

Name: _____

DOB: _____

Date: _____

4 Months (3 months 0 days through 4 months 30 days)

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby chuckle softly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. After you have been out of sight, does your baby smile or get excited when he sees you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby stop crying when she hears a voice other than yours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your baby make high-pitched squeals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your baby laugh?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. Does your baby make sounds when looking at toys or people?	<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 move his head from side to side?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. When your baby is on her tummy, does she hold her head straight up, looking around? <i>(She can rest on her arms while doing this.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. When you hold him in a sitting position, does your baby hold his head steady?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. While your baby is on her back, does your baby bring her hands together over her chest, touching her fingers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
GROSS MOTOR TOTAL				___



FINE 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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. When you put a toy in her hand, does your baby wave it about, at least briefly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby grab or scratch at his clothes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
FINE MOTOR TOTAL				___



PROBLEM 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. When you put a toy in her hand, does your baby look at it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. When you put a toy in his hand, does your baby put the toy in his mouth? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |



PROBLEM SOLVING TOTAL —

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your baby watch his hands? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. When your baby has her hands together, does she play with her fingers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. When your baby sees the breast or bottle, does he seem to know he is about to be fed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Before you smile or talk to your baby, does he smile when he sees you nearby? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. When in front of a large mirror, does your baby smile or coo at herself? | <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	34.60		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	38.41		●	●	●	●	●	●	●	●	●	○	○	○	○
Fine Motor	29.62		●	●	●	●	●	●	●	●	●	○	○	○	○
Problem Solving	34.98		●	●	●	●	●	●	●	●	●	○	○	○	○
Personal-Social	33.16		●	●	●	●	●	●	●	●	○	○	○	○	○

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 _____