ASQ3 Ages & Stages Questionnaires

16 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: Child's information Middle initial: Child's first name: Child's last name: Child's gender: If child was born 3 or more weeks Female Male prematurely, # of Child's date of birth: weeks premature: Person filling out questionnaire Middle Last name: First name: initial: Relationship to child: Child care provider Guardian Street address: Grandparent Foster or other parent ZIP/ Postal code: State/ Province: City: Home telephone number: Other telephone number: Country:

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Names of people assisting in questionnaire completion:

Child ID #:

E-mail address:

Age at administration in months and days:

Program ID #:

If premature, adjusted age in months and days:

Program name: