

Name: _____

DOB: _____

Date: _____

2 Months (1 month 0 days through 2 months 30 days)

COMMUNICATION

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

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. When your baby is on her tummy, does she turn her head to the side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. When your baby is on his tummy, does he hold his head up longer than a few seconds?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. When your baby is on her back, does she kick her legs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. While your baby is on his back, does he move his head from side to side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

GROSS MOTOR TOTAL _____

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.")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. Does your baby grasp your finger if you touch the palm of her hand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. When you put a toy in his hand, does your baby hold it in his hand briefly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your baby touch her face with her hands?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___*
6. Does your baby grab or scratch at her clothes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. When you move around, does your baby follow you with his eyes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. When you dangle a toy above your baby while he is lying on his back, does he wave his arms toward the toy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—



PROBLEM SOLVING TOTAL —

PERSONAL-SOCIAL

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



PERSONAL-SOCIAL TOTAL —

SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	22.77		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	41.84		●	●	●	●	●	●	●	●	●	●	●	○	○
Fine Motor	30.16		●	●	●	●	●	●	●	●	●	○	○	○	○
Problem Solving	24.62		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	33.71		●	●	●	●	●	●	●	●	○	○	○	○	○

Post-Partum Emotional Screen (PHQ-2)

Mother's Name: _____ Date: _____

Patient Name: _____ DOB: _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

Total Score _____