

Healthy Families New York/Home Visiting Program ASQ Score Sheet

Use this sheet to submit scores from the ASQ for data entry. Use the chart on the following page to determine under cut-off items. This is a two-sided form.

1. Primary Caretaker 1's Identifier <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> <small>Last Name (3 let)</small> </div> <div style="text-align: center;"> <input type="text"/> <small>FI</small> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>Birth Date (Month/Day/Yr)</small> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/> <small>Date of Intake (Month/Day/Yr)</small> </div> </div>	2. Home Visitor's Name <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"><small>First</small></div> <div style="text-align: center;"><small>Last</small></div> </div>
3. Target Child's Birth Date <div style="display: flex; justify-content: center; margin-top: 10px;"> <div style="text-align: center; margin: 0 10px;"> <input type="text"/><input type="text"/> <small>Month</small> </div> <div style="text-align: center; margin: 0 10px;"> <input type="text"/><input type="text"/> <small>Day</small> </div> <div style="text-align: center; margin: 0 10px;"> <input type="text"/><input type="text"/> <small>Year</small> </div> </div>	4. Date Completed <div style="display: flex; justify-content: center; margin-top: 10px;"> <div style="text-align: center; margin: 0 10px;"> <input type="text"/><input type="text"/> <small>Month</small> </div> <div style="text-align: center; margin: 0 10px;"> <input type="text"/><input type="text"/> <small>Day</small> </div> <div style="text-align: center; margin: 0 10px;"> <input type="text"/><input type="text"/> <small>Year</small> </div> </div>
5. Target Child's Age <div style="display: flex; flex-wrap: wrap; margin-top: 10px;"> <div style="width: 50%;"><input type="checkbox"/> 4 months</div> <div style="width: 50%;"><input type="checkbox"/> 20 months</div> <div style="width: 50%;"><input type="checkbox"/> 6 months (optional)</div> <div style="width: 50%;"><input type="checkbox"/> 24 months</div> <div style="width: 50%;"><input type="checkbox"/> 8 months</div> <div style="width: 50%;"><input type="checkbox"/> 30 months</div> <div style="width: 50%;"><input type="checkbox"/> 12 months</div> <div style="width: 50%;"><input type="checkbox"/> 36 months</div> <div style="width: 50%;"><input type="checkbox"/> 16 months</div> <div style="width: 50%;"><input type="checkbox"/> 48 months</div> <div style="width: 50%;"><input type="checkbox"/> 18 months (optional)</div> </div>	5a. ASQ Edition (Check only one) First Edition 1995 <input type="checkbox"/> Second Edition 1999 <input type="checkbox"/> <hr/> 6. Target Child's Name <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"><small>First</small></div> <div style="text-align: center;"><small>Last</small></div> </div>

Area	Score	Under Cutoff
7. Communication	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Gross Motor	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Fine Motor	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Problem Solving	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Personal/Social	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Was this ASQ reviewed by a Child Developmental Specialist? <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
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If any under cutoff score in Q7-Q11, answer questions below

13. Was target child referred to EIP? <input type="checkbox"/> Yes (answer Q14 →) <input type="checkbox"/> No (skip Q14)	14. Has target child started receiving developmental services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Form Submitted	Reviewer's Initials	Date of Data Entry	Initials of Data Entry Operator

CUTOFF POINTS FOR ASQ SCORING

First Edition - 1995

ASQ Scale	Communication	Gross Motor	Fine Motor	Problem Solving	Personal/Social
4 months	33.3	40.1	27.5	35.0	33.0
6 months	20.0	20.0	20.0	20.0	20.0
8 months	36.7	24.3	36.8	32.3	30.5
12 months	15.8	18.0	28.4	25.2	20.1
16 months	34.5	32.3	30.6	26.9	26.7
18 months	30.0	20.0	20.0	20.0	20.0
20 months	36.3	36.2	39.8	29.9	35.2
24 months	36.5	36.0	36.4	32.9	35.6
30 months	38.8	30.6	25.2	28.9	36.9
36 months	38.7	35.7	30.0	38.6	38.7
48 months	39.1	32.9	16.7	43.9	23.4

Second Edition - 1999

ASQ Scale	Communication	Gross Motor	Fine Motor	Problem Solving	Personal/Social
4 months	33.3	40.1	27.5	35.0	33.0
6 months	25.0	25.0	25.0	25.0	25.0
8 months	36.7	24.3	36.8	32.3	30.5
12 months	15.8	18.0	28.4	25.2	20.1
16 months	34.5	32.3	30.6	26.9	26.7
18 months	35.0	25.0	25.0	25.0	25.0
20 months	36.3	36.2	39.8	29.9	35.2
24 months	36.5	36.0	36.4	32.9	35.6
30 months	38.8	30.6	25.2	28.9	36.9
36 months	38.7	35.7	30.0	38.6	38.7
48 months	39.1	32.9	30.0	35.0	23.4