 3 – Yes, most of the time I haven't been able to cope at all 2 -- Yes, sometimes I haven't been coping as well as usual 1 – No, most of the time I have coped quite will 0 – No, I have been coping as well as ever	6. Las cosas me oprimen o agobian: 3 -- Sí, la mayor parte del tiempo no he podido sobrellevarlas 2 -- Sí, a veces no he podido sobrellevarlas de la manera 1 -- No, la mayoría de las veces he podido sobrellevarlas bastante bien 0 -- No, he podido sobrellevarlas tan bien como lo hecho siempre
7. I have been so unhappy that I have had difficulty sleeping 3 – Yes, most of the time 2 – Yes, sometimes 1 – Not very often 0 – No, not at all	7 Me he sentido tan infeliz, que he tenido dificultad para dormir: 3 -- Sí, casi siempre 2 -- Sí, a veces 1 -- No muy a menudo 0 -- No, en absolute
8. I have felt sad or miserable 3 -- Yes, most of the time 2 -- Yes, quite often 1 -- Not very often 0 -- No, not at all	8. Me he sentido triste y desgraciada: 3 -- Sí, casi siempre 2 -- Sí, bastante a menudo 1 -- No muy a menudo 0 -- No, en absolute
9. I have been so unhappy that I have been crying 3 -- Yes, most of the time 2 -- Yes, quite often 1 -- Only occasionally 0 – No, not at all	9. Me he sentido tan infeliz que he estado llorando: 3 -- Sí, casi siempre 2 -- Sí, bastante a menudo 1 -- Ocasionalmente 0 -- No, nunca
10. The thought of harming myself has occurred to me. 3 -- Yes, quite often 2 -- Sometimes 1 -- Hardly ever 0 -- Never	10. He pensado en hacerme daño: 3 Sí, bastante a menudo 2 A veces 1 Casi nunca 0 No, nunca

Reviewed by: