



Ages & Stages Questionnaires®

2 Month Questionnaire

1 month, 0 days to 2 months, 30 days



ASQ-TRAK2
Talking about Raising Aboriginal Kids

Date completed: _____

Place completed: ☐ Clinic ☐ Child Care ☐ Other (specify): _____

Please file in Medical Records. If completed outside of clinic, please give copy to Clinic.

Baby's information

Baby's name: _____

Baby's gender: ☐ Male ☐ Female

Baby's ID #: _____

Baby's date of birth: ____ / ____ / ____

Was the baby more than 3 weeks premature? ☐ Yes ☐ No

Age at administration: ____ months, ____ days.

If yes, number of weeks premature: ____

Baby's main language at home: _____

If premature, adjusted age: ____ months, ____ days.

Persons completing questionnaire

Caregiver: ☐ Mother ☐ Father ☐ Grandmother ☐ Aunt ☐ Other (specify): _____

Practitioner: ☐ Aboriginal Health Practitioner ☐ Nurse ☐ Early Childhood Educator

☐ Other (specify): _____ ASQ-TRAK Certification #: _____

Note to Practitioner – Important points to remember:

- Try each activity with the baby before marking the response.
- Everyone should make the baby think that doing what this paper wants is a game.
- Babies will show us all they can do after they have slept and eaten food. When they are tired and hungry, they will not want to do what we ask.
- If the baby can do what we ask but is refusing, tick YES for the question.

Introduction to Caregiver:

- This paper asks many questions about your baby.
- It asks what your baby does, what they say, what they think and what they feel.
- The paper also has instructions for your baby to follow. Some instructions ask you to sit still and say nothing so your baby can listen and think. For other questions, help your baby feel comfortable and happy so we can see things your baby does easily and things your baby doesn't do yet. We want to see if your baby is on track.
- For each number, you should choose if your baby can do it YES or SOMETIMES or NOT YET.

GROSS MOTOR

How your baby uses their arms and legs.

2 months Page 2 of 6

Note to Practitioner: Questions 1, 4 and 5 require the baby to be on their back.

1. When your baby is on their back, do they wave their arms and legs and wiggle around?



Yes ☐ Sometimes ☐ Not yet ☐ —

2. When your baby is on their tummy, do they turn their head to the side?



Yes ☐ Sometimes ☐ Not yet ☐ —

3. When your baby is on their tummy, do they hold their head up for a few seconds?



Yes ☐ Sometimes ☐ Not yet ☐ —

Note to Practitioner: Questions 1, 4 and 5 require the baby to be on their back.

4. When your baby is on their back, do they kick their legs?



Yes ☐ Sometimes ☐ Not yet ☐ —

Note to Practitioner: Questions 1, 4 and 5 require the baby to be on their back.

5. When your baby is on their back, do they move their head from side to side?



Yes ☐ Sometimes ☐ Not yet ☐ —

6. When your baby is on their tummy and holding their head up, can they lay their head down softly, without letting it drop or fall?



Yes ☐ Sometimes ☐ Not yet ☐ —

Gross Motor Total —

FINE MOTOR

How your baby uses their hands and fingers.

2 months Page 3 of 6

1. When your baby is awake, are their hands usually closed tight? **



Yes ☐ Sometimes ☐ Not yet ☐

If the baby used to do this but no longer does, tick YES.

2. When you touch the palm of your baby's hand, do they grab your finger?



Yes ☐ Sometimes ☐ Not yet ☐

3. When you put a toy in your baby's hand, do they hold the toy?



Yes ☐ Sometimes ☐ Not yet ☐

4. Does your baby touch their face with their hands?



Yes ☐ Sometimes ☐ Not yet ☐

5. When your baby is awake, are their hands open or partly open (rather than in fists, like when they were a newborn)? **



Yes ☐ Sometimes ☐ Not yet ☐

6. Does your baby grab or scratch at their clothes?



Yes ☐ Sometimes ☐ Not yet ☐

** Note to Practitioner: If Fine Motor Q5 is ticked YES, tick Fine Motor Q1 as YES.

Fine Motor Total ---

COMMUNICATION

How your baby listens, talks and how they let us know what they are thinking.

2 months

Page 4 of 6

1. Does your baby make throaty noises or gurgly sounds?



Yes ☐ Sometimes ☐ Not yet ☐ ---

2. Does your baby make sounds like "ooo", "gah" and "ah"?



Yes ☐ Sometimes ☐ Not yet ☐ ---

3. When you talk to your baby, do they make sounds back to you?



Yes ☐ Sometimes ☐ Not yet ☐ ---

4. When you talk to your baby, do they smile at you?



Yes ☐ Sometimes ☐ Not yet ☐ ---

5. Does your baby make a soft laugh or little laughing sound?



Yes ☐ Sometimes ☐ Not yet ☐ ---

6. When you come back to your baby, do they smile or get excited when they see you?



Yes ☐ Sometimes ☐ Not yet ☐ ---

Communication Total ---

PROBLEM SOLVING

How your baby thinks about things and works out problems.

2 months

Page 5 of 6

1. Does your baby look at objects that are about 25 cm away (an arm's length)?



Yes ☐ Sometimes ☐ Not yet ☐ ---

2. When you move around, does your baby follow you with their eyes?



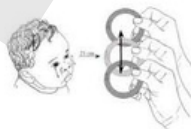
Yes ☐ Sometimes ☐ Not yet ☐ ---

3. Move a small toy from **side to side** slowly in front of your baby's face (about 25cm away). Does your baby follow the toy with their eyes, sometimes turning their head?



Yes ☐ Sometimes ☐ Not yet ☐ ---

4. Move a small toy **up and down** slowly in front of your baby's face (about 25cm away). Does your baby follow the toy with their eyes?



Yes ☐ Sometimes ☐ Not yet ☐ ---

5. Hold your baby in a sitting position on your lap or on the floor. Pick up a toy and put it in front of your baby. Do they look at the toy? (You could use a cup or rattle.)



Yes ☐ Sometimes ☐ Not yet ☐ ---

6. Wave a toy above your baby while they are lying on their back. Does your baby wave their arms toward the toy?



Yes ☐ Sometimes ☐ Not yet ☐ ---

Problem Solving Total ____

PERSONAL SOCIAL

How your baby acts with other people and how they behave.

2 months

Page 6 of 6

1. Does your baby sometimes try to suck, even when they are not feeding?



Yes ☐ Sometimes ☐ Not yet ☐ ---

2. Does your baby cry when they are hungry, wet, tired, or want to be held?



Yes ☐ Sometimes ☐ Not yet ☐ ---

3. Does your baby smile at you?



Yes ☐ Sometimes ☐ Not yet ☐ ---

4. When you smile at your baby, do they smile back?



Yes ☐ Sometimes ☐ Not yet ☐ ---

5. Does your baby look at their hands?



Yes ☐ Sometimes ☐ Not yet ☐ ---

6. When your baby sees the breast or the bottle, do they seem to know they are about to be fed?



Yes ☐ Sometimes ☐ Not yet ☐ ---

Personal Social Total ____