



AGES & STAGES QUESTIONNAIRES®
A PARENT-COMPLETED,
CHILD-MONITORING SYSTEM
SECOND EDITION

by

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and

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with assistance from

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About This CD-ROM

This CD-ROM contains one PDF of the ASQ questionnaires and summary sheets, which you are viewing now. You may print this PDF in its entirety or by selecting specific pages; the Table of Contents provides the page numbers corresponding to each questionnaire and summary sheet. Summary sheets can be printed easily by clicking on the appropriate bookmark, selecting "Print," and typing in the corresponding page number. You may save this PDF on a computer and/or post on an internal network for employees to print as needed.

This CD-ROM also contains a folder of separate PDFs for each questionnaire, each intervention activity sheet, and the mail-back sheet. The folder is called "Posting." The questionnaires, intervention activity sheets, and mail-back sheet are identical to those included in the larger PDF. You may print the contents of "Posting" as needed and/or post them on a password-protected web site so that parents need only download the appropriate questionnaire and/or intervention activity sheet for their child.

See the [Software Licensing Agreement](#) for conditions regarding posting and printing the files on this CD-ROM.



TABLE OF CONTENTS

ASQ Opener	1
About This CD-ROM	2
4 Month Questionnaire	5-9
4 Month Information Summary	10
6 Month Questionnaire	11-15
6 Month Information Summary	16
8 Month Questionnaire	17-22
8 Month Information Summary	23
10 Month Questionnaire	24-29
10 Month Information Summary	30
12 Month Questionnaire	31-35
12 Month Information Summary	36
14 Month Questionnaire	37-41
14 Month Information Summary	42
16 Month Questionnaire	43-47
16 Month Information Summary	48
18 Month Questionnaire	49-54
18 Month Information Summary	55
20 Month Questionnaire	56-61
20 Month Information Summary	62
22 Month Questionnaire	63-68
22 Month Information Summary	69
24 Month Questionnaire	70-75
24 Month Information Summary	76
27 Month Questionnaire	77-82
27 Month Information Summary	83
30 Month Questionnaire	84-89
30 Month Information Summary	90
33 Month Questionnaire	91-96
33 Month Information Summary	97
36 Month Questionnaire	98-103
36 Month Information Summary	104

42 Month Questionnaire	105–111
42 Month Information Summary	112
48 Month Questionnaire	113–118
48 Month Information Summary	119
54 Month Questionnaire	120–125
54 Month Information Summary	126
60 Month Questionnaire	127–133
60 Month Information Summary	134
Intervention Activity Sheets	135–145
About the ASQ	146–148
About the Authors	149–150
Brookes On Location	151–152
Mail-Back Sheet	153
ASQ and ASQ:SE Order Form	154–155
Software Licensing Agreement	156–157

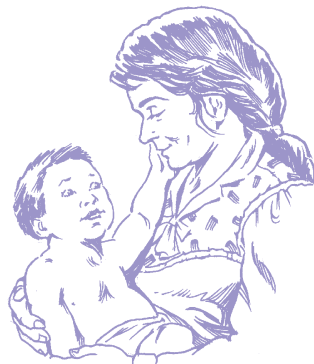
Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System Second Edition

By Diane Bricker and Jane Squires

with assistance from Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell

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◆ 4 Month ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **4 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____






YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your baby chuckle softly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. After you have been out of sight, does your baby stop crying when he sees you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your baby stop crying when she hears a voice other than yours? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your baby make high-pitched squeals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your baby laugh? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your baby make sounds when looking at toys or people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |


COMMUNICATION TOTAL ___

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|-----|
| 1. While on his back, does your baby move his head from side to side? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| 3. When he is on his tummy, does your baby hold his head up so that his chin is about 3 inches from the floor for at least 15 seconds? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. When she is on her tummy, does your baby hold her head straight up, looking around? (She can rest on her arms while doing this.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. When you hold him in a sitting position, does your baby hold his head steady? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| 6. While on her back, does your baby bring her hands together over her chest, touching her fingers? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

GROSS MOTOR TOTAL ___

FINE MOTOR *Be sure to try each activity with your child.*

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

YES SOMETIMES NOT YET

FINE MOTOR *(continued)*

- 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? _____
- 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? _____
- 6. When you hold her in a sitting position, does your baby reach for a toy on a table close by, even though her hand may not touch it? _____

FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

- 1. When you move a toy slowly from side to side in front of his face (about 10 inches away), does your baby follow the toy with his eyes, sometimes turning his head? _____
- 2. When you move a small toy up and down slowly in front of her face (about 10 inches away), does your baby follow the toy with her eyes? _____
- 3. When you hold him in a sitting position, does your baby look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of him? _____
- 4. When you put a toy in her hand, does your baby look at it? _____
- 5. When you put a toy in his hand, does your baby put the toy in his mouth? _____
- 6. When you dangle a toy above her while she is lying on her back, does your baby wave her arms toward the toy? _____



PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- 1. Does your baby watch his hands? _____
- 2. When she has her hands together, does your baby play with her fingers? _____
- 3. When he sees the breast or bottle, does your baby know he is about to be fed? _____
- 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? _____

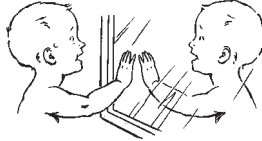


YES SOMETIMES NOT YET

PERSONAL-SOCIAL *(continued)*

5. Before you smile or talk to him, does your baby smile when he sees you nearby?

6. When in front of a large mirror, does your baby smile or coo at herself?



PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the space below or the back of this sheet for additional comments.*

1. Do you think your child hears well?

YES NO

If no, explain: _____

2. Does your baby use both hands equally well?

YES NO

If no, explain: _____

3. When you help your baby stand, are his feet flat on the surface most of the time?

YES NO

If no, explain: _____

4. Does either parent have a family history of childhood deafness or hearing impairment?

YES NO

If yes, explain: _____

5. Do you have concerns about your child's vision?

YES NO

If yes, explain: _____

6. Has your child had any medical problems in the last several months?

YES NO

If yes, explain: _____

7. Does anything about your child worry you?

YES NO

If yes, explain: _____

4 Month ASQ Information Summary

Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Corrected date of birth: _____
 Mailing address: _____ Relationship to child: _____
 Telephone: _____ City: _____ State: _____ ZIP: _____
 Today's date: _____ Assisting in ASQ completion: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 4. Family history of hearing impairment?
Comments: | YES NO |
| 2. Uses both hands equally well?
Comments: | YES NO | 5. Vision concerns?
Comments: | YES NO |
| 3. Baby's feet flat on the surface?
Comments: | YES NO | 6. Recent medical problems?
Comments: | YES NO |
| | | 7. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

4 months	Score	Cutoff	Communication			Gross motor			Fine motor			Problem solving			Personal-social		
			1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Communication		33.3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor		40.1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor		27.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving		35.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social		33.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Y	S	N	Y	S	N	Y	S	N	Y	S	N	Y	S	N

Administering program or provider: _____

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◆ **6 Month** ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **6 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



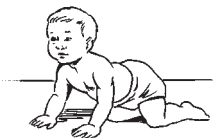


YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your baby make high-pitched squeals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. If you call your baby when you are out of sight, does she look in the direction of your voice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. When a loud noise occurs, does your baby turn to see where the sound came from? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your baby make sounds like "da," "ga," "ka," and "ba"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. If you copy the sounds your baby makes, does your baby repeat the sounds back to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| COMMUNICATION TOTAL | | | | ___ |

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | |
|--|---|--------------------------|--------------------------|-----|
| 1. While on his back, does your baby lift his legs high enough to see his feet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. When she is on her tummy, does your baby straighten both arms and push her whole chest off the bed or floor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your baby roll from his back to his tummy, getting both arms out from under him? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. When you put her on the floor, does your baby lean on her hands while sitting? (If she already sits up straight without leaning on her hands, check "yes" for this item.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| |  | | | |
| 5. If you hold both hands just to balance him, does your baby support his own weight while standing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| |  | | | |
| 6. Does your baby get into a crawling position by getting up on her hands and knees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| |  | | | |
| GROSS MOTOR TOTAL | | | | ___ |

FINE MOTOR *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
|---|--------------------------|--------------------------|--------------------------|-----|

YES SOMETIMES NOT YET

FINE MOTOR *(continued)*

2. Does your baby reach for or grasp a toy using both hands at once? _____

3. Does your baby reach for a crumb or Cheerio and touch it with his finger? (If he already picks up a small object the size of a pea, check "yes" for this item.)



4. Does your baby pick up a small toy, holding it in the center of her hands with her fingers around it?



5. Does your baby try to pick up a crumb or Cheerio by using his thumb and all his fingers in a raking motion, even if he isn't able to pick it up? (If he already picks up the crumb or Cheerio, check "yes" for this item.)



6. Does your baby usually pick up a small toy with only one hand?



FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. When a toy is in front of her, does your baby reach for it with both hands? _____

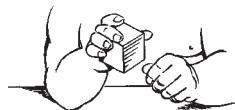
2. When he is on his back, does your baby turn his head to look for a toy when he drops it? (If he already picks it up, check "yes" for this item.) _____

3. When she is on her back, does your baby try to get a toy she has dropped if she can see it? _____

4. Does your baby often pick up toys and put them in his mouth?



5. Does your baby pass a toy back and forth from one hand to the other?



6. Does your baby play by banging a toy up and down on the floor or table?

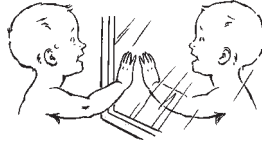


PROBLEM SOLVING TOTAL _____

YES SOMETIMES NOT YET

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. When in front of a large mirror, does your baby smile or coo at herself?



2. Does your baby act differently toward strangers than he does with you and other familiar people? (Reactions to strangers may include staring, frowning, withdrawing, or crying.)

3. While lying on her back, does your baby play by grabbing her foot?



4. When in front of a large mirror, does your baby reach out to pat the mirror?



5. While on his back, does your baby put his foot in his mouth?



6. Does your baby try to get a toy that is out of reach? (She may roll, pivot on her tummy, or crawl to get it.)

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the back of this sheet for additional comments.*

1. Do you think your child hears well?

YES NO

If no, explain: _____

2. Does your baby use both hands equally well?

YES NO

If no, explain: _____

3. When you help your baby stand, are his feet flat on the surface most of the time?

YES NO

If no, explain: _____

4. Does either parent have a family history of childhood deafness or hearing impairment?

YES NO

If yes, explain: _____

5. Do you have concerns about your child's vision?

YES NO

If yes, explain: _____

6. Has your child had any medical problems in the last several months?

YES NO

If yes, explain: _____

7. Does anything about your child worry you?

YES NO

If yes, explain: _____

6 Month ASQ Information Summary

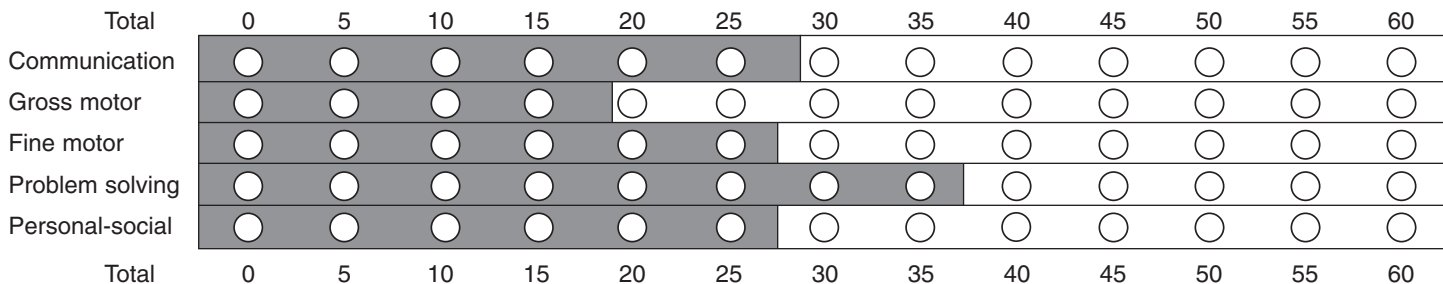
Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Corrected date of birth: _____
 Mailing address: _____ Relationship to child: _____
 Telephone: _____ City: _____ State: _____ ZIP: _____
 Today's date: _____ Assisting in ASQ completion: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 4. Family history of hearing impairment?
Comments: | YES NO |
| 2. Uses both hands equally well?
Comments: | YES NO | 5. Vision concerns?
Comments: | YES NO |
| 3. Baby's feet flat on the surface?
Comments: | YES NO | 6. Recent medical problems?
Comments: | YES NO |
| | | 7. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.



Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

		Score	Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
6 months	Communication		29.0	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor		19.5	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor		27.5	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving		37.0	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Personal-social		27.5	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>
					6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
				Y S N	Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____

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By Diane Bricker and Jane Squires

with assistance from Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell

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◆ **8 Month** ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **8 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____




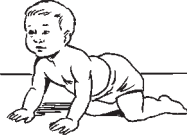



YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-----|
| 1. If you call to your baby when you are out of sight, does he look in the direction of your voice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. When a loud noise occurs, does your baby turn to see where the sound came from? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your baby make sounds like "da," "ga," "ka," and "ba"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your baby respond to the tone of your voice and stop her activity at least briefly when you say "no-no" to her? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (He may say these sounds without referring to any particular object or person.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

COMMUNICATION TOTAL ___

GROSS MOTOR *Be sure to try each activity with your child.*


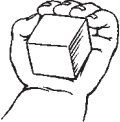

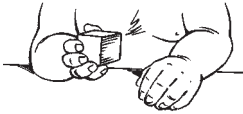


- | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|-------|
| 1. When you put her on the floor, does your baby lean on her hands while sitting? (If she already sits up straight without leaning on her hands, check "yes" for this item.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. Does your baby roll from his back to his tummy, getting both arms out from under him? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your baby get into a crawling position by getting up on her hands and knees? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. If you hold both hands just to balance him, does your baby support his own weight while standing? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. When sitting on the floor, does your baby sit up straight for several minutes <i>without</i> using her hands for support? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ * |
| 6. When you stand him next to furniture or the crib rail, does your baby hold on without leaning his chest against the furniture for support? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

GROSS MOTOR TOTAL ___

**If gross motor item 5 is marked "yes" or "sometimes," mark gross motor item 1 as "yes."*

YES SOMETIMES NOT YET



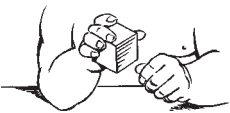
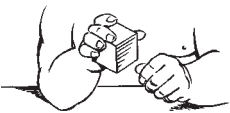
FINE MOTOR *Be sure to try each activity with your child.*

- | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|-------|
| 1. Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? (If she already picks up a small object, check "yes" for this item.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. Does your baby pick up a small toy, holding it in the center of his hand with his fingers around it? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your baby <i>try</i> to pick up a crumb or Cheerio by using her thumb and all her fingers in a raking motion, even if she isn't able to pick it up? (If she already picks up a crumb or Cheerio, check "yes" for this item.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your baby pick up small toys with only one hand? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your baby <i>successfully</i> pick up a crumb or Cheerio by using his thumb and all his fingers in a raking motion? (If he already picks up a crumb or Cheerio, check "yes" for this item.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your baby pick up a small toy with the <i>tips</i> of her thumb and fingers? (You should see a space between the toy and her palm.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ * |

FINE MOTOR TOTAL

**If fine motor item 6 is marked "yes" or "sometimes," mark fine motor item 2 as "yes."*

PROBLEM SOLVING *Be sure to try each activity with your child.*

- | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your baby pick up a toy and put it in his mouth? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. When she is on her back, does your baby try to get a toy she has dropped if she can see it? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your baby play by banging a toy up and down on the floor or table? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your baby pass a toy back and forth from one hand to the other? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

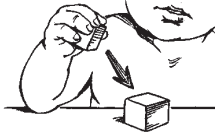
YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

5. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?



6. When holding a toy in his hand, does your baby bang it against another toy on the table?



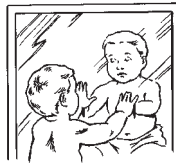
PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. While lying on her back, does your baby play by grabbing her foot?



2. When in front of a large mirror, does your baby reach out to pat the mirror?



3. Does your baby try to get a toy that is out of reach? (He may roll, pivot on his tummy, or crawl to get it.)

4. While on her back, does your baby put her foot in her mouth?



5. Does your baby drink water, juice, or formula from a cup while you hold it?

6. Does your baby feed himself a cracker or a cookie?

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the bottom of the next sheet for additional comments.*

1. Do you think your child hears well?

YES NO

If no, explain: _____

2. Does your baby use both hands equally well?

YES NO

If no, explain: _____

3. When you help your baby stand, are her feet flat on the surface most of the time?

YES NO

If no, explain: _____

OVERALL (continued)

4. Does either parent have a family history of childhood deafness or hearing impairment? YES NO
If yes, explain: _____
5. Do you have concerns about your child's vision? YES NO
If yes, explain: _____
6. Has your child had any medical problems in the last several months? YES NO
If yes, explain: _____
7. Does anything about your child worry you? YES NO
If yes, explain: _____

8 Month ASQ Information Summary

Child's name: _____
 Person filling out the ASQ: _____
 Mailing address: _____
 Telephone: _____
 Today's date: _____

Date of birth: _____
 Corrected date of birth: _____
 Relationship to child: _____
 City: _____ State: _____ ZIP: _____
 Assisting in ASQ completion: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 4. Family history of hearing impairment?
Comments: | YES NO |
| 2. Uses both hands equally well?
Comments: | YES NO | 5. Vision concerns?
Comments: | YES NO |
| 3. Baby's feet flat on the surface?
Comments: | YES NO | 6. Recent medical problems?
Comments: | YES NO |
| | | 7. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

Score Cutoff		Communication	Gross motor	Fine motor	Problem solving	Personal-social
8 months	Communication	36.7	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor	24.3	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor	36.8	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving	32.3	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Personal-social	30.5	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>
			6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
		Y S N	Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____

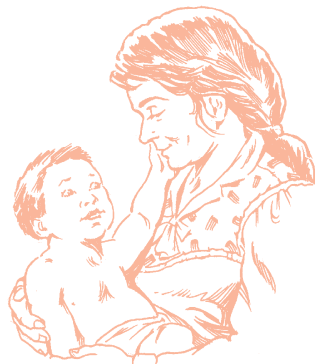
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◆ **10 Month** ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **10 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____







YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your baby make sounds like “da,” “ga,” “ka,” and “ba”? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your baby make two similar sounds like “ba-ba,” “da-da,” or “ga-ga”? (He may say these sounds without referring to any particular object or person.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. If you ask her to, does your baby play at least one nursery game even if you don’t show her the activity yourself (e.g., “bye-bye,” “Peekaboo,” “clap your hands,” “So Big”)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your baby follow one simple command, such as “Come here,” “Give it to me,” or “Put it back,” <i>without</i> your using gestures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your baby say one word in addition to “Mama” and “Dada”? (A “word” is a sound or sounds the baby says consistently to mean someone or something, such as “baba” for bottle.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

COMMUNICATION TOTAL ___






GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|-----|
| 1. If you hold both hands just to balance her, does your baby support her own weight while standing? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. When sitting on the floor, does your baby sit up straight for several minutes <i>without</i> using his hands for support? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. When you stand her next to furniture or the crib rail, does your baby hold on without leaning her chest against the furniture for support? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your baby walk along furniture while holding on with only one hand? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

GROSS MOTOR TOTAL ___

YES SOMETIMES NOT YET


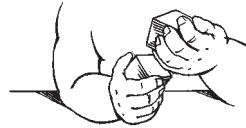

FINE MOTOR *Be sure to try each activity with your child.*

- | | | | | | |
|--|--|--------------------------|--------------------------|--------------------------|--------|
| 1. Does your baby pick up small toys with only one hand? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Does your baby <i>successfully</i> pick up a crumb or Cheerio by using her thumb and all her fingers in a raking motion? (If she already picks up a crumb or Cheerio, check "yes" for this item.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Does your baby pick up a small toy with the <i>tips</i> of his thumb and fingers? (You should see a space between the toy and his palm.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (The string may be attached to a toy.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Does your baby pick up a crumb or Cheerio with the tips of his thumb and a finger? He may rest his arm or hand on the table while doing it. |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____* |
| 6. Does your baby set a small toy down, without dropping it, and then take her hand off the toy? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

FINE MOTOR TOTAL _____

**If fine motor item 5 is marked "yes" or "sometimes," mark fine motor item 2 as "yes."*

PROBLEM SOLVING *Be sure to try each activity with your child.*

- | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|-------|
| 1. Does your baby pass a toy back and forth from one hand to the other? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. When holding a toy in his hand, does your baby bang it against another toy on the table? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

5. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)? _____
6. After he watches you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden.) _____

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*



1. While on her back, does your baby put her foot in her mouth? _____
2. Does your baby drink water, juice, or formula from a cup while you hold it? _____
3. Does your baby feed himself a cracker or a cookie? _____
4. When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? (If she already lets go of the toy into your hand, check "yes" for this item.) _____
5. When you dress him, does your baby push his arm through a sleeve once his arm is started in the hole of the sleeve? _____
6. When you hold out your hand and ask for her toy, does your baby let go of it into your hand? _____

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the bottom of the next sheet for additional comments.*

1. Do you think your child hears well? YES NO
 If no, explain: _____
2. Does your baby use both hands equally well? YES NO
 If no, explain: _____
3. When you help your baby stand, are his feet flat on the surface most of the time? YES NO
 If no, explain: _____
4. Does either parent have a family history of childhood deafness or hearing impairment? YES NO
 If yes, explain: _____

OVERALL (continued)

5. Do you have any concerns about your child's vision? YES NO

If yes, explain: _____

6. Has your child had any medical problems in the last several months? YES NO

If yes, explain: _____

7. Does anything about your child worry you? YES NO

If yes, explain: _____

10 Month ASQ Information Summary

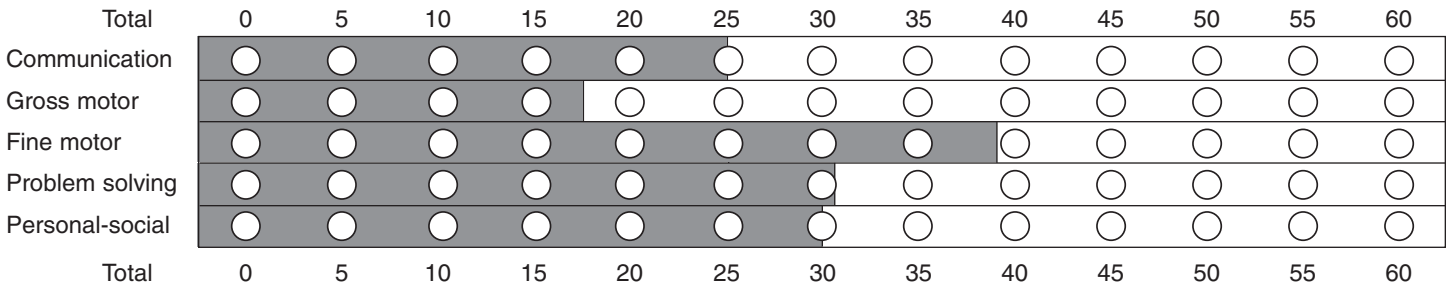
Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Corrected date of birth: _____
 Mailing address: _____ Relationship to child: _____
 Telephone: _____ City: _____ State: _____ ZIP: _____
 Today's date: _____ Assisting in ASQ completion: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

1. Hears well? Comments:	YES NO	4. Family history of hearing impairment? Comments:	YES NO
2. Uses both hands equally well? Comments:	YES NO	5. Vision concerns? Comments:	YES NO
3. Baby's feet flat on the surface? Comments:	YES NO	6. Recent medical problems? Comments:	YES NO
		7. Other concerns? Comments:	YES NO

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.



Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

		Score	Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
10 months	Communication		25.0	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor		17.5	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor		39.0	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving		30.5	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Personal-social		30.0	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>
					6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
				Y S N	Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____

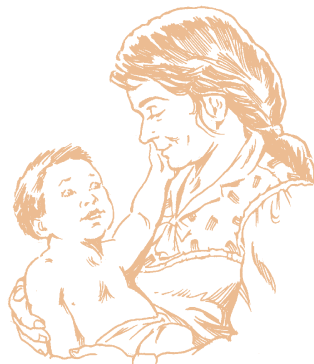
**Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System
Second Edition**

By Diane Bricker and Jane Squires

with assistance from Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell

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12 Month ♦ 1 Year ***Questionnaire***



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____ .
- If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- Look forward to filling out another questionnaire in _____ months.



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12 Month ♦ 1 Year Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. If you ask her to, does your baby play at least one nursery game even if you don't show her the activity yourself (e.g., "bye-bye," "Peekaboo," "clap your hands," "So Big")? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," <i>without</i> your using gestures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Does your baby say one word in addition to "Mama" and "Dada"? (A "word" is a sound or sounds the baby says consistently to mean someone or something, such as "baba" for bottle.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. When you ask, "Where is the ball (hat, shoe, etc.)?" does your baby look at the object? Make sure the object is present. Check "yes" if he knows one object. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. When your baby wants something, does she tell you by <i>pointing</i> to it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Does your baby shake his head when he means "no" or "yes"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| COMMUNICATION TOTAL | | | | _____ |

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Does your baby walk along furniture while holding on with only one hand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. If you hold both hands just to balance him, does your baby take several steps without tripping or falling? (If your baby already walks alone, check "yes" for this item.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. When you hold <i>one hand</i> just to balance her, does your baby take several steps forward? (If your baby already walks alone, check "yes" for this item.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Does your baby stand up in the middle of the floor by himself and take several steps forward? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| GROSS MOTOR TOTAL | | | | _____ |



YES SOMETIMES NOT YET

FINE MOTOR *Be sure to try each activity with your child.*

1. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (The string may be attached to a toy.)

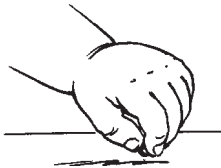


2. Does your baby pick up a crumb or Cheerio with the *tips* of his thumb and a finger? He may rest his arm or hand on the table while doing it.



3. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?

4. Without resting his arm or hand on the table, does your baby pick up a crumb or Cheerio with the tip of his thumb and a finger?



 _____*

5. Does your baby throw a small ball with a forward arm motion? (If he simply drops the ball, check "not yet" for this item.)



6. Does your baby help turn the pages of a book? (You may lift a page for her to grasp.)

FINE MOTOR TOTAL _____

**If fine motor item 4 is marked "yes" or "sometimes," mark fine motor item 2 as "yes."*

PROBLEM SOLVING *Be sure to try each activity with your child.*

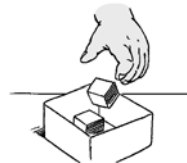
1. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?

2. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?

3. After he watches you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden.)

4. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? (If she already lets go of the toy into a bowl or box, check "yes" for this item.)

5. Does your baby drop two small toys, one after the other, into a container like a bowl or box? (You may show him how to do it.)



 _____*

YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

6. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? (If she already scribbles on her own, check "yes" for this item.) _____

PROBLEM SOLVING TOTAL _____

**If problem solving item 5 is marked "yes" or "sometimes," mark problem solving item 4 as "yes."*

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. When you hold out your hand and ask for his toy, does your baby offer it to you even if he doesn't let go of it? (If he already lets go of the toy into your hand, check "yes" for this item.) _____
2. When you dress her, does your baby push her arm through a sleeve once her arm is started in the hole of the sleeve? _____
3. When you hold out your hand and ask for his toy, does your baby let go of it into your hand? _____
4. When you dress her, does your baby lift her foot for her shoe, sock, or pant leg? _____
5. Does your baby roll or throw a ball back to you so that you can return it to him? _____
6. Does your baby play with a doll or stuffed animal by hugging it? _____

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the back of this sheet for additional comments.*

1. Do you think your child hears well? YES NO
If no, explain: _____
2. Does your baby use both hands equally well? YES NO
If no, explain: _____
3. When your baby is standing, are her feet flat on the surface most of the time? YES NO
If no, explain: _____
4. Does either parent have a family history of childhood deafness or hearing impairment? YES NO
If yes, explain: _____
5. Do you have concerns about your child's vision? YES NO
If yes, explain: _____
6. Has your child had any medical problems in the last several months? YES NO
If yes, explain: _____
7. Does anything about your child worry you? YES NO
If yes, explain: _____

12 Month/1 Year ASQ Information Summary

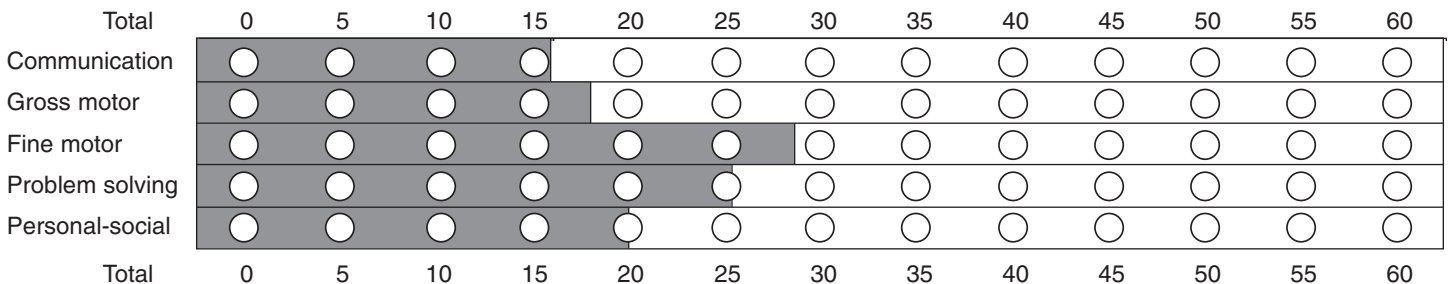
Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Corrected date of birth: _____
 Mailing address: _____ Relationship to child: _____
 Telephone: _____ City: _____ State: _____ ZIP: _____
 Today's date: _____ Assisting in ASQ completion: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

1. Hears well? Comments:	YES NO	4. Family history of hearing impairment? Comments:	YES NO
2. Uses both hands equally well? Comments:	YES NO	5. Vision concerns? Comments:	YES NO
3. Baby's feet flat on the surface? Comments:	YES NO	6. Recent medical problems? Comments:	YES NO
		7. Other concerns? Comments:	YES NO

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.



Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

12 months/1 year	Score	Cutoff	Communication			Gross motor			Fine motor			Problem solving			Personal-social		
			1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Communication		15.8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor		18.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor		28.4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving		25.2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social		20.1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Y	S	N	Y	S	N	Y	S	N	Y	S	N	Y	S	N

Administering program or provider: _____

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◆ 14 Month ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **14 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____





At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, score "yes" for the item.

YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|----------------------------|--------------------------|--------------------------|-----|
| 1. Does your child say one word in addition to "Mama" and "Dada"?
(A "word" is a sound or sounds the baby says consistently to mean someone or something, such as "baba" for bottle.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. When your child wants something, does she tell you by <i>pointing</i> to it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your child shake his head when he means "no" or "yes"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your child point to, pat, or try to pick up pictures in a book? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your child say four or more words in addition to "Mama" and "Dada"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. When you ask her to, does your child go into another room to find a familiar toy or object? You might ask, "Where is your ball?" or say, "Bring me your coat" or "Go get your blanket." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| | COMMUNICATION TOTAL | | | ___ |

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | |
|--|---|--------------------------|--------------------------|-----|
| 1. If you hold both hands just to balance him, does your child take several steps without tripping or falling? (If your child already walks alone, check "yes" for this item.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| |  | | | |
| 2. When you hold <i>one hand</i> just to balance her, does your child take several steps forward? (If your child already walks alone, check "yes" for this item.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| |  | | | |
| 3. Does your child stand up in the middle of the floor by himself and take several steps forward? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your child climb onto furniture? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your child move around by walking, rather than by crawling on his hands and knees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| | GROSS MOTOR TOTAL | | | ___ |

YES SOMETIMES NOT YET

FINE MOTOR *Be sure to try each activity with your child.*

1. Without resting her arm or hand on the table, does your child pick up a crumb or Cheerio with the tip of her thumb and a finger?



2. Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, check "not yet" for this item.)



3. Does your child help turn the pages of a book? (You may lift a page for her to grasp.)

4. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)

5. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?



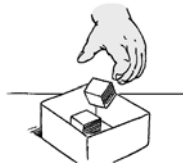
6. Does your child stack three small blocks or toys on top of each other by herself?

FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. If you put a small toy into a bowl or box, does your child copy you by putting in a toy, although she may not let go of it? (If she already lets go of the toy into a bowl or box, check "yes" for this item.)

2. Does your child drop two small toys, one after the other, into a container like a bowl or box? (You may show him how to do it.)



 _____ *

3. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your child copy you by scribbling? (If she already scribbles on her own, check "yes" for this item.)

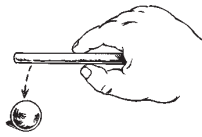
4. Can your child drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)?

5. Does your child drop several (six or more) small toys into a container, such as a bowl or box? (You may show him how to do it.)

YES SOMETIMES NOT YET

PROBLEM-SOLVING *(continued)*

6. After you have shown her how, does your child try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?



PROBLEM SOLVING TOTAL _____

**If problem solving item 2 is marked "yes" or "sometimes," mark problem solving item 1 as "yes."*

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. When you dress her, does your child lift her foot for her shoe, sock, or pant leg? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Does your child roll or throw a ball back to you, so that you can return it to him? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Does your child play with a doll or stuffed animal by hugging it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Does your child feed herself with a spoon, even though she may spill some food? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Does your child help undress himself by taking off clothes like socks, hat, shoes, or mittens? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Does your child get your attention or try to show you something by pulling on your hand or clothes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the back of this sheet for additional comments.*

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you think your child hears well? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 2. Does your child use both hands equally well? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 3. When your child is standing, are her feet flat on the surface most of the time? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 4. Does either parent have a family history of childhood deafness or hearing impairment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 5. Do you have concerns about your child's vision? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 6. Has your child had any medical problems in the last several months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 7. Does anything about your child worry you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |

14 Month ASQ Information Summary

Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Corrected date of birth: _____
 Mailing address: _____ Relationship to child: _____
 Telephone: _____ City: _____ State: _____ ZIP: _____
 Today's date: _____ Assisting in ASQ completion: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|---|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 4. Family history of hearing impairment?
Comments: | YES NO |
| 2. Uses both hands equally well?
Comments: | YES NO | 5. Vision concerns?
Comments: | YES NO |
| 3. Child's feet flat on the surface?
Comments: | YES NO | 6. Recent medical problems?
Comments: | YES NO |
| | | 7. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

		Score	Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
14 months	Communication		31.0	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor		24.0	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor		25.0	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving		28.5	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Personal-social		22.5	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>
					6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
				Y S N	Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____

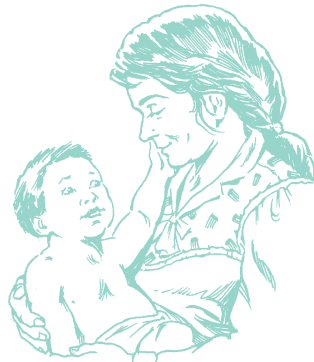
Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System Second Edition

By Diane Bricker and Jane Squires

with assistance from Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell

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◆ **16 Month** ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **16 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, score "yes" for the item.

COMMUNICATION	<i>Be sure to try each activity with your child.</i>			YES	SOMETIMES	NOT YET	___
1. Does your child point to, pat, or try to pick up pictures in a book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___			
2. Does your child say four or more words in addition to "Mama" and "Dada"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___			
3. When your child wants something, does he tell you by <i>pointing</i> to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___			
4. When you ask her to, does your child go into another room to find a familiar toy or object? (You might ask, "Where is your ball?" or say, "Bring me your coat" or "Go get your blanket.")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___			
5. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Check "yes" even if his words are difficult to understand.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___			
6. Does your child say eight or more words in addition to "Mama" and "Dada"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___			
					COMMUNICATION TOTAL		___


GROSS MOTOR	<i>Be sure to try each activity with your child.</i>			___
1. Does your child stand up in the middle of the floor by herself and take several steps forward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
2. Does your child climb onto furniture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
3. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
4. Does your child move around by walking, rather than crawling on his hands and knees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
5. Does your child walk well and seldom fall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
6. Does your child climb on an object such as a chair to reach something she wants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
				GROSS MOTOR TOTAL

FINE MOTOR	<i>Be sure to try each activity with your child.</i>			___
1. Does your child help turn the pages of a book? (You may lift the pages for him to grasp.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
2. Does your child throw a small ball with a forward arm motion? (If she simply drops the ball, check "not yet" for this item.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___

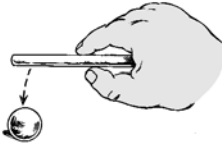


YES SOMETIMES NOT YET

FINE MOTOR *(continued)*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| 3. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Does your child stack three small blocks or toys on top of each other by herself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Does your child make a mark on the paper with the <i>tip</i> of a crayon (or pencil or pen) when trying to draw? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|  | | | | |
| 6. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | | | FINE MOTOR TOTAL | _____ |

PROBLEM SOLVING *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|------------------------------|-------|
| 1. After you scribble back and forth on paper with a crayon (or pencil or pen), does your child copy you by scribbling? (If she already scribbles on her own, check "yes" for this item.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Can your child drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Does your child drop several (six or more) small toys into a container, such as a bowl or box? (You may show him how to do it.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. After you have shown her how, does your child try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|  | | | | |
| 5. Without first showing him how, does your child scribble back and forth when you give him a crayon (or pencil or pen)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump it out again? (You may show her how.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | | | PROBLEM SOLVING TOTAL | _____ |

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| 1. Does your child feed himself with a spoon, even though he may spill some food? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Does your child help undress herself by taking off clothes like socks, hat, shoes, or mittens? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Does your child play with a doll or stuffed animal by hugging it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

YES SOMETIMES NOT YET

PERSONAL-SOCIAL *(continued)*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 4. While looking at himself in the mirror, does your child offer a toy to his own image? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your child get your attention or try to show you something by pulling on your hand or clothes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your child come to you when she needs help, such as with winding up a toy or unscrewing a lid from a jar? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| PERSONAL-SOCIAL TOTAL | | | | ___ |

OVERALL *Parents and providers may use the space below or the back of this sheet for additional comments.*

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you think your child hears well? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 2. Do you think your child talks like other toddlers his age? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 3. Can you understand most of what your child says? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 4. Do you think your child walks, runs, and climbs like other toddlers her age? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 5. Does either parent have a family history of childhood deafness or hearing impairment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 6. Do you have concerns about your child's vision? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 7. Has your child had any medical problems in the last several months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 8. Does anything about your child worry you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |

16 Month ASQ Information Summary

Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Corrected date of birth: _____
 Mailing address: _____ Relationship to child: _____
 Telephone: _____ City: _____ State: _____ ZIP: _____
 Today's date: _____ Assisting in ASQ completion: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

1. Hears well? Comments:	YES NO	5. Family history of hearing impairment? Comments:	YES NO
2. Talks like other toddlers? Comments:	YES NO	6. Vision concerns? Comments:	YES NO
3. Understand child? Comments:	YES NO	7. Recent medical problems? Comments:	YES NO
4. Walks, runs, and climbs like others? Comments:	YES NO	8. Other concerns? Comments:	YES NO

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

		Score	Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
16 months	Communication		34.5	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor		32.3	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor		30.6	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving		26.9	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Personal-social		26.7	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>
					6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
				Y S N	Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____

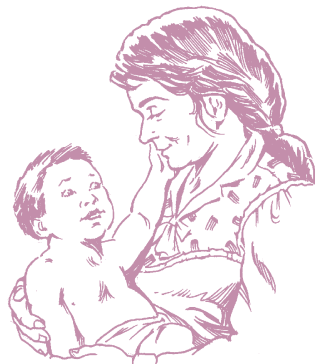
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◆ **18 Month** ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **18 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, score "yes" for the item.

YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-----|
| 1. When your child wants something, does she tell you by <i>pointing</i> to it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. When you ask him to, does your child go into another room to find a familiar toy or object? (You might ask, "Where is your ball?" or say, "Bring me your coat" or "Go get your blanket.") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your child say eight or more words in addition to "Mama" and "Dada"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Check "yes" even if her words are difficult to understand.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Without showing him first, does your child <i>point</i> to the correct picture when you say, "Show me the kitty" or ask, "Where is the dog?" (He needs to identify only one picture correctly.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "Bye-bye," "All gone," "All right," and "What's that?") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

Please give an example of your child's word combinations:

COMMUNICATION TOTAL ___

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. Does your child move around by walking, rather than by crawling on her hands and knees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your child walk well and seldom fall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your child climb on an object such as a chair to reach something he wants? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your child walk down stairs if you hold onto one of her hands? (You can look for this at a store, on a playground, or at home.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. When you show him how to kick a large ball, does your child try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, check "yes" for this item.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |



GROSS MOTOR TOTAL ___

YES SOMETIMES NOT YET

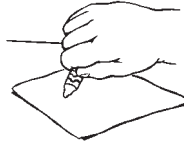
FINE MOTOR *Be sure to try each activity with your child.*

1. Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, check "not yet" for this item.)



2. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)

3. Does your child make a mark on the paper with the *tip* of a crayon (or pencil or pen) when trying to draw?



4. Does your child stack three small blocks or toys on top of each other by herself? (You can also use spools of thread, small boxes, or toys that are about 1 inch in size.)

5. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)

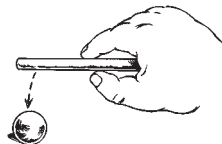
6. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?

FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. Does your child drop several (six or more) small toys into a container, such as a bowl or box? (You may show him how to do it.)

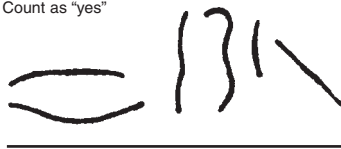
2. After you have shown her how, does your child try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?



3. After a crumb or Cheerio is dropped into a small, clear bottle, does your child purposely turn the bottle over to dump it out? You may show him how to do this. You can use a plastic soda-pop bottle or baby bottle.

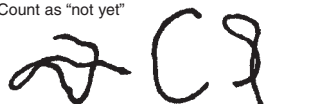
4. Without first showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?

Count as "yes"



5. After he watches you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? (Scribbling back and forth does not count as "yes.")

Count as "not yet"



YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show her how.) (Please allow a few minutes between trying problem solving items 3 and 6.)
- *
- _____

PROBLEM SOLVING TOTAL _____

**If problem solving item 6 is marked "yes" or "sometimes," mark problem solving item 3 as "yes."*

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. While looking at himself in the mirror, does your child offer a toy to his own image? _____
2. Does your child play with a doll or stuffed animal by hugging it? _____
3. Does your child get your attention or try to show you something by pulling on your hand or clothes? _____
4. Does your child come to you when she needs help, such as with winding up a toy or unscrewing a lid from a jar? _____
5. Does your child drink from a cup or glass, putting it down again with little spilling? _____
6. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair? _____

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the space at the bottom of the next sheet for additional comments.*

1. Do you think your child hears well? YES NO
If no, explain: _____
2. Do you think your child talks like other toddlers his age? YES NO
If no, explain: _____
3. Can you understand most of what your child says? YES NO
If no, explain: _____
4. Do you think your child walks, runs, and climbs like other toddlers her age? YES NO
If no, explain: _____
5. Does either parent have a family history of childhood deafness or hearing impairment? YES NO
If yes, explain: _____

OVERALL (continued)

6. Do you have concerns about your child's vision?

YES NO

If yes, explain: _____

7. Has your child had any medical problems in the last several months?

YES NO

If yes, explain: _____

8. Does anything about your child worry you?

YES NO

If yes, explain: _____

18 Month ASQ Information Summary

Child's name: _____
 Person filling out the ASQ: _____
 Mailing address: _____
 Telephone: _____
 Today's date: _____

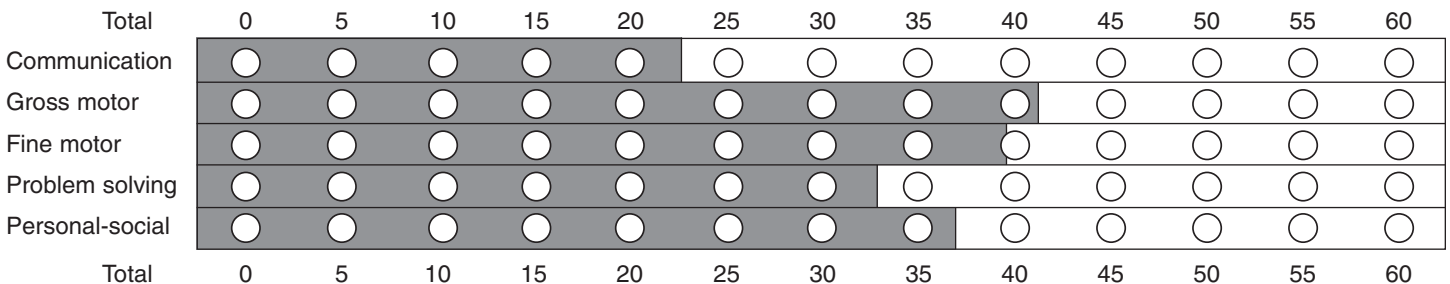
Date of birth: _____
 Corrected date of birth: _____
 Relationship to child: _____
 City: _____ State: _____ ZIP: _____
 Assisting in ASQ completion: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 5. Family history of hearing impairment?
Comments: | YES NO |
| 2. Talks like other toddlers?
Comments: | YES NO | 6. Vision concerns?
Comments: | YES NO |
| 3. Understand child?
Comments: | YES NO | 7. Recent medical problems?
Comments: | YES NO |
| 4. Walks, runs, and climbs like others?
Comments: | YES NO | 8. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.



Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

		Score	Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
18 months	Communication		23.0	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor		41.5	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor		39.5	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving		33.0	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Personal-social		37.0	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>
					6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
				Y S N	Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____

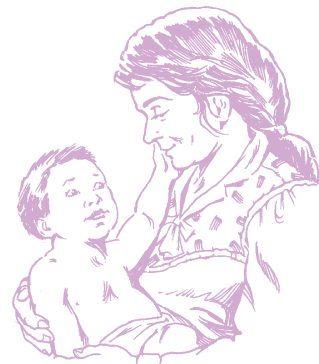
Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System Second Edition

By **Diane Bricker** and **Jane Squires**

with assistance from **Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell**

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◆ **20 Month** ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **20 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, score "yes" for the item.

YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Check "yes" even if her words are difficult to understand.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Does your child say eight words or more in addition to "Mama" and "Dada"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Without showing him first, does your child <i>point</i> to the correct picture when you say, "Show me the kitty" or ask, "Where is the ball?" (He needs to identify only one picture correctly.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "Bye-Bye," "All gone," "All right," and "What's that?") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Please give an example of your child's word combinations:

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 5. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Without giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?
a. "Put the toy on the table." d. "Find your coat."
b. "Close the door." e. "Take my hand."
c. "Bring me a towel." f. "Get your book." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| 1. Does your child climb on an object such as a chair to reach something he wants? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Does your child walk well and seldom fall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Does your child walk down stairs if you hold onto one of her hands? (You can look for this at a store, on a playground, or at home.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |



- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| 4. When you show him how to kick a large ball, does your child try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, check "yes" for this item.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|---|--------------------------|--------------------------|--------------------------|-------|



- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 5. Does your child run fairly well, stopping herself without bumping into things or falling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|--|--------------------------|--------------------------|--------------------------|-------|

YES SOMETIMES NOT YET

GROSS MOTOR *(continued)*

6. Does your child walk either up or down at least two steps by himself? You can look for this at a store, on a playground, or at home. (Check "yes" even if he holds onto the wall or railing.)



GROSS MOTOR TOTAL _____

FINE MOTOR *Be sure to try each activity with your child.*

1. Does your child make a mark on the paper with the *tip* of a crayon (or pencil or pen) when trying to draw?



2. Does your child stack three small blocks or toys on top of each other by herself? (You can also use spools of thread, small boxes, or toys that are about 1 inch in size.)

3. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)

4. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?

5. Does your child stack six small blocks or toys on top of each other by himself?

6. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

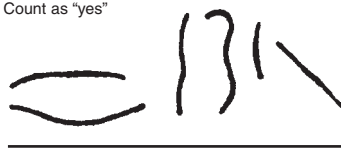
FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

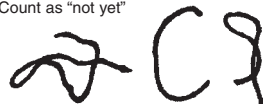
1. Without showing him how, does your child scribble back and forth when you give him a crayon (or pencil or pen)?

2. After she watches you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? (Scribbling back and forth does not count as "yes.")

Count as "yes"



Count as "not yet"




3. If you do any of the following gestures, does your child copy at least one of them?

- a. Open and close your mouth. c. Pull on your earlobe.
b. Blink your eyes. d. Pat your cheek.

YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

- | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| 4. | If you give your child a bottle, spoon, or pencil upside down, does he turn it right side up so that he can use it properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. | While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up at least <i>two</i> blocks side by side? (You can also use spools of thread, small boxes, or other toys.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|  | | | | | |
| 6. | If your child wants something she cannot reach, does she find a chair or box to stand on to reach it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | | | | | PROBLEM SOLVING TOTAL _____ |

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- | | | | | | |
|----|--|--------------------------|--------------------------|--------------------------|-----------------------------|
| 1. | Does your child feed himself with a spoon, even though he may spill some food? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. | Does your child get your attention or try to show you something by pulling on your hand or clothes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. | Does your child drink from a cup or glass, putting it down again with little spilling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. | Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. | When playing with either a stuffed animal or doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. | Does your child eat with a fork? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | | | | | PERSONAL-SOCIAL TOTAL _____ |

OVERALL *Parents and providers may use the space at the bottom of the next sheet for additional comments.*

- | | | | |
|-----------------------|--|------------------------------|-----------------------------|
| 1. | Do you think your child hears well? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | | |
| 2. | Do you think your child talks like other toddlers her age? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | | |
| 3. | Can you understand most of what your child says? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | | |
| 4. | Do you think your child walks, runs, and climbs like other toddlers his age? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | | |

OVERALL (continued)

5. Does either parent have a family history of childhood deafness or hearing impairment? YES NO
If yes, explain: _____
6. Do you have any concerns about your child's vision? YES NO
If yes, explain: _____
7. Has your child had any medical problems in the last several months? YES NO
If yes, explain: _____
8. Does anything about your child worry you? YES NO
If yes, explain: _____

20 Month ASQ Information Summary

Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Corrected date of birth: _____
 Mailing address: _____ Relationship to child: _____
 Telephone: _____ City: _____ State: _____ ZIP: _____
 Today's date: _____ Assisting in ASQ completion: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

1. Hears well? Comments:	YES NO	5. Family history of hearing impairment? Comments:	YES NO
2. Talks like other toddlers? Comments:	YES NO	6. Vision concerns? Comments:	YES NO
3. Understand child? Comments:	YES NO	7. Recent medical problems? Comments:	YES NO
4. Walks, runs, and climbs like others? Comments:	YES NO	8. Other concerns? Comments:	YES NO

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

Score		Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
20 months	Communication	36.3	1 <input type="radio"/> <input type="radio"/> <input type="radio"/> 2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/> 2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/> 2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/> 2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/> 2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor	36.2	3 <input type="radio"/> <input type="radio"/> <input type="radio"/> 4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/> 4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/> 4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/> 4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/> 4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor	39.8	5 <input type="radio"/> <input type="radio"/> <input type="radio"/> 6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/> 6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/> 6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/> 6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/> 6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving	29.9					
	Personal-social	35.2					
				Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____

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◆ 22 Month ◆ Questionnaire



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **22 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____






At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, score "yes" for the item.

YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| <p>1. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "Bye-bye," "All gone," "All right," and "What's that?")</p> <p>Please give an example of your child's word combinations:</p> <p>_____</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <p>2. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <p>3. Without giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?</p> <p>a. "Put the toy on the table." d. "Find your coat."
 b. "Close the door." e. "Take my hand."
 c. "Bring me a towel." f. "Get your book."</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <p>4. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least <i>seven</i> body parts? (She can point to part of herself, you, or a doll.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <p>5. Does your child say fifteen words or more in addition to "Mama" and "Dada"?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <p>6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| COMMUNICATION TOTAL | | | | _____ |

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|-------|
| <p>1. When you show him how to kick a large ball, does your child try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, check "yes" for this item.)</p> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <p>2. Does your child run fairly well, stopping herself without bumping into things or falling?</p> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <p>3. Does your child walk down stairs if you hold onto one of his hands? (You can look for this at a store, on a playground, or at home.)</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <p>4. Does your child walk either up or down at least two steps by herself? You can look for this at a store, on a playground, or at home. (Check "yes" even if she holds onto the wall or railing.)</p> |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

YES SOMETIMES NOT YET

GROSS MOTOR *(continued)*

5. Does your child jump with both feet leaving the floor at the same time?



6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



 _____ *

GROSS MOTOR TOTAL _____

**If gross motor item 6 is marked "yes" or "sometimes," mark gross motor item 1 as "yes."*

FINE MOTOR *Be sure to try each activity with your child.*

1. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?

2. Does your child stack six small blocks or toys on top of each other by himself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)

3. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

4. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)

5. Does your child flip light switches off and on?

6. Does your child thread a shoelace through either a bead or an eyelet of a shoe?



FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. Without first showing her how, does your child scribble back and forth when you give her a Crayon, (or pencil or pen)?

2. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up at least two blocks side by side? (You can also use spools of thread, small boxes, or other toys.)

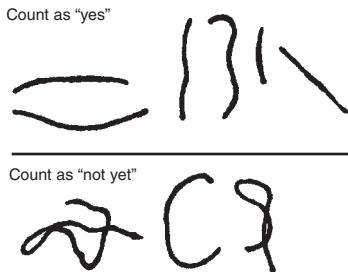


3. Does your child pretend objects are something else? For example, does your child hold a cup to his ear, pretending it is a telephone? Does he put a box on his head, pretending it is a hat? Does he use a block or small toy to stir food?

YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

4. After she watches you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? (Scribbling back and forth does not count as "yes.")



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair? ___
2. If you do any of the following gestures, does your child copy at least one of them? ___
 - a. Open and close your mouth.
 - b. Blink your eyes.
 - c. Pull on your earlobe.
 - d. Pat your cheek.
3. Does your child eat with a fork? ___
4. Does your child drink from a cup or glass, putting it down again with little spilling? ___
5. When playing with either a stuffed animal or doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth? ___
6. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn? ___

PERSONAL-SOCIAL TOTAL ___

OVERALL *Parents and providers may use the space at the bottom of the next sheet for additional comments.*

1. Do you think your child hears well? YES NO
 If no, explain: _____
2. Do you think your child talks like other toddlers her age? YES NO
 If no, explain: _____

OVERALL (continued)

3. Can you understand most of what your child says? YES NO
If no, explain: _____
4. Do you think your child walks, runs, and climbs like other toddlers his age? YES NO
If no, explain: _____
5. Does either parent have a family history of childhood deafness or hearing impairment? YES NO
If yes, explain: _____
6. Do you have concerns about your child's vision? YES NO
If yes, explain: _____
7. Has your child had any medical problems in the last several months? YES NO
If yes, explain: _____
8. Does anything about your child worry you? YES NO
If yes, explain: _____

22 Month ASQ Information Summary

Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Corrected date of birth: _____
 Mailing address: _____ Relationship to child: _____
 Telephone: _____ City: _____ State: _____ ZIP: _____
 Today's date: _____ Assisting in ASQ completion: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

1. Hears well? Comments:	YES NO	5. Family history of hearing impairment? Comments:	YES NO
2. Talks like other toddlers? Comments:	YES NO	6. Vision concerns? Comments:	YES NO
3. Understand child? Comments:	YES NO	7. Recent medical problems? Comments:	YES NO
4. Walks, runs, and climbs like others? Comments:	YES NO	8. Other concerns? Comments:	YES NO

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

22 months	Score	Cutoff	Communication			Gross motor			Fine motor			Problem solving			Personal-social		
			1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Communication		35.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor		40.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor		36.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving		36.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social		39.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Y	S	N	Y	S	N	Y	S	N	Y	S	N	Y	S	N

Administering program or provider: _____

Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System Second Edition

By Diane Bricker and Jane Squires

with assistance from Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell

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24 Month ♦ 2 Year Questionnaire



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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24 Month ♦ 2 Year Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, score "yes" for the item.

YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

1. Without showing her first, does your child *point* to the correct picture when you say, "Show me the kitty" or ask, "Where is the dog?" (She needs to identify only one picture correctly.) _____
2. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Check "yes" even if his words are difficult to understand.) _____
3. Without giving her clues by pointing or using gestures, can your child carry out at least *three* of these kinds of directions? _____
 - a. "Put the toy on the table." d. "Find your coat."
 - b. "Close the door." e. "Take my hand."
 - c. "Bring me a towel." f. "Get your book."
4. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly *name* at least one picture? _____
5. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "Bye-bye," "All gone," "All right," and "What's that?") _____


Please give an example of your child's word combinations:


6. Does your child correctly use at least two words like "me," "I," "mine," and "you"? _____


COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

1. Does your child walk down stairs if you hold onto one of his hands? (You can look for this at a store, on a playground, or at home.) _____
2. When you show her how to kick a large ball, does your child try to kick the ball by moving her leg forward or by walking into it? (If your child already kicks a ball, check "yes" for this item.) _____


3. Does your child walk either up or down at least two steps by himself? You can look for this at a store, on a playground, or at home. (Check "yes" even if he holds onto the wall or railing.) _____


4. Does your child run fairly well, stopping herself without bumping into things or falling? _____



YES SOMETIMES NOT YET

GROSS MOTOR *(continued)*

5. Does your child jump with both feet leaving the floor at the same time?



6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



 _____ *

GROSS MOTOR TOTAL _____

**If gross motor item 6 is marked "yes" or "sometimes," mark gross motor item 2 as "yes."*

FINE MOTOR *Be sure to try each activity with your child.*

1. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?

2. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)

3. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

4. Does your child flip switches off and on?

5. Does your child stack seven small blocks or toys on top of each other by himself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)

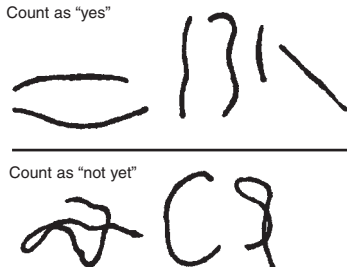
6. Does your child thread a shoelace through either a bead or an eyelet of a shoe?



FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. After she watches you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? (Scribbling back and forth does not count as "yes.")



2. Without showing him how, does your child purposefully turn a small, clear bottle upside down to dump out a crumb or Cheerio? (You can use a soda-pop bottle or baby bottle.)

YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

- 3. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food? _____
- 4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen? _____
- 5. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it? _____
- 6. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.) _____



PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- 1. Does your child drink from a cup or glass, putting it down again with little spilling? _____
- 2. Does your child copy activities you do, such as wipe up a spill, sweep, shave, or comb hair? _____
- 3. Does your child eat with a fork? _____
- 4. When playing with either a stuffed animal or doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth? _____
- 5. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn? _____
- 6. Does your child call herself "I" or "me" more often than her own name? For example, "I do it," more often than "Juanita do it." _____

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the space at the bottom of the next sheet for additional comments.*

- 1. Do you think your child hears well? YES NO
If no, explain: _____
- 2. Do you think your child talks like other toddlers her age? YES NO
If no, explain: _____

OVERALL (continued)

3. Can you understand most of what your child says? YES NO
If no, explain: _____
4. Do you think your child walks, runs, and climbs like other toddlers his age? YES NO
If no, explain: _____
5. Does either parent have a family history of childhood deafness or hearing impairment? YES NO
If yes, explain: _____
6. Do you have any concerns about your child's vision? YES NO
If yes, explain: _____
7. Has your child had any medical problems in the last several months? YES NO
If yes, explain: _____
8. Does anything about your child worry you? YES NO
If yes, explain: _____

24 Month/2 Year ASQ Information Summary

Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 5. Family history of hearing impairment?
Comments: | YES NO |
| 2. Talks like other toddlers?
Comments: | YES NO | 6. Vision concerns?
Comments: | YES NO |
| 3. Understand child?
Comments: | YES NO | 7. Recent medical problems?
Comments: | YES NO |
| 4. Walks, runs, and climbs like others?
Comments: | YES NO | 8. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

	Score	Cutoff	Communication			Gross motor			Fine motor			Problem solving			Personal-social		
			1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
24 months/2 years	Communication	36.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Gross motor	36.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Fine motor	36.4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Problem solving	32.9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Personal-social	35.6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				Y	S	N	Y	S	N	Y	S	N	Y	S	N	Y	S

Administering program or provider: _____

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◆ **27 Month** ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **27 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, score "yes" for the item.

YES SOMETIMES NOT YET

COMMUNICATION

Be sure to try each activity with your child.




- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-----|
| 1. Without giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?
a. "Put the toy on the table." d. "Find your coat."
b. "Close the door." e. "Take my hand."
c. "Bring me a towel." f. "Get your book." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least <i>seven</i> body parts? (She can point to parts of herself, you, or a doll.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your child correctly use at least two words like "me," "I," "mine," and "you"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your child make sentences that are three or four words long?
Please give an example:

_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Without giving him help by pointing or using gestures, ask your child to "Put the shoe <i>on</i> the table" and "Put the book <i>under</i> the chair." Does your child carry out both of these directions correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

COMMUNICATION TOTAL ___

GROSS MOTOR

Be sure to try each activity with your child.

- | | | | | | |
|--|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your child walk either up or down at least two steps by himself? You can look for this at a store, on a playground, or at home. (Check "yes" even if he holds onto the wall or railing.) |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. Does your child run fairly well, stopping herself without bumping into things or falling? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your child jump with both feet leaving the floor at the same time? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

YES SOMETIMES NOT YET

GROSS MOTOR *(continued)*

4. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



5. Does your child jump forward at least 3 inches with both feet leaving the ground at the same time?



6. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



 _____ *

GROSS MOTOR TOTAL _____

**If gross motor item 6 is marked "yes" or "sometimes," mark gross motor item 1 as "yes."*

FINE MOTOR *Be sure to try each activity with your child.*

1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

2. Does your child flip light switches off and on?

3. After he watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?

Count as "yes"



Count as "not yet"



4. Does your child stack seven small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)

5. Does your child thread a shoelace through either a bead or eyelet of a shoe?



YES SOMETIMES NOT YET

FINE MOTOR *(continued)*

6. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

Count as "yes"



Count as "not yet"



FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food?

2. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen?

3. When looking in the mirror, ask "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror?

4. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it?

5. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



6. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person? Responses like "snowman," "boy," "man," "girl," and "Daddy" are correct.



Please write your child's response here:

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. If you do any of the following gestures, does your child copy at least one of them?

- a. Open and close your mouth.
- b. Blink your eyes.
- c. Pull on your earlobe.
- d. Pat your cheek.

YES SOMETIMES NOT YET

PERSONAL-SOCIAL *(continued)*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 2. Does your child eat with a fork? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. When playing with either a stuffed animal or doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your child call herself "I" or "me" more often than her own name? For example, "I do it" more often than "Juanita do it." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your child put on a coat, jacket, or shirt by himself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

PERSONAL-SOCIAL TOTAL ___

OVERALL *Parents and providers may use the space below or the back of this sheet for additional comments.*

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you think your child hears well?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Do you think your child talks like other toddlers her age?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Can you understand most of what your child says?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Do you think your child walks, runs, and climbs like other toddlers his age?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Does either parent have a family history of childhood deafness or hearing impairment?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Do you have concerns about your child's vision?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Has your child had any medical problems in the last several months?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Does anything about your child worry you?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

27 Month ASQ Information Summary

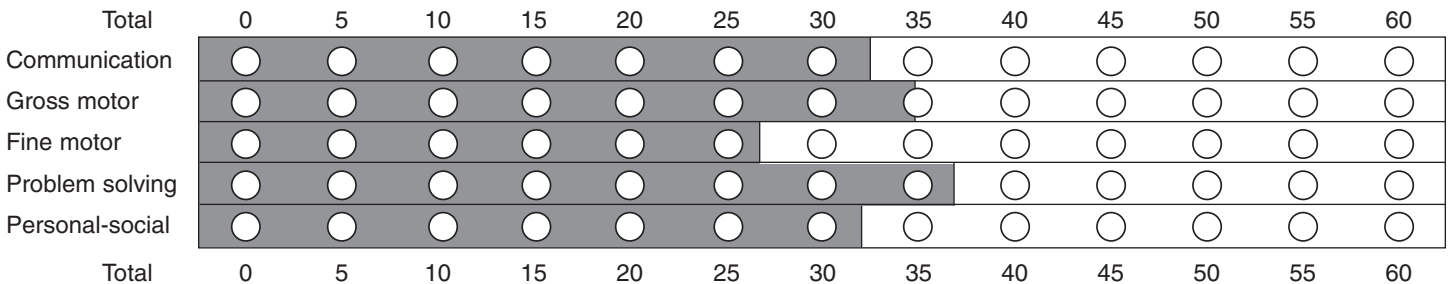
Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 5. Family history of hearing impairment?
Comments: | YES NO |
| 2. Talks like other toddlers?
Comments: | YES NO | 6. Vision concerns?
Comments: | YES NO |
| 3. Understand child?
Comments: | YES NO | 7. Recent medical problems?
Comments: | YES NO |
| 4. Walks, runs, and climbs like others?
Comments: | YES NO | 8. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.



Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

27 months	Score	Cutoff	Communication			Gross motor			Fine motor			Problem solving			Personal-social		
			1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Communication		33.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor		35.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor		26.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving		37.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social		33.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Y	S	N	Y	S	N	Y	S	N	Y	S	N	Y	S	N

Administering program or provider: _____

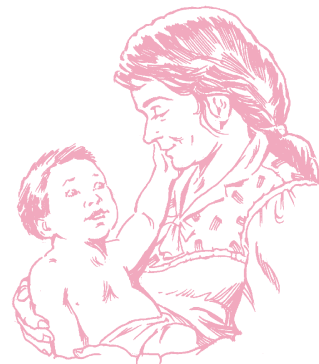
Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System Second Edition

By **Diane Bricker** and **Jane Squires**

with assistance from **Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell**

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◆ **30 Month** ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



**Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System
Second Edition**

By **Diane Bricker** and **Jane Squires**

with assistance from **Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell**

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◆ **30 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly *name* at least one picture? _____

2. Without giving him clues by pointing or using gestures, can your child carry out at least *three* of these kinds of directions? _____
 - a. "Put the toy on the table." d. "Find your coat."
 - b. "Close the door." e. "Take my hand."
 - c. "Bring me a towel." f. "Get your book."

3. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least *seven* body parts? (She can point to parts of herself, you, or a doll.) _____


4. Does your child make sentences that are three or four words long? _____
 Please give an example:


5. Without giving him help by pointing or using gestures, ask your child to "Put the shoe *on* the table" and "Put the book *under* the chair." Does your child carry out both of these directions correctly? _____


6. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? (For example, "Barking," "Running," "Eating," and "Crying") You may ask, "What is the dog (or boy) doing?" _____

COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

1. Does your child run fairly well, stopping herself without bumping into things or falling?  _____

2. Does your child walk either up or down at least two steps by himself? You can look for this at a store, on a playground, or at home. (Check "yes" even if he holds onto the wall or railing.)  _____

3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?  _____

YES SOMETIMES NOT YET

GROSS MOTOR *(continued)*

4. Does your child jump with both feet leaving the floor at the same time?



5. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



 _____ *

6. Does your child stand on one foot for about 1 second without holding onto anything?



GROSS MOTOR TOTAL _____

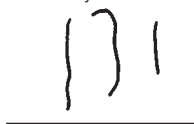
**If gross motor item 5 is marked "yes" or "sometimes," mark gross motor item 2 as "yes."*

FINE MOTOR *Be sure to try each activity with your child.*

1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?

2. After he watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?

Count as "yes"



Count as "not yet"

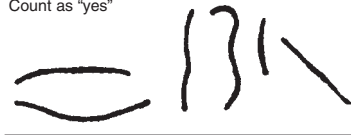


3. Does your child thread a shoelace through either a bead or eyelet of a shoe?



4. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

Count as "yes"



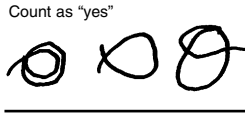
Count as "not yet"



YES SOMETIMES NOT YET

FINE MOTOR *(continued)*

5. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?



Count as "not yet"



6. Does your child turn pages in a book, one page at a time?

FINE MOTOR TOTAL _____

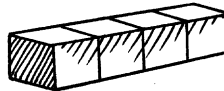
PROBLEM SOLVING *Be sure to try each activity with your child.*

1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror?



2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it?

3. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person? Responses like "snowman," "boy," "man," "girl," and "Daddy" are correct.



Please write your child's response here:

5. When you say, "Say seven three," does your child repeat *just* the two numbers in the correct order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say eight two." Your child must repeat just one series of two numbers for you to answer "yes" to this question.

6. After she draws a "picture," even a simple scribble, does your child tell you what she drew? You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 1. If you do any of the following gestures, does your child copy at least one of them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| a. Open and close your mouth. | | | | |
| b. Blink your eyes. | | | | |
| c. Pull on your earlobe. | | | | |
| d. Pat your cheek. | | | | |
| 2. Does your child use a spoon to feed himself with little spilling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if she cannot turn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your child put on a coat, jacket, or shirt by himself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. When he is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or his own name? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

PERSONAL-SOCIAL TOTAL ___

OVERALL *Parents and providers may use the space below or the back of this sheet for additional comments.*

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you think your child hears well? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 2. Do you think your child talks like other toddlers her age? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 3. Can you understand most of what your child says? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 4. Do you think your child walks, runs, and climbs like other toddlers his age? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 5. Does either parent have a family history of childhood deafness or hearing impairment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 6. Do you have any concerns about your child's vision? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 7. Has your child had any medical problems in the last several months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 8. Does anything about your child worry you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |

30 Month ASQ Information Summary

Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 5. Family history of hearing impairment?
Comments: | YES NO |
| 2. Talks like other children?
Comments: | YES NO | 6. Vision concerns?
Comments: | YES NO |
| 3. Understand child?
Comments: | YES NO | 7. Recent medical problems?
Comments: | YES NO |
| 4. Walks, runs, and climbs like others?
Comments: | YES NO | 8. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

		Score	Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
30 months	Communication		38.8	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor		30.6	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor		25.2	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving		28.9	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Personal-social		36.9	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>
					6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
				Y S N	Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____

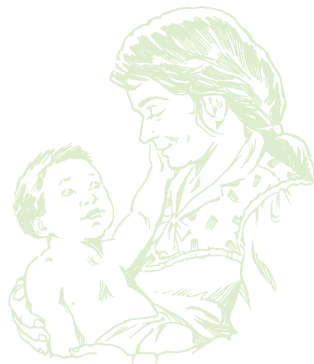
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By **Diane Bricker** and **Jane Squires**

with assistance from **Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell**

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◆ **33 Month** ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____ .
- If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- Look forward to filling out another questionnaire in _____ months.



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◆ **33 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



YES SOMETIMES NOT YET




COMMUNICATION *Be sure to try each activity with your child.*

1. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least *seven* body parts? (She can point to parts of herself, you, or a doll.) _____
2. Does your child make sentences that are three or four words long? _____
Please give an example:

3. Without giving him help by pointing or using gestures, ask your child to "Put the shoe *on* the table" and "Put the book *under* the chair." Does your child carry out both of these directions correctly? _____
4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? (For example, "Barking," "Running," "Eating," and "Crying") You may ask, "What is the dog (or boy) doing?" _____
5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle, and ask your child to move the zipper *down*. Return the zipper to the middle, and ask your child to move the zipper *up*. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"? _____
6. When you ask, "What is your name?" does your child say both her first and last names? _____

COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

1. Does your child run fairly well, stopping herself without bumping into things or falling?  _____
2. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?  _____
3. Does your child jump with both feet leaving the floor at the same time?  _____

YES SOMETIMES NOT YET

GROSS MOTOR *(continued)*

4. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



5. Does your child stand on one foot for about 1 second without holding onto anything?



6. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball *underhand* does not count.)

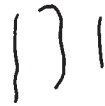


GROSS MOTOR TOTAL _____

FINE MOTOR *Be sure to try each activity with your child.*

1. After he watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask your child to trace your line. Does your child copy you by drawing a single line in a vertical direction?

Count as "yes"



Count as "not yet"



2. Does your child thread a shoelace through either a bead or an eyelet of a shoe?



3. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

Count as "yes"



Count as "not yet"



YES SOMETIMES NOT YET

FINE MOTOR (continued)

4. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? Count as "yes"

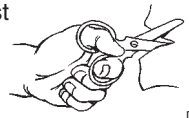


Count as "not yet"



5. Does your child turn pages in a book, one page at a time? _____

6. Does your child try to cut paper with child-safe scissors? She does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)



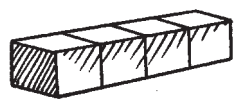
FINE MOTOR TOTAL _____

PROBLEM SOLVING Be sure to try each activity with your child.

1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror?



2. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.)



3. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it? _____

4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person? Responses like "snowman," "boy," "man," "girl," and "Daddy" are correct.
Please write your child's response here:



5. When you say, "Say seven three," does your child repeat just the two numbers in the correct order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say eight two." Your child must repeat just one series of two numbers for you to answer "yes" to this question. _____

6. After she draws a "picture," even a simple scribble, does your child tell you what she drew? You may say, "Tell me about your picture," or ask, "What is this?" to prompt her. _____

PROBLEM SOLVING TOTAL _____

YES SOMETIMES NOT YET

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your child use a spoon to feed herself with little spilling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your child put on a coat, jacket, or shirt by herself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. After you put on loose-fitting pants around his feet, does your child pull them completely up to his waist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. When she is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or her own name? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

PERSONAL-SOCIAL TOTAL ___

OVERALL *Parents and providers may use the space below or the back of this sheet for additional comments.*

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you think your child hears well?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Do you think your child talks like other toddlers her age?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Can you understand most of what your child says?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Do you think your child walks, runs, and climbs like other toddlers his age?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Does either parent have a family history of childhood deafness or hearing impairment?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Do you have concerns about your child's vision?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Has your child had any medical problems in the last several months?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Does anything about your child worry you?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

33 Month ASQ Information Summary

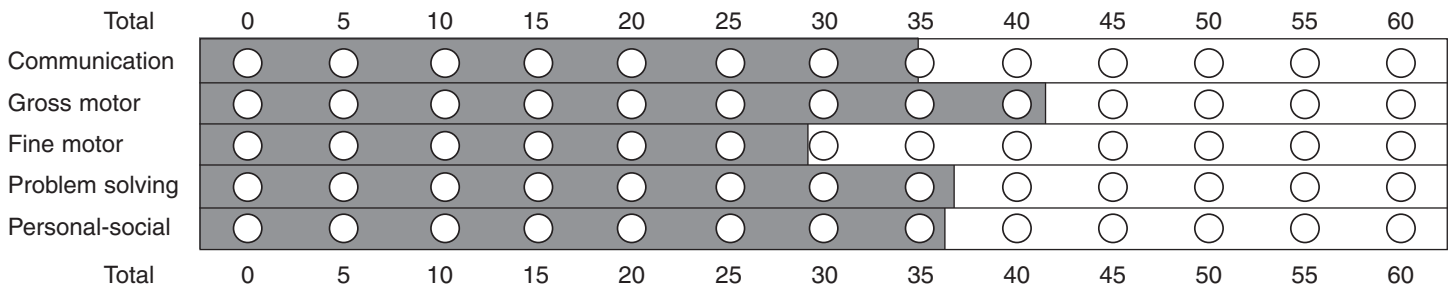
Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 5. Family history of hearing impairment?
Comments: | YES NO |
| 2. Talks like other children?
Comments: | YES NO | 6. Vision concerns?
Comments: | YES NO |
| 3. Understand child?
Comments: | YES NO | 7. Recent medical problems?
Comments: | YES NO |
| 4. Walks, runs, and climbs like others?
Comments: | YES NO | 8. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.



Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

		Score	Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
33 months	Communication		35.0	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor		41.5	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor		29.0	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving		36.5	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Personal-social		36.0	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>
					6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
				Y S N	Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____

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36 Month ♦ 3 Year Questionnaire



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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36 Month ♦ 3 Year Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



YES SOMETIMES NOT YET




COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least <i>seven</i> body parts? (She can point to parts of herself, you, or a doll.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Does your child make sentences that are three or four words long?
Please give an example:

_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Without giving him help by pointing or using gestures, ask your child to "Put the shoe <i>on</i> the table" and "Put the book <i>under</i> the chair." Does your child carry out both of these directions correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? (For example, "Barking," "Running," "Eating," and "Crying") You may ask, "What is the dog (or boy) doing?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle and ask your child to move the zipper <i>down</i> . Return the zipper to the middle and ask your child to move the zipper <i>up</i> . Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. When you ask, "What is your name?" does your child say both her first and last names? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. Without holding onto anything for support, does your child kick a ball by swinging his leg forward? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|  | | | | |
| 2. Does your child jump with both feet leaving the floor at the same time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|  | | | | |
| 3. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
|  | | | | |

YES SOMETIMES NOT YET

GROSS MOTOR (continued)

4. Does your child stand on one foot for about 1 second without holding onto anything?



5. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball underhand does not count.)



6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?

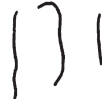


GROSS MOTOR TOTAL _____

FINE MOTOR Be sure to try each activity with your child.

1. After she watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?

Count as "yes"



Count as "not yet"



2. Does your child thread a shoelace through either a bead or an eyelet of a shoe?



3. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?

Count as "yes"

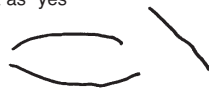


Count as "not yet"



4. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

Count as "yes"



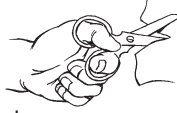
Count as "not yet"



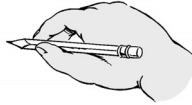
YES SOMETIMES NOT YET

FINE MOTOR (continued)

5. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)



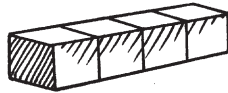
6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?



FINE MOTOR TOTAL _____

PROBLEM SOLVING Be sure to try each activity with your child.

1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it?

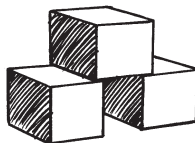
3. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person? Responses like "snowman," "boy," "man," "girl," and "Daddy" are correct.



Please write your child's response here:

4. When you say, "Say seven three," does your child repeat *just* the two numbers in the correct order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say eight two." Your child must repeat just one series of two numbers for you to answer "yes" to this question.

5. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?



6. When you say, "Say five eight three," does your child repeat *just* the three numbers in the correct order? *Do not repeat these numbers.* If necessary, try another series of numbers and say, "Say six nine two." Your child must repeat just one series of three numbers for you to answer "yes" to this question.

PROBLEM SOLVING TOTAL _____

YES SOMETIMES NOT YET

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your child use a spoon to feed herself with little spilling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. When she is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or her own name? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Can your child put on a coat, jacket, or shirt by himself? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your child take turns by waiting while another child or adult takes a turn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

PERSONAL-SOCIAL TOTAL ___

OVERALL *Parents and providers may use the space below or the back of this sheet for additional comments.*

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you think your child hears well?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Do you think your child talks like other children her age?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Can you understand most of what your child says?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Do you think your child walks, runs, and climbs like other children his age?
If no, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Does either parent have a family history of childhood deafness or hearing impairment?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Do you have any concerns about your child's vision?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Has your child had any medical problems in the last several months?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Does anything about your child worry you?
If yes, explain: _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

36 Month/3 Year ASQ Information Summary

Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 5. Family history of hearing impairment?
Comments: | YES NO |
| 2. Talks like other children?
Comments: | YES NO | 6. Vision concerns?
Comments: | YES NO |
| 3. Understand child?
Comments: | YES NO | 7. Recent medical problems?
Comments: | YES NO |
| 4. Walks, runs, and climbs like others?
Comments: | YES NO | 8. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

		Score	Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
36 months/3 years	Communication		38.7	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor		35.7	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor		30.7	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving		38.6	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Personal-social		38.7	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>
					6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
				Y S N	Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____

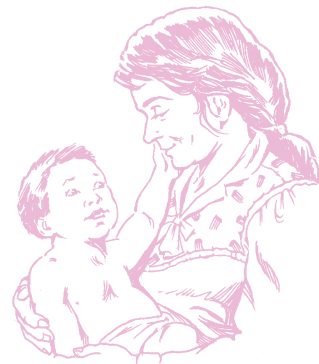
Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System Second Edition

By **Diane Bricker** and **Jane Squires**

with assistance from **Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell**

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◆ **42 Month** ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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◆ **42 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. Without giving him help by pointing or using gestures, ask your child to "Put the shoe <i>on</i> the table" and "Put the book <i>under</i> the chair." Does your child carry out both of these directions correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? (For example, "Barking," "Running," "Eating," and "Crying") You may ask, "What is the dog (or boy) doing?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle, and ask your child to move the zipper <i>down</i> . Return the zipper to the middle, and ask your child to move the zipper <i>up</i> . Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. When you ask, "What is your name?" does your child say both her first and last names? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I <i>am</i> going to <i>the</i> park," or " <i>Is</i> there <i>a</i> toy to play with?" or " <i>Are</i> you coming, too?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

1. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



2. Does your child stand on one foot for about 1 second without holding onto anything?



YES SOMETIMES NOT YET

GROSS MOTOR (continued)

3. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball, letting the ball go, or throwing the ball underhand does not count.)



4. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?



5. Does your child catch a large ball with both hands? You should stand about 5 feet away and give your child two or three tries.



6. Does your child climb the rungs of a ladder of a playground slide and slide down without help?

GROSS MOTOR TOTAL _____

FINE MOTOR Be sure to try each activity with your child.

1. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?

Count as "yes"



Count as "not yet"



2. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

Count as "yes"



Count as "not yet"



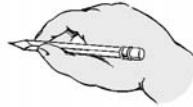
3. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)



YES SOMETIMES NOT YET

FINE MOTOR (continued)

4. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?



5. Does your child put together a six-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)

6. Using the shape at right to look at, does your child copy it onto a large piece of paper using a pencil or crayon, without tracing? Your child's drawing should look like the design of the shape, except it may be different in size.



FINE MOTOR TOTAL _____

PROBLEM SOLVING Be sure to try each activity with your child.

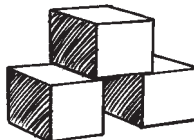
1. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person? Responses like "snowman," "boy," "man," "girl," and "Daddy" are correct.



Please write your child's response here:

2. When you say, "Say seven three," does your child repeat *just* the two numbers in the correct order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say eight two." Your child must repeat just one series of two numbers for you to answer "yes" to this question.

3. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?



4. When you say, "Say five eight three," does your child repeat *just* the three numbers in the correct order? *Do not repeat these numbers.* If necessary, try another series of numbers and say, "Say six nine two." Your child must repeat just one series of three numbers for you to answer "yes" to this question.

YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

5. When asked, "Which circle is the smallest?" does your child point to the smallest circle? Ask this question *without* providing help by pointing, gesturing, or looking at the smallest circle.



6. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother or sister, or an imaginary animal or figure.

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. When she is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or her own name?

2. Can your child put on a coat, jacket, or shirt by himself?

3. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

4. Does your child take turns by waiting while another child or adult takes a turn?

5. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl?

6. Does your child wash his hands and face using soap and dry off with a towel without help?

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the space at the bottom of the next sheet for additional comments.*

1. Do you think your child hears well?

YES NO

If no, explain: _____

2. Do you think your child talks like other children her age?

YES NO

If no, explain: _____

3. Can you understand most of what your child says?

YES NO

If no, explain: _____

OVERALL (continued)

4. Do you think your child walks, runs, and climbs like other children his age? YES NO
If no, explain: _____
5. Does either parent have a family history of childhood deafness or hearing impairment? YES NO
If yes, explain: _____
6. Do you have any concerns about your child's vision? YES NO
If yes, explain: _____
7. Has your child had any medical problems in the last several months? YES NO
If yes, explain: _____
8. Does anything about your child worry you? YES NO
If yes, explain: _____

42 Month ASQ Information Summary

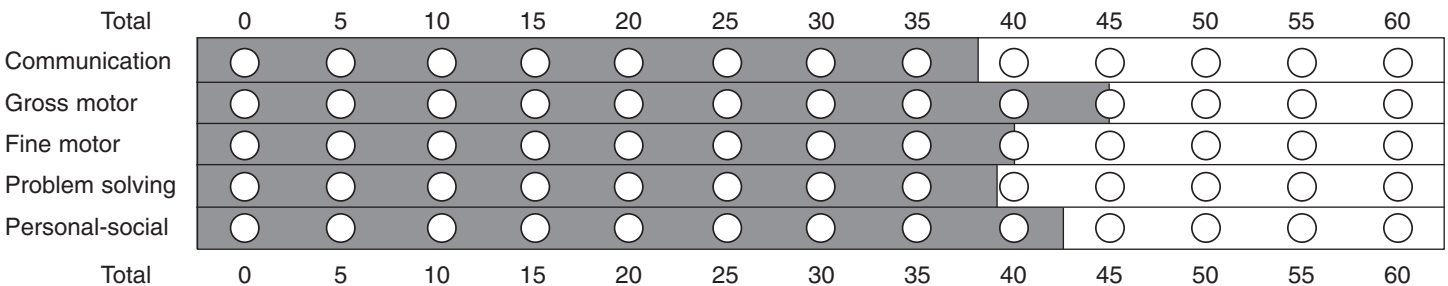
Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 5. Family history of hearing impairment?
Comments: | YES NO |
| 2. Talks like other children?
Comments: | YES NO | 6. Vision concerns?
Comments: | YES NO |
| 3. Understand child?
Comments: | YES NO | 7. Recent medical problems?
Comments: | YES NO |
| 4. Walks, runs, and climbs like others?
Comments: | YES NO | 8. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.



Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

42 months	Score	Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
	Communication		38.0	1 <input type="radio"/> <input type="radio"/> <input type="radio"/> 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> 3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/> 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> 4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/> 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> 4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/> 2 <input type="radio"/> <input type="radio"/> <input type="radio"/> 3 <input type="radio"/> <input type="radio"/> <input type="radio"/> 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> 6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
Gross motor		45.0					
Fine motor		40.0					
Problem solving		39.0					
Personal-social		42.5					

Administering program or provider: _____

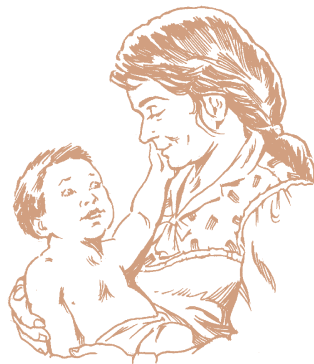
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48 Month ♦ 4 Year Questionnaire



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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48 Month ♦ 4 Year Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like, "Cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like, "Cow, dog, and elephant"? _____

2. Does your child answer the following questions:
 "What do you do when you are hungry?" (Acceptable answers include: "Get food," "Eat," "Ask for something to eat," and "Have a snack.")

Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include: "Take a nap," "Rest," "Go to sleep," "Go to bed," "Lie down," and "Sit down.")

Please write your child's response:

Mark "sometimes" if your child answers only one question. _____

3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does he say something like, "It's round. I throw it. It's big"? _____


4. Does your child use endings of words, such as "s," "ed," and "ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"? _____

5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down." _____


6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?" _____

COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

1. Does your child catch a large ball with both hands? You should stand about 5 feet away and give your child two or three tries.  _____

2. Does your child climb the rungs of a ladder of a playground slide and slide down without help? _____

3. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise her arm to shoulder height and throw the ball forward. (Dropping the ball, letting the ball go, or throwing the ball underhand should be scored as "not yet.")  _____

YES SOMETIMES NOT YET

GROSS MOTOR *(continued)*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 4. Does your child hop up and down on either the right or left foot at least one time without losing his balance or falling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your child jump forward a distance of 20 inches from a standing position, starting with her feet together? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing his balance and putting his foot down? You may give your child two or three tries before you mark the question. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |



GROSS MOTOR TOTAL ___

FINE MOTOR *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your child put together a six-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil or crayon, without tracing? Your child's drawings should look similar to the design of the shapes below, but they may be different in size. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

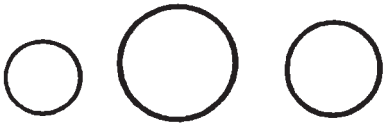


- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-----|
| 4. Does your child unbutton one or more buttons? Your child may use his own clothing or a doll's clothing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your child color mostly within the lines in a coloring book? Your child should not go more than 1/4 inch outside the lines on most of the picture. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

FINE MOTOR TOTAL ___

YES SOMETIMES NOT YET

PROBLEM SOLVING *Be sure to try each activity with your child.*

- | | | | | | |
|---|---|--------------------------|--------------------------|--------------------------|-----|
| <p>1. When you say, "Say five eight three," does your child repeat <i>just</i> these three numbers in the correct order? <i>Do not repeat these numbers.</i> If necessary, try another series of numbers and say, "Say six nine two." Your child must repeat just one series of three numbers to answer "yes" to this question.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| <p>2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? Ask this question <i>without</i> providing help by pointing, gesturing, or looking at the smallest circle.</p> |  | | | <input type="checkbox"/> | ___ |
| <p>3. Without giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put a book "<i>under</i> the couch." Then ask her to put the ball "<i>between</i> the chairs" and the shoe "<i>in the middle</i> of the table."</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| <p>4. When shown an object and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? Answer "yes" only if your child answers the question correctly using five colors.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| <p>5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother or sister, or an imaginary animal or figure.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| <p>6. If you place five objects in front of your child, can he count them saying, "One, two, three, four, five," in order? Ask this question <i>without</i> providing help by pointing, gesturing, or naming.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ | |
| PROBLEM SOLVING TOTAL | | | | ___ | |

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| <p>1. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <p>2. Does your child tell you at least four of the following:</p> <p style="margin-left: 20px;">a. First name d. Last name</p> <p style="margin-left: 20px;">b. Age e. Boy or girl</p> <p style="margin-left: 20px;">c. City she lives in f. Telephone number</p> <p style="margin-left: 20px;">Please circle the items your child knows.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <p>3. Does your child wash his hands and face using soap and dry off with a towel without help?</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| <p>4. Does your child tell you the names of two or more playmates, not including brothers and sisters? Ask this question without providing help by suggesting names of playmates or friends.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

YES SOMETIMES NOT YET

PERSONAL-SOCIAL *(continued)*

5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all her teeth without help? You may still need to check and rebrush your child's teeth. _____
6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)? _____
- PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the space below or the back of this sheet for additional comments.*

1. Do you think your child hears well? YES NO
If no, explain: _____
2. Do you think your child talks like other children her age? YES NO
If no, explain: _____
3. Can you understand most of what your child says? YES NO
If no, explain: _____
4. Do you think your child walks, runs, and climbs like other children his age? YES NO
If no, explain: _____
5. Does either parent have a family history of childhood deafness or hearing impairment? YES NO
If yes, explain: _____
6. Do you have any concerns about your child's vision? YES NO
If yes, explain: _____
7. Has your child had any medical problems in the last several months? YES NO
If yes, explain: _____
8. Does anything about your child worry you? YES NO
If yes, explain: _____

48 Month/4 Year ASQ Information Summary

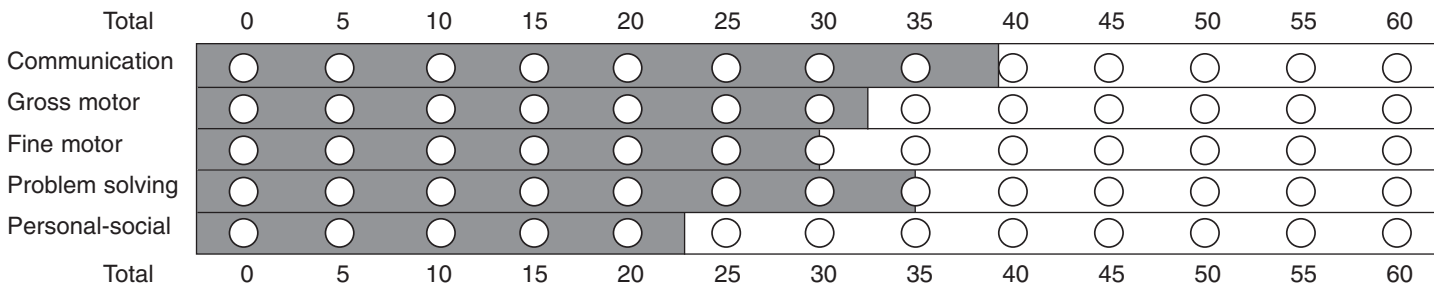
Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 5. Family history of hearing impairment?
Comments: | YES NO |
| 2. Talks like other children?
Comments: | YES NO | 6. Vision concerns?
Comments: | YES NO |
| 3. Understand child?
Comments: | YES NO | 7. Recent medical problems?
Comments: | YES NO |
| 4. Walks, runs, and climbs like others?
Comments: | YES NO | 8. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.



Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

48 months/4 years	Score	Cutoff	Communication			Gross motor			Fine motor			Problem solving			Personal-social		
			1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Communication		39.1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor		32.9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor		30.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving		35.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social		23.4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Y	S	N	Y	S	N	Y	S	N	Y	S	N	Y	S	N

Administering program or provider: _____

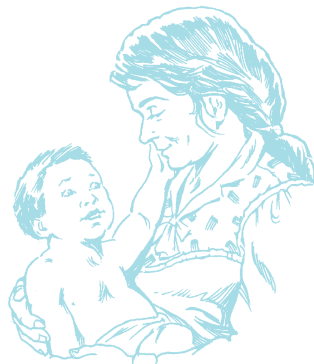
Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System Second Edition

By Diane Bricker and Jane Squires

with assistance from Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell

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◆ **54 Month** ◆ **Questionnaire**



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



**Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System
Second Edition**

By **Diane Bricker** and **Jane Squires**

with assistance from **Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell**

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◆ **54 Month** ◆
Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

1. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does he say something like, "It's round. I throw it. It's big"? _____

2. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences? For example, does your child use sentences such as "I am going to the park," "Is there a toy to play with?" or "Are you coming, too?" _____

3. Does your child use endings of words, such as "s," "ed," and "ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"? _____

4. Without giving your child help by pointing or repeating directions, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child to "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up." _____

5. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? _____
 Please write an example:

6. When talking about something that already happened, does your child use words that end in "ed," such as *walked*, *jumped*, or *played*? Ask your child questions, such as "How did you get to the store?" ("We *walked*.") "What did you do at your friend's house?" ("We *played*.") _____
 Please write an example:

COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

1. Does your child hop up and down on either his right foot or left foot at least one time without losing his balance or falling? _____

2. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise her arm to shoulder height and throw the ball forward. (Dropping the ball, letting the ball go, or throwing the ball underhand should be scored as "not yet.") _____



YES SOMETIMES NOT YET

GROSS MOTOR *(continued)*

3. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together? _____



4. Does your child catch a large ball with both hands? You should stand about 5 feet away and give your child two or three tries. _____



5. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? You may give your child two or three tries before you mark the answer. _____

6. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? You may show him how to do this. _____

GROSS MOTOR TOTAL _____

FINE MOTOR *Be sure to try each activity with your child.*

1. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil or crayon, without tracing? Your child's drawings should look similar to the design of the shapes below, but they may be different in size. _____



2. Does your child unbutton one or more buttons? Your child may use his own clothing or a doll's clothing. _____

3. Does your child color mostly within the lines in a coloring book? Your child should not go more than 1/4 inch outside the lines on most of the picture. _____

4. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? (Mark "sometimes" if your child goes off the line three times.) _____



5. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child to "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, *and* legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to attach the sheet of paper with your child's drawing to this questionnaire. _____

YES SOMETIMES NOT YET

FINE MOTOR *(continued)*

6. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)



FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. When shown an object and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? Answer "yes" only if your child answers the question correctly using five colors.
2. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, sister, or an imaginary animal or figure.
3. If you place five objects in front of your child, can she count them by saying, "One, two, three, four, five" in order? Ask this question *without* providing help by pointing, gesturing, or naming.
4. When asked, "Which circle is smallest?" does your child point to the smallest circle? Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.



5. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."
6. Does your child know the names of numbers? Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers.

3 1 2

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. Does your child wash her hands and face with soap and water and dry off with a towel without help?
2. Does your child tell you the names of two or more playmates, not including brothers and sisters? Ask this question without providing help by suggesting names of playmates or friends.

YES SOMETIMES NOT YET

PERSONAL-SOCIAL *(continued)*

3. Does your child brush his teeth by putting toothpaste on the toothbrush and brushing all his teeth without help? (You may still need to check and rebrush your child's teeth.) _____
4. Does your child serve herself, using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl? _____
5. Can your child tell you at least four of the following: _____
- a. First name d. Last name
b. Age e. Boy or girl
c. City she lives in f. Telephone number
- Please circle the items your child knows.
6. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers? _____

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the space below or the back of this sheet for additional comments.*

1. Do you think your child hears well? YES NO
If no, explain: _____
2. Do you think your child talks like other children her age? YES NO
If no, explain: _____
3. Can you understand most of what your child says? YES NO
If no, explain: _____
4. Do you think your child walks, runs, and climbs like other children his age? YES NO
If no, explain: _____
5. Does either parent have a family history of childhood deafness or hearing impairment? YES NO
If yes, explain: _____
6. Do you have any concerns about your child's vision? YES NO
If yes, explain: _____
7. Has your child had any medical problems in the last several months? YES NO
If yes, explain: _____
8. Does anything about your child worry you? YES NO
If yes, explain: _____

54 Month ASQ Information Summary

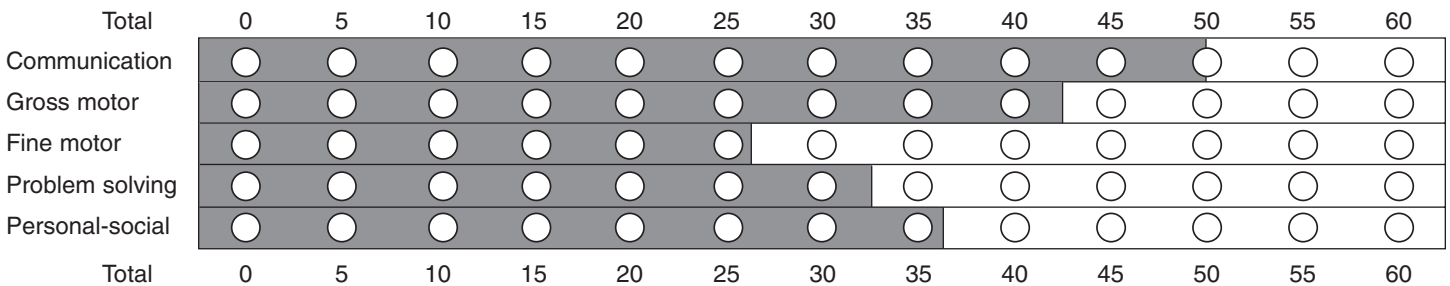
Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 5. Family history of hearing impairment?
Comments: | YES NO |
| 2. Talks like other children?
Comments: | YES NO | 6. Vision concerns?
Comments: | YES NO |
| 3. Understand child?
Comments: | YES NO | 7. Recent medical problems?
Comments: | YES NO |
| 4. Walks, runs, and climbs like others?
Comments: | YES NO | 8. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.



Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

	Score Cutoff		Communication			Gross motor			Fine motor			Problem solving			Personal-social			
	Score	Cutoff	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
54 months	Communication	50.0	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Gross motor	42.5	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Fine motor	26.5	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Problem solving	33.0	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Personal-social	36.5	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Y	S	N	Y	S	N	Y	S	N	Y	S	N	Y	S	N	

Administering program or provider: _____

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60 Month ♦ 5 Year Questionnaire



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____ .
- If you have any questions or concerns about your child or about this questionnaire, please call: _____ .



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60 Month ♦ 5 Year Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

1. Without giving your child help by pointing or repeating directions, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child to “Clap your hands, walk to the door, and sit down,” or “Give me the pen, open the book, and stand up.” _____

2. Does your child use four- and five-word sentences? For example, does your child say, “I want the car”? _____

Please write an example:

3. When talking about something that already happened, does your child use words that end in “ed,” such as *walked*, *jumped*, or *played*? Ask your child questions, such as “How did you get to the store?” (“We *walked*.”) “What did you do at your friend’s house?” (“We *played*.”) _____

Please write an example:

4. Does your child use comparison words, such as *heavier*, *stronger*, or *shorter*? Ask your child questions, such as “A car is *big*, but a bus is _____” (bigger); “A cat is *heavy*, but a man is _____” (heavier); “A TV is *small*, but a book is _____” (smaller). _____

Please write an example:

5. Does your child answer the following questions:

“What do you do when you are hungry?” (Acceptable answers include: “Get food,” “Eat,” “Ask for something to eat,” and “Have a snack.”)

Please write your child’s response:

“What do you do when you are tired?” (Acceptable answers include: “Take a nap,” “Rest,” “Go to sleep,” “Go to bed,” “Lie down,” and “Sit down.”)

Please write your child’s response:

Mark “sometimes” if your child answers only one question. _____

6. Does your child repeat the sentences shown below back to you, without any mistakes? You may repeat each sentence one time. Mark “yes” if your child repeats both sentences without mistakes or “sometimes” if your child repeats one sentence without mistakes. _____

Jane hides her shoes for Maria to find.
Al read the blue book under his bed.

COMMUNICATION TOTAL _____

YES SOMETIMES NOT YET

GROSS MOTOR *Be sure to try each activity with your child.*

1. While standing, does your child throw a small ball overhand in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball, letting the ball go, or throwing the ball underhand should be scored as "not yet.")



2. Does your child catch a large ball with both hands? You should stand about 5 feet away and give your child two or three tries.



3. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? You may give your child two or three tries before you mark the answer.



4. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? You may show her how to do this.

5. Does your child hop forward on one foot for a distance of 4–6 feet without putting down the other foot? You can give him two tries on each foot. Mark "sometimes" if he can hop on one foot only.

6. Does your child skip using alternating feet? You may show her how to do this.

GROSS MOTOR TOTAL _____

FINE MOTOR *Be sure to try each activity with your child.*

1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? Mark "sometimes" if your child goes off the line three times.

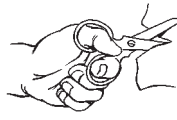


2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child to "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, *and* legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to attach the sheet of paper with your child's drawing to this questionnaire.

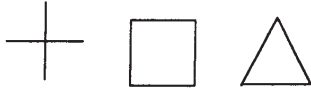
YES SOMETIMES NOT YET

FINE MOTOR *(continued)*

3. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.)



4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? Your child's drawings should look similar to the design of the shapes below, but they may be different in size. (Mark "yes" if she can copy all three shapes; mark "sometimes" if your child can copy two shapes.)



(Copy shapes here.)

5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. Mark "yes" if your child can copy four of the letters, and you can read them. Mark "sometimes" if your child can copy two or three letters, and you can read them.

V H T C A

(Copy letters here.)

6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. Mark "sometimes" if your child copies about half of the letters.

(Space for adult's printing)

(Space for child's printing)

FINE MOTOR TOTAL _____

YES SOMETIMES NOT YET

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. When asked, "Which circle is smallest?" does your child point to the smallest circle? Ask this question *without* providing help by pointing, gesturing, or looking at the smallest circle. _____



2. When shown an object and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? Answer "yes" only if your child answers the question correctly using five colors. _____

3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes." _____

4. Is your child able to finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is *hard*, and a pillow is *soft*."

Please write your child's responses below:

A cow is *big*, and a mouse is _____.

Ice is *cold*, and fire is _____.

We see stars at *night*, and we see the sun during the _____.

When I throw the ball *up*, it comes _____.

Mark "yes" if she finishes three of four sentences correctly.

Mark "sometimes" if she finishes two of four sentences correctly.

5. Does your child know the names of numbers? Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers. _____

3 1 2

6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" *Point to the letters out of order.* _____

PROBLEM SOLVING TOTAL _____

YES SOMETIMES NOT YET

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| 1. Does your child serve himself, using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Does your child wash her hands and face with soap and water and dry off with a towel without help? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Can your child tell you at least four of the following?
a. First name d. Last name
b. Age e. Boy or girl
c. City he lives in f. Telephone number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Please circle the items your child knows. | | | | |
| 4. Does your child dress and undress herself, including buttoning medium-sized buttons and zipping front zippers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Does your child use the toilet by himself? (He goes to the bathroom, sits on the toilet, wipes, and flushes.) Mark "yes" even if he does this after you remind him. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Does your child usually take turns and share with other children? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the back of this sheet for additional comments.*

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you think your child hears well? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 2. Do you think your child talks like other children her age? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 3. Can you understand most of what your child says? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 4. Do you think your child walks, runs, and climbs like other children his age? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If no, explain: _____ | | |
| 5. Does either parent have a family history of childhood deafness or hearing impairment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 6. Do you have concerns about your child's vision? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 7. Has your child had any medical problems in the last several months? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |
| 8. Does anything about your child worry you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes, explain: _____ | | |

60 Month/5 Year ASQ Information Summary

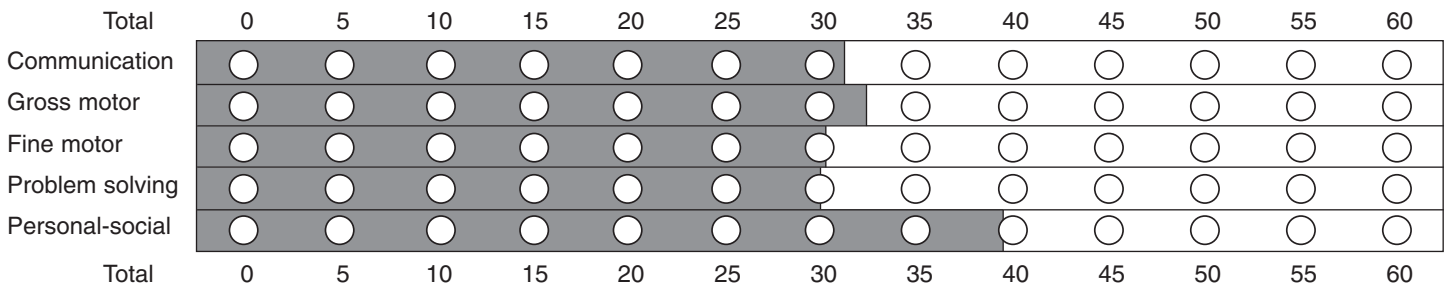
Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

1. Hears well? Comments:	YES NO	5. Family history of hearing impairment? Comments:	YES NO
2. Talks like other children? Comments:	YES NO	6. Vision concerns? Comments:	YES NO
3. Understand child? Comments:	YES NO	7. Recent medical problems? Comments:	YES NO
4. Walks, runs, and climbs like others? Comments:	YES NO	8. Other concerns? Comments:	YES NO

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.



Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

60 months/5 years	Score	Cutoff	Communication			Gross motor			Fine motor			Problem solving			Personal-social		
			1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Communication		31.7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor		32.7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor		30.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving		30.1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social		39.5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Y	S	N	Y	S	N	Y	S	N	Y	S	N	Y	S	N

Administering program or provider: _____



Intervention Activity Sheets

These intervention activity sheets include games and other fun events for parents and caregivers and their young children. Each sheet contains activities that correspond to ages in the ASQ intervals: 4- to 8-month-olds, 8- to 12-month-olds, 12- to 16-month-olds, 16- to 20-month-olds, 20- to 24-month-olds, 24- to 30-month-olds, 30- to 36-month-olds, 36- to 48-month-olds, 48- to 60-month-olds, and 60- to 66-month-olds. These sheets can be duplicated and used in monitoring programs in a variety of ways.

The intervention activities suggestions can be mailed or given to parents with the ASQ, posted on a password-protected web site for parents to download, or attached to a feedback letter along with the ASQ results. Parents can be encouraged to post the sheets on their refrigerator door or bulletin board and to try activities with their young children as time allows. If a child has difficulties in a particular developmental area, a service provider can star or underline certain games that might be particularly useful for parents to present. Similarly, service providers and family members can modify the activities to make them match the family's cultural setting and available materials (see pp. 65–66 of the User's Guide). ***As with all activities for young children, these intervention activities should be supervised by an adult at all times.***

The intervention activity sheets for 4- to 36-month-olds suggested in this appendix were compiled by Davidson, J., & Cripe, J. (1987). *Intervention activities*. Eugene: University of Oregon Infant Monitoring Project. The activities were translated into Spanish by Connecticut Birth to Three.

ACTIVITIES FOR INFANTS 4-8 MONTHS OLD

<p>Put a windup toy beside or behind your baby. Watch to see if your baby searches for the sound.</p>	<p>Give your baby a spoon to grasp and chew on. It's easy to hold and feels good in the mouth. It's also great for banging, swiping, and dropping.</p>	<p>While sitting on the floor, place your baby in a sitting position inside your legs. Use your legs and chest to provide only as much support as your baby needs. This allows you to play with your baby while encouraging independent sitting.</p>	<p>Gently rub your baby with a soft cloth, a paper towel, or nylon. Talk about how things feel (soft, rough, slippery). Lotion feels good, too.</p>	<p>Let your baby see him- or herself in a mirror. Place an unbreakable mirror on the side of your baby's crib or changing table so he or she can watch. Look in the mirror with your baby, too. Smile and wave at your baby.</p>
<p>Make your own crib gym. Attach kitchen tools (measuring spoons and cups, potato masher or whips, shaker cup with a bell inside) to yarn tied across your baby's crib. Place the crib gym where your baby can kick it. <i>Take it down when your baby is not playing.</i> Always supervise.</p>	<p>Play voice games. Talk with a high or low voice. Click your tongue. Whisper. Take turns with your baby. Repeat any sounds made by him or her. Place your baby so you are face to face—your baby will watch as you make sounds.</p>	<p>Fill a small plastic bottle (medicine bottle with child-proof cap) with beans or rice. Let your baby shake it to make noise.</p>	<p>Make another shaker using bells. Encourage your baby to hold one in each hand and shake them both. Watch to see if your baby likes one sound better than another.</p>	<p>Place your baby on his or her tummy with favorite toys or objects around but just slightly out of reach. Encourage him or her to reach out for toys and move toward them.</p>
<p>Fill an empty tissue box with strips of paper. Your baby will love pulling them out. (Do not use colored newsprint or magazines; they are toxic. Never use plastic bags or wrap.)</p>	<p>Safely attach a favorite toy to a side of your baby's crib, swing, or cradle chair for her or him to reach and grasp. Change toys frequently to give her or him new things to see and do.</p>	<p>Place your baby in a chair or carseat, or prop him or her up with pillows. Bounce and play with a flowing scarf or a large bouncing ball. Move it slowly up, then down or to the side, so your baby can follow movement with his or her eyes.</p>	<p>With your baby lying on his or her back, place a toy within sight but out of reach, or move a toy across your baby's visual range. Encourage him or her to roll to get the toy.</p>	<p>Play Peekaboo with hands, cloth, or a diaper. Put the cloth over your face first. Then let your baby hide. Pull the cloth off if your baby can't. Encourage her or him to play. Take turns.</p>
<p>Place your baby in a chair or carseat to watch everyday activities. Tell your baby what you are doing. Let your baby see, hear, and touch common objects. You can give your baby attention while getting things done.</p>	<p>Place your baby on your knee facing you. Bounce her or him to the rhythm of a nursery rhyme. Sing and rock with the rhythm. Help your baby bring his or her hands together to clap to the rhythm.</p>	<p>Your baby will like to throw toys to the floor. Take a little time to play this "go and fetch" game. It helps your baby to learn to release objects. Give baby a box or pan to practice dropping toys into.</p>	<p>Once your baby starts rolling or crawling on his or her tummy, play "come and get me." Let your baby move, then chase after her and hug her when you catch her.</p>	<p>Place your baby facing you. Your baby can watch you change facial expressions (big smile, poking out tongue, widening eyes, raising eyebrows, puffing or blowing). Give your baby a turn. Do what your baby does.</p>

ACTIVITIES FOR INFANTS 8 - 12 MONTHS OLD

<p>Let your baby feed her- or himself. This gives your baby practice picking up small objects (cereal, cooked peas) and also gives him experience with textures in his hands and mouth. Soon your baby will be able to finger feed an entire meal.</p>	<p>Your baby will be interested in banging objects to make noise. Give your baby blocks to bang, rattles to shake, or wooden spoons to bang on containers. Show your baby how to bang objects together.</p>	<p>A good pastime is putting objects in and out of containers. Give your baby plastic containers with large beads or blocks. Your baby may enjoy putting socks in and out of the sock drawer or small cartons (Jell-O, tuna or soup cans) on and off shelves.</p>	<p>Mirrors are exciting at this age. Let your baby pat and poke at herself in the mirror. Smile and make faces together in the mirror.</p>	<p>Your baby will begin using her or his index fingers to poke. Let your baby poke at a play telephone or busy box. Your baby will want to poke at faces. Name the body parts as your baby touches your face.</p>
<p>Put toys on a sofa or sturdy table so your baby can practice standing while playing with the toys.</p>	<p>Find a big box that your baby can crawl in and out of. Stay close by and talk to your baby about what he or she is doing. "You went <i>in!</i> Now you are <i>out!</i>"</p>	<p>Read baby books or colorful magazines by pointing and telling your baby what is in the picture. Let your baby pat pictures in the book.</p>	<p>Play hide-and-seek games with objects. Let your baby see you hide an object under a blanket, diaper, or pillow. If your baby doesn't uncover the object, just cover part of it. Help your baby find the object.</p>	<p>Play ball games. Roll a ball to your baby. Help your baby, or have a partner help him roll the ball back to you. Your baby may even throw the ball, so beach balls or Nerf balls are great for this game.</p>
<p>Turn on a radio or stereo. Hold your baby in a standing position and let your baby bounce and dance. If your baby can stand with a little support, hold her hands and dance like partners.</p>	<p>Play imitation games like Peekaboo and So Big. Show pleasure at your baby's imitations of movements and sounds. Babies enjoy playing the same games over and over.</p>	<p>Let your baby play with plastic measuring cups, cups with handles, sieves and strainers, sponges, and balls that float in the bathtub. Bath time is a great learning time.</p>	<p>Play Pat-a-cake with your baby. Clap his or her hands together or take turns. Wait and see if your baby signals you to start the game again. Try the game using blocks or spoons to clap and bang with.</p>	<p>Your baby will play more with different sounds like "la-la" and "da-da." Copy the sounds your baby makes. Add a new one and see if your baby tries it, too. Enjoy baby's early attempts at talking.</p>
<p>Make a simple puzzle for your baby by putting blocks or Ping-Pong balls inside a muffin pan or egg carton.</p>	<p>You can make another simple toy by cutting a round hole in the plastic lid of a coffee can. Give your baby wooden clothes pins or Ping-Pong balls to drop inside.</p>	<p>Say "Hi" and wave when entering a room with your baby. Encourage your baby to imitate. Help your baby wave to greet others. Waving "Hi" and "Bye" are early gestures.</p>	<p>Let your baby make choices. Offer two toys or foods and see which one your baby picks. Encourage your baby to reach or point to the chosen object. Babies have definite likes and dislikes!</p>	<p>New places and people are good experiences for your baby, but these can be frightening. Let your baby watch and listen and move at his or her own speed. Go slowly. Your baby will tell you when he or she is ready for more.</p>

ACTIVITIES FOR INFANTS 12 -16 MONTHS OLD

<p>Babies love games at this age (Pat-a-cake, This Little Piggy Went to Market). Try different ways of playing the games and see if your baby will try it with you. Hide behind furniture or doors for Peekaboo; clap blocks or pan lids for Pat-a-cake.</p>	<p>Make puppets out of a sock or paper bag—one for you and one for your baby. Have your puppet talk to your baby or your baby's puppet. Encourage your baby to "talk" back.</p>	<p>To encourage your baby's first steps, hold your baby in standing position, facing another person. Have your baby step toward the other person to get a favorite toy or treat.</p>	<p>Give your baby containers with lids or different compartments filled with blocks or other small toys. Let your baby open and dump. Play "putting things back." This will help your baby learn how to release objects where he or she wants them.</p>	<p>Loosely wrap a small toy in a paper towel or facial tissue without tape. Your baby can unwrap it and find a surprise. Use tissue paper or wrapping paper, too. It's brightly colored and noisy.</p>
<p>Babies enjoy push and pull toys. Make your own pull toy by threading yogurt cartons, spools, or small boxes on a piece of yarn or soft string (about 2 feet long). Tie a bead or plastic stacking ring on one end for a handle.</p>	<p>Tape a large piece of drawing paper to a table. Show your baby how to scribble with large nontoxic crayons. Take turns making marks on the paper. It's also fun to paint with water.</p>	<p>Arrange furniture so your baby can work his or her way around a room by stepping across gaps between furniture. This encourages balance in walking.</p>	<p>Babies continue to love making noise. Make sound shakers by stringing canning rims together or filling medicine bottles (with child-proof caps) with different-sounding objects like marbles, rice, salt, bolts, and so forth. <i>Be careful to secure lids tightly.</i></p>	<p>This is the time your baby learns that adults can be useful! When your baby "asks" for something by vocalizing or pointing, respond to his or her signal. Name the object your baby wants and encourage him or her to communicate again—taking turns with each other in a "conversation."</p>
<p>Play the naming game. Name body parts, common objects, and people. This lets your baby know that everything has a name and helps him or her begin to learn these names.</p>	<p>Make an obstacle course with boxes or furniture so your baby can climb in, on, over, under, and through. A big box can be a great place to sit and play.</p>	<p>Let your baby help you clean up. Play "feed the wastebasket" or "give it to Mommy or Daddy."</p>	<p>Make a surprise bag for your baby to find in the morning. Fill a paper or cloth bag with a soft toy, something to make a sound, a little plastic jar with a screw-top lid, or a book with cardboard pages.</p>	<p>Play "pretend" with a stuffed animal or doll. Show and tell your baby what the doll is doing (walking, going to bed, eating, dancing across a table). See if your baby will make the doll move and do things as you request. Take turns.</p>
<p>Cut up safe finger foods (do not use foods that pose a danger of your baby's choking) in small pieces and allow your baby to feed him- or herself. It is good practice to pick up small things and feel different textures (bananas, soft crackers, berries).</p>	<p>Let your baby "help" during daily routines. Encourage your baby to "get" the cup and spoon for mealtime, to "find" shoes and coat for dressing, and to "bring" the pants or diaper for changing. Following directions is an important skill for your baby to learn.</p>	<p>Your baby is learning that different toys do different things. Give your baby lots of things to roll, push, pull, hug, shake, poke, turn, stack, spin, and stir.</p>	<p>Most babies enjoy music. Clap and dance to the music. Encourage your baby to practice balance by moving forward, around, and back. Hold his or her hands for support, if needed.</p>	<p>Prepare your baby for a future activity or trip by talking about it beforehand. Your baby will feel a part of what is going on rather than being just an observer. It may also help reduce some fear of being "left behind."</p>

ACTIVITIES FOR TODDLERS 16 -20 MONTHS OLD

<p>Toddlers love to play in water. Put “squeezing” objects in the bathtub, such as sponges or squeeze bottles, along with dump-and-pour toys (cups, bowls).</p>	<p>Toddlers are excited about bubbles. Let your toddler try to blow bubbles or watch you blow bubbles through a straw. Bubbles are fun to pop and chase, too.</p>	<p>Pretend play becomes even more fun at this age. Encourage your toddler to have a doll or stuffed toy do what he or she does—walk, go to bed, dance, eat, and jump. Include the doll in daily activities or games.</p>	<p>Make instant pudding together. Let your toddler “help” by dumping pudding, pouring milk, and stirring. The results are good to eat or can be used for finger painting.</p>	<p>Use boxes or buckets for your toddler to throw bean bags or balls into. Practice overhand release of the ball or bean bag.</p>
<p>Play Hide and Seek. Your toddler can hide with another person or by him- or herself for you to find. Then take your turn to hide and let your toddler find you.</p>	<p>Toddlers love movement. Take him or her to the park to ride on rocking toys, swings, and small slides. You may want to hold your toddler in your lap on the swing and on the slide at first.</p>	<p>Sing action songs together such as “Ring Around the Rosey,” “Itsy-Bitsy Spider,” and “This Is the Way We Wash Our Hands.” Do actions together. Move with the rhythm. Wait for your toddler to anticipate the action.</p>	<p>Put favorite toys in a laundry basket slightly out of reach of your toddler or in a clear container with a tight lid. Wait for your toddler to request the objects, giving him or her a reason to communicate. Respond to his or her requests.</p>	<p>Your toddler may become interested in “art activities.” Use large nontoxic crayons and a large pad of paper. Felt-tip markers are more exciting with their bright colors. Let your toddler scribble his or her own picture as you make one.</p>
<p>A favorite pull toy often is a small wagon or an old purse for collecting things. Your toddler can practice putting objects in and out of it. It can also be used to store favorite items.</p>	<p>Make a picturebook by putting common, simple pictures cut from magazines into a photo album. Your toddler will enjoy photos of him- or herself and family members. Pictures of pets are favorites, too.</p>	<p>Toddlers are interested in playing with balls. Use a beach ball to roll, throw, and kick.</p>	<p>Play the “What’s that?” game by pointing to clothing, toys, body parts, objects, or pictures and asking your toddler to name them. If your toddler doesn’t respond, name it for him or her and encourage imitation of the words.</p>	<p>Fill a plastic tub with cornmeal or oatmeal. Put in kitchen spoons, strainer, measuring cups, funnels, or plastic containers. Toddlers can fill, dump, pour, and learn about textures and use of objects as tools. Tasting won’t be harmful.</p>
<p>Toddlers will begin putting objects together. Simple puzzles (separate pieces) with knobs are great. Putting keys into locks and letters into mailbox slots is fun, too.</p>	<p>Get two containers (coffee cups or cereal bowls) that look the same and a small toy. Hide the toy under one container while your toddler watches. Ask him or her, “Where did it go?” Eventually you can play the “old shell game.”</p>	<p>Help your toddler sort objects into piles. He or she can help you sort laundry (put socks in one pile and shirts in another). Play “clean up” games. Have your toddler put toys on specified shelves or boxes.</p>	<p>Save milk cartons, Jell-O boxes, or pudding boxes. Your toddler can stack them to make towers. You can also stuff grocery bags with newspapers and tape them shut to make big blocks.</p>	<p>Lay out your toddler’s clothes on the bed before dressing. Ask him or her to give you a shirt, pants, shoes, and socks. This is an easy way to learn the names of common items.</p>

ACTIVITIES FOR TODDLERS 20 -24 MONTHS OLD

<p>Toddlers enjoy looking at old pictures of themselves. Tell simple stories about her or him as you look at the pictures. Talk about what was happening when the picture was taken.</p>	<p>Cut a rectangular hole in the top of a shoebox. Let your toddler insert an old deck of playing cards or used envelopes. The box is easy storage for your toddler's "mail."</p>	<p>Set up your own bowling game using plastic tumblers, tennis ball cans, or empty plastic bottles for bowling pins. Show your toddler how to roll the ball to knock down the pins. Then let your toddler try.</p>	<p>Many everyday items (socks, spoons, shoes, mittens) can help your toddler learn about matching. Hold up an object, and ask if he or she can find one like yours. Name the objects while playing the game.</p>	<p>Hide a loudly ticking clock or a softly playing transistor radio in a room and have your child find it. Take turns by letting him or her hide and you find.</p>
<p>A good body parts song is "Head, Shoulders, Knees, and Toes." Get more detailed with body parts by naming teeth, eyebrows, fingernails, and so forth.</p>	<p>Make your toddler an outdoor "paint" set by using a large wide paint brush and a bowl or bucket of water. Your toddler will have fun "painting" the side of the house, a fence, or the front porch.</p>	<p>Turn objects upside down (books, cups, shoes) and see if your toddler notices they're wrong and turns them back the right way. Your toddler will begin to enjoy playing "silly" games.</p>	<p>Give your toddler some of your old clothes (hats, shirts, scarves, purses, necklaces, sunglasses) to use for dress up. Make sure your toddler sees him- or herself in the mirror. Ask him or her to tell you who is all dressed up.</p>	<p>Use plastic farm animals or stuffed animals to tell the Old McDonald story. Use sound effects!</p>
<p>Make grocery sack blocks by filling large grocery sacks about half full with shredded or crumpled newspaper. Fold the top of the sack over and tape it shut. Your toddler will enjoy tearing and crumpling the paper and stuffing the sacks. The blocks are great for stacking and building. <i>Avoid newsprint contact with mouth. Wash hands after this activity.</i></p>	<p>"Dress up" clothes offer extra practice for putting on and taking off shirts, pants, shoes, and socks. Toddlers can fasten big zippers and buttons.</p>	<p>Put small containers, spoons, measuring cups, funnels, a bucket, shovels, and a colander into a sandbox. Don't forget to include cars and trucks to drive on sand roads.</p>	<p>Rhymes and songs with actions are popular at this age. "Itsy-Bitsy Spider," "I'm a Little Teapot," and "Where Is Thumbkin?" are usual favorites. Make up your own using your toddler's name in the song.</p>	<p>Make your own playdough by mixing 2 cups flour and ¼ cup salt. Add ½ cup water and 2 tablespoons salad oil. Knead well until it's smooth; add food coloring, and knead until color is fully blended. Toddlers will love squishing, squeezing, and pounding the dough.</p>
<p>Playing beside or around other children the same age is fun but usually requires adult supervision. Trips to the park are good ways to begin practicing interacting with other children.</p>	<p>Play the "show me" game when looking at books. Ask your toddler to find an object in a picture. Take turns. Let your toddler ask you to find an object in a picture. Let him or her turn the pages.</p>	<p>Add a few Ping-Pong balls to your toddler's bath toys. Play a "pop up" game by showing your toddler how balls pop back up after holding them under the water.</p>	<p>Clean plastic containers with push or screw-on lids are great places to "hide" a favorite object or treat. Toddlers will practice pulling and twisting them to solve the "problem" of getting the object. Watch to see if your toddler asks you to help.</p>	<p>Make a book by pasting different textures on each page. Materials such as sandpaper, feathers, cotton balls, nylon, silk, and buttons lend themselves to words such as <i>rough, smooth, hard, and soft.</i></p>

ACTIVITIES FOR CHILDREN 24 – 30 MONTHS OLD

<p>Add actions to your child's favorite nursery rhymes. Easy action rhymes include "Here We Go 'Round the Mulberry Bush," "Jack Be Nimble," "This Is the Way We Wash Our Clothes," "Ring Around the Rosey," and "London Bridge."</p>	<p>Play Target Toss with a large bucket or box and bean bags or balls. Help your child count how many he or she gets in the target. A ball of yarn or rolled-up socks also work well for an indoor target game.</p>	<p>Wrap tape around one end of a piece of yarn to make it stiff like a needle and put a large knot at the other end. Have your child string large elbow macaroni, buttons, spoons, or beads. Make an edible necklace out of Cheerios.</p>	<p>Children at this age love outings. One special outing can be going to the library. The librarian can help you find appropriate books. Make a special time for reading (like bedtime stories).</p>	<p>Play a jumping game when you take a walk by jumping over the cracks in the sidewalk. You may have to hold your child and help him or her jump over at first.</p>
<p>Take time to draw with your child when he or she wants to get out paper and crayons. Draw large shapes and let your child color them in. Take turns.</p>	<p>During sandbox play, try wetting some of the sand. Show your child how to pack the container with the wet sand and turn it over to make sand structures or cakes.</p>	<p>Add an old catalog or two to your child's library. It's a good "picture" book for naming common objects.</p>	<p>Give your child soap, a washcloth, and a dishpan of water. Let your child wash a "dirty" doll, toy dishes, or doll clothes. It's good practice for hand washing and drying.</p>	<p>Make "sound" containers using plastic Easter eggs or Leggos eggs. Fill eggs with noisy objects like sand, beans, or rice and tape the eggs shut. Have two eggs for each sound. Help your child match sounds and put them back in the carton together.</p>
<p>Show your child how to make snakes, balls, or roll-out pancakes with a small rolling pin using PlayDoh. Use large cookie cutters to make new Play-Doh shapes.</p>	<p>Children at this age love to pretend and really enjoy it when you can pretend with them. Pretend you are different animals, like a dog or cat. Make animal sounds and actions. Let your child be the pet owner who pets and feeds you.</p>	<p>Your child will begin to be able to make choices. Help her or him choose what to wear each day by giving a choice between two pairs of socks, two shirts, and so forth. Give choices at other times like snack or mealtime (two kinds of drink, cracker, etc.).</p>	<p>Enhance listening skills by playing cassettes with both slow and fast music. Songs with speed changes are great. Show your child how to move fast or slow with the music. (You might find children's cassettes at your local library.)</p>	<p>Children can find endless uses for boxes. A box big enough for your child to fit in can become a car. An appliance box with holes cut for windows and a door can become your child's playhouse. Decorating the boxes with crayons, markers, or paints can be a fun activity to do together.</p>
<p>Play "Follow the Leader." Walk on tiptoes, walk backward, and walk slow or fast with big steps and little steps.</p>	<p>Try a new twist to fingerpainting. Use whipping cream on a washable surface (cookie sheet, Formica table). Help your child spread it around and draw pictures with your fingers. Add food coloring to give it some color.</p>	<p>Action is an important part of a child's life. Play a game with a ball where you give directions and your child does the actions, such as "roll the ball." <i>Kick, throw, push, bounce,</i> and <i>catch</i> are other good actions. Take turns giving the directions.</p>	<p>Make an obstacle course using chairs, pillows, or large cartons. Tell your child to crawl over, under, through, behind, in front of, or between the objects. Be careful arranging so the pieces won't tip and hurt your child.</p>	<p>Collect little and big things (balls, blocks, plates). Show and describe (big/little) the objects. Ask your child to give you a big ball, then all the big balls. Do the same for <i>little</i>. Another big/little game is making yourself big by stretching your arms up high and making yourself little by squatting down.</p>

ACTIVITIES FOR CHILDREN 30 - 36 MONTHS OLD

<p>Tell or read a familiar story and pause frequently to leave out a word, asking your child to “fill it in.” For example, Little Red Riding Hood said, “Grandmother, what big _____ you have.”</p>	<p>Teach somersaults by doing one yourself first. Then help your child do one. Let him or her try it alone. Make sure furniture is out of the way. You may want to put some pillows on the floor for safety.</p>	<p>Give a cup to your child. Use bits of cereal or fruit and place one in your child’s cup (“one for you”) and one in your cup (“one for me”). Take turns. Dump out your child’s cup and help count the pieces. This is good practice for early math skills.</p>	<p>Put an old blanket over a table to make a tent or house. Pack a “picnic” sack for your camper. Have your child take along a pillow on the “camp out” for a nap. Flashlights are especially fun.</p>	<p>Get a piece of butcher paper large enough for your child to lie on. Draw around your child’s body to make an outline. Don’t forget fingers and toes. Talk about body parts and print the words on the paper. Let your child color the poster. Hang the poster on a wall in your child’s room.</p>
<p>Children at this age may be interested in creating art in different ways. Try cutting a potato in half and carving a simple shape or design for your child to dip in paint and then stamp onto paper.</p>	<p>Add water to tempera paint to make it runny. Drop some paint on a paper and blow through a straw to move the paint around the paper, or fill an old roll-on deodorant bottle with watered-down paint. Your child can roll color onto the paper.</p>	<p>A good activity to learn location words is to build roads and bridges with blocks. Use toy cars to go on the road, under or over a bridge, between the houses, and so forth.</p>	<p>Trace around simple objects with your child. Use cups of different sizes, blocks, or your child’s and your hands. Using felt-tip markers or crayons of different colors makes it even more fun.</p>	<p>Have your child help you set the table. First, have your child place the plates, then glasses, and then napkins. By placing one at each place, he or she will learn one-to-one correspondence. Show your child where the utensils should be placed.</p>
<p>Collect empty boxes (cereal, TV dinners, egg cartons) and help your child set up his or her own grocery store.</p>	<p>Help your child learn new words to describe objects in everyday conversations. Describe by color, size, and shape (the <i>blue</i> cup, the <i>big</i> ball). Also, describe how things move (a car goes <i>fast</i>, a turtle moves <i>slowly</i>) and how they feel (ice cream is <i>cold</i>, soup is <i>hot</i>).</p>	<p>Make your own puzzles by cutting out magazine pictures of whole people. Have your child help glue pictures onto cardboard. Cut pictures into three pieces by cutting curvy lines. Head, trunk, and legs make good pieces for your child to put together.</p>	<p>Dribble different colors of paint in the middle or on one side of a paper. Fold the paper in half. Let your child open the paper to see the design it makes.</p>	<p>A good game for trips in the car is to play a matching game with a set of Old Maid cards. Place a few different cards in front of your child. Give him or her a card that matches one displayed and ask him or her to find the card like the one you gave him or her.</p>
<p>Cut pictures out of magazines to make two groups such as dogs, food, toys, or clothes. Have two boxes ready and put a picture of a dog in one and of food in the other. Have your child put additional pictures in the right box, helping him or her learn about categories.</p>	<p>Cut a stiff paper plate to make a hand paddle and show your child how to use it to hit a balloon. See how long your child can keep the balloon in the air or how many times he or she can hit it back to you. This activity helps develop large body and eye–hand coordination. Always carefully supervise when playing with balloons.</p>	<p>To improve coordination and balance, show your child the “bear walk” by walking on hands and feet, keeping the legs and arms straight. Try the “rabbit hop” by crouching down and then jumping forward.</p>	<p>Encourage your child to try the “elephant walk,” bending forward at the waist and letting your arms (hands clasped together) swing freely while taking slow and heavy steps. This is great to do with music.</p>	<p>Make a poster of your child’s favorite things using pictures from old magazines. Use safety scissors and paste or a glue stick to allow your child to do it independently, yet safely.</p>

ACTIVITIES FOR CHILDREN 36 - 48 MONTHS OLD

<p>Make a book "about me" for your child. Save family pictures, leaves, magazine pictures of a favorite food, and drawings your child makes. Put them in a photo album, or glue onto sheets of paper and staple together to make a book.</p>	<p>Make a bird feeder using peanut butter and bird seed. Help your child find a pine cone or a piece of wood to spread peanut butter on. Roll in or sprinkle with seeds and hang in a tree or outside a window. While your child watches the birds, ask her about the number, size, and color of the different birds that visit.</p>	<p>Grow a plant. Choose seeds that sprout quickly (beans or peas), and together with your child place the seeds in a paper cup, filling almost to the top with dirt. Place the seeds $\frac{1}{2}$ inch under the soil. Put the cup in a sunny windowsill and encourage your child to water and watch the plant grow.</p>	<p>Before bedtime, look at a magazine or children's book together. Ask your child to point to pictures as you name them, such as "Where is the truck?" Be silly and ask him to point with his elbow or foot. Ask him to show you something that is round or something that goes fast.</p>	<p>Play a matching game. Find two sets of 10 or more pictures. You can use pictures from two copies of the same magazine or a deck of playing cards. Lay the pictures face up and ask your child to find two that are the same. Start with two picture sets and gradually add more.</p>
<p>While cooking or eating dinner, play the "more or less" game with your child. Ask who has <i>more</i> "potatoes" and who has <i>less</i>. Try this using same-size glasses or cups, filled with juice or milk.</p>	<p>Cut out some large paper circles and show them to your child. Talk with your child about things in her world that are "round" (a ball, the moon). Cut the circle in half, and ask her if she can make it round again. Next, cut the circle into three pieces, and so forth.</p>	<p>During bath time, play Simon Says to teach your child names of body parts. First, you can be "Simon" and help your child wash the part of his body that "Simon says." Let your child have a turn to be "Simon," too. Be sure to name each body part as it is washed and give your child a chance to wash himself.</p>	<p>Talk about the number 3. Read stories that have 3 in them (<i>The Three Billy Goats Gruff</i>, <i>Three Little Pigs</i>, <i>The Three Bears</i>). Encourage your child to count to 3 using similar objects (rocks, cards, blocks). Talk about being 3 years old. After your child gets the idea, move up to the numbers 4, 5, and so forth as long as your child is interested.</p>	<p>Put out several objects that are familiar to your child (brush, coat, banana, spoon, book). Ask your child to show you which one you can eat or which one you wear outside. Help your child put the objects in groups that go together, such as "things that we eat" and "things that we wear."</p>
<p>When your child is getting dressed, encourage her to practice with buttons and zippers. Play a game of Peek-a-boo to show her how buttons go through the holes. Pretend the zipper is a choo-choo train going "up and down" the track.</p>	<p>Practice following directions. Play a silly game where you ask your child to do two or three fun or unusual things in a row. For example, ask him to "Touch your elbow and then run in a circle" or "Find a book and put it on your head."</p>	<p>Encourage your child's "sharing skills" by making a play corner in your home. Include only two children to start (a brother, sister, or friend) and have a few of the same type of toys available so the children don't have to share all the time. Puppets or blocks are good because they encourage playing together. If needed, use an egg or oven timer with a bell to allow the children equal time with the toys.</p>	<p>Listen for sounds. Find a cozy spot, and sit with your child. Listen and identify all the sounds that you hear. Ask your child if it is a <i>loud</i> or <i>soft</i> sound. Try this activity inside and outside your home.</p>	<p>Make an adventure path outside. Use a garden hose, rope, or piece of chalk and make a "path" that goes <i>under</i> the bench, <i>around</i> the tree, and <i>along</i> the wall. Walk your child through the path first, using these words. After she can do it, make a new path or have your child make a path.</p>
<p>Find large pieces of paper or cardboard for your child to draw on. Using crayons, pencils, or markers, play a drawing game where you follow his lead by copying exactly what he draws. Next, encourage him to copy your drawings, such as circles or straight lines.</p>	<p>When reading or telling a familiar story for bedtime, stop and leave out a word. Wait for your child to "fill in the blank."</p>	<p>Make a necklace you can eat by stringing Cheerios or Froot Loops on a piece of yarn or string. Wrap a short piece of tape around the end of the string to make a firm tip for stringing.</p>	<p>Listen and dance to music with your child. You can stop the music for a moment and play the "freeze" game where everyone "freezes," or stands perfectly still, until you start the music again. Try to "freeze" in unusual positions for fun.</p>	<p>Make long scarves out of fabric scraps, old dresses, or old shirts by tearing or cutting long pieces. Use material that is lightweight. Hold on to the edge of the scarf, twirl around, run, and jump.</p>

ACTIVITIES FOR CHILDREN 48 – 60 MONTHS OLD

<p>Play the “who, what, and where” game. Ask your child <i>who</i> works in a school, <i>what</i> is in a school, and <i>where</i> is the school. Expand on your child’s answers by asking more questions. Ask about other topics, like the library, bus stop, or post office.</p>	<p>When you are setting the table for a meal, play the “what doesn’t belong” game. Add a small toy or other object next to the plate and eating utensils. Ask your child if she can tell you what doesn’t belong here. You can try this game any time of the day. For example, while brushing your child’s hair, set out a brush, barrette, comb, and a “ball.”</p>	<p>Let your child help prepare a picnic. Show him what he can use for the picnic (bread, peanut butter, and apples). Lay out sandwich bags and a lunch box, basket, or large plastic bag. Then go have fun on the picnic.</p>	<p>On a rainy day, pretend to open a shoe store. Use old shoes, paper, pencils, and a chair to sit down and try on shoes. You can be the customer. Encourage your child to “write” your order down. Then she can take a turn being the customer and practice trying on and buying shoes.</p>	<p>Play the “guess what will happen” game to encourage your child’s problem-solving and thinking skills. For example, during bath time, ask your child, “What do you think will happen if I turn on the hot and cold water at the same time?” or “What would happen if I stacked the blocks to the top of the ceiling?”</p>
<p>Play “bucket hoops.” Have your child stand about 6 feet away and throw a medium-size ball at a large bucket or trash can. For fun on a summer day, fill the bucket with water.</p>	<p>Write your child’s name often. When he finishes drawing a picture, be sure to put his name on it and say the letters as you write them. If he is interested, encourage him to name and/or to copy the letters. Point out the letters in your child’s name throughout the day on cereal boxes, sign boards, and books.</p>	<p>Invite your child to play a counting game. Using a large piece of paper, make a simple game board with a straight path. Use dice to determine the count. Count with your child, and encourage her to hop the game piece to each square, counting as she touches down.</p>	<p>Make a person with Play-Doh or clay using sticks, buttons, toothpicks, beads, and any other small items. Start with a Play-Doh (or clay) head and body and use the objects for arms, legs, and eyes. Ask your child questions about his person.</p>	<p>Encourage your child to learn her full name, address, and telephone number. Make it into a singing or rhyming game for fun. Ask your child to repeat it back to you when you are riding in the car or on the bus.</p>
<p>Cut out three small, three medium, and three large circles. Color each set of circles a different color (or use colored paper for each). Your child can sort the circles by color or by size. You can also ask your child about the different sizes. For example, ask your child, “Which one is smallest?” Try this game using the buttons removed from an old shirt.</p>	<p>Go on a walk and pick up things you find. Bring the items home and help your child sort them into groups. For example, groups can include rocks, paper, or leaves. Encourage your child to start a “collection” of special things. Find a box or special place where he can display his collection.</p>	<p>Play a picture guessing game. Cover a picture in a familiar book with a sheet of paper and uncover a little at a time until your child has guessed the picture.</p>	<p>Let your child help you prepare a meal. She can spread peanut butter and jelly, peel a banana, cut with a butter knife, pour cereal, and add milk (using a small container). Never give her a task involving the stove or oven without careful supervision.</p>	<p>“Write” and mail a letter to a friend or relative. Provide your child with paper, crayons or pencil, and an envelope. Let him draw, scribble, or write; or he can tell you what to write down. When he is finished, let him fold the letter to fit in the envelope, lick, and seal. You can write the address on the front. Be sure to let him decorate the envelope as well. After he has put the stamp on, help him mail the letter.</p>
<p>Play “circus.” Find old, colorful clothes and help your child put on a circus show. Provide a rope on the ground for the high wire act, a box to stand on to announce the acts, fun objects for a magic act, and stuffed animals for the show. Encourage your child’s imagination and creativity in planning the show. Don’t forget to clap.</p>	<p>Take a pack of playing cards and choose four or five matching sets. Lay the cards out face up, and help your child to find the pairs. Talk about what makes the pairs of cards the “same” and “different.”</p>	<p>Make bubbles. The recipe is $\frac{3}{4}$ cup dish washing liquid (Dawn or Joy works best) and 8 cups of water. Use straws to blow bubbles on a cookie sheet. Or make a wand by stringing two pieces of a drinking straw onto a string or piece of yarn. Tie the ends of the string together to make a circle. Holding onto the straw pieces, dip the string in the bubble mixture. Pull it out and gently move forward or backward. You should see lovely, big bubbles.</p>	<p>Make a bean bag to catch and throw. Fill the toe of an old sock or pantyhose with $\frac{3}{4}$ cup dry beans. Sew the remaining side or tie off with a rubber band. Play “hot potato” or simply play catch. Encourage your child to throw the ball overhand and underhand.</p>	<p>Pretend to be an animal. Encourage your child to use her imagination and become a kitty. You can ask, “What do kitties like to eat?” or “Where do kitties live?” Play along, and see how far the game can go.</p>

ACTIVITIES FOR CHILDREN 60 - 66 MONTHS OLD

<p>Make a nature collage. Collect leaves, pebbles, and small sticks from outside and glue them on a piece of cardboard or stiff paper. (Cereal and cracker boxes can be cut up and used as cardboard.)</p>	<p>Practice writing first names of friends, toys, and relatives. Your child may need to trace the letters of these names at first. Be sure to write in large print letters.</p>	<p>Encourage dramatic play. Help your child act out his or her favorite nursery rhyme, cartoon, or story. Use large, old clothes for costumes.</p>	<p>Play simple ball games such as kick-ball. Use a large (8"-12") ball, and slowly roll it toward your child. See if your child can kick the ball and run to "first base."</p>	<p>When reading stories to your child, let her make up the ending; or retell favorite stories with "silly" new endings that she makes up.</p>
<p>Let your child help you with simple cooking tasks such as mashing potatoes, making cheese sandwiches, and fixing a bowl of cereal. Afterward, see if she can tell you the order that you followed to cook and mash the potatoes or to get the bread out of the cupboard and put the cheese on it.</p>	<p>Play "20 Questions." Think of an animal. Let your child ask 20 yes/no questions about the animal until he guesses what animal it is. (You may need to help him ask yes/no questions at first.) Now let your child choose an animal and you ask the 20 questions. You can also use other categories such as food, toys, and people.</p>	<p>You can play "license plate count-up" in the car or on the bus. Look for a license plate that begins with a 1. Then try to find other plates that begin with 2,3,4, and so forth, up to 10. When your child can play "count-up," play "count-down," starting with a license plate beginning with 9, then 8, 7, 6, and so forth, down to 1.</p>	<p>Practice pretend play or pantomime. Here are some things to act out: 1) eating hot pizza with stringy cheese; 2) winning a race; 3) finding a giant spider; 4) walking in thick, sticky mud; and 5) making footprints in wet sand.</p>	<p>Make a simple concentration game with two or three pairs of duplicate playing cards (two king of hearts), or make your own cards out of duplicate pictures or magazine ads. Start with two or three pairs of cards. Turn them face down and mix them up. Let your child turn two cards over and see if they match. If they don't, turn the cards face down again. You can gradually increase to playing with more pairs of cards.</p>
<p>Make an obstacle course either inside or outside your home. You can use cardboard boxes for jumping over or climbing through, broomsticks for laying between chairs for "limbo" (going under), and pillows for walking around. Let your child help lay out the course. After a couple of practice tries, have her complete the obstacle course as quickly as possible. Then try hopping or jumping the course.</p>	<p>After washing hands, practice writing letters and numbers in pudding or thinned, mashed potatoes spread on a cookie sheet or cutting board. Licking fingers is allowed!</p>	<p>Play mystery sock. Put a common household item in a sock. Tie off the top of the sock. Have your child feel the sock and guess what is inside. Take turns guessing what's inside.</p>	<p>Make color rhymes. Take turns rhyming a color and a word: blue, shoe; red, bed; yellow, fellow. You can also rhyme with names (Dad, sad; Jack, sack). Take turns with the rhyming.</p>	<p>Make an "I can read" poster. Cut out names your child can read—fast-food restaurant names, names from cereal cartons, and other foods. You can write your child's name, names of relatives, and names of friends on pieces of paper and put them on the poster. Add to the poster as your child learns to read more names.</p>
<p>Play "what doesn't belong?" Let your child find the word that doesn't belong in a list of six or seven spoken words. The one that doesn't belong can be the word that doesn't rhyme or the word that is from a different category. Some examples are 1) fly, try, by, <i>coat</i>, sigh, my; 2) Sam, <i>is</i>, ram, am, spam, ham; 3) red, orange, purple, green, yellow, <i>beetle</i>; 4) spoon, fork, <i>shirt</i>, pan, spatula, knife. Have your child give three to four words with one that doesn't belong.</p>	<p>Play the "memory" game. Put five or six familiar objects on a table. Have your child close her eyes. Remove one object, and rearrange the rest. Ask your child which object is missing. Take turns finding the missing object.</p>	<p>Make puppets out of ice cream sticks, paper bags, socks, or egg carton cups. Decorate the puppets with yarn, pens, buttons, and colored paper. Make a puppet stage by turning a coffee table or card table on its side and crouching behind the table top. Be the audience while your child puts on a puppet show.</p>	<p>Play the old shell game. Get four cups or glasses that you cannot see through. Find a small ball, object, or edible item such as a raisin or cracker that fits under the cups. Have your child watch as you place the object under one of the cups and move all the cups around. Have your child try to remember which cup the object is under. Have your child take a turn moving the objects while you guess.</p>	<p>Play "mystery sound." Select household items that make distinct sounds such as a clock, cereal box, metal lid (placed on a pan), and potato chip bag. Put a blindfold on your child and have her try to guess which object she heard. Take turns with your child.</p>



About the ASQ

This CD-ROM contains the *Ages & Stages Questionnaires*® (ASQ), 19 questionnaires developed to assist with the monitoring and identification of children with developmental delays from 4 months to 5 years of age. The *Ages & Stages Questionnaires*®, *Second Edition*, are designed to screen young children for developmental delays—that is, to identify those children who are in need of further evaluation and those who appear to be developing typically. The ASQ system represents a novel approach to screening because the questionnaires are designed to be completed by the parents or caregivers of young children, rather than by trained professionals. (For more information about the development and developers of the ASQ system, see *The ASQ User's Guide, Second Edition*.)

THE ASQ USER'S GUIDE AND OTHER COMPONENTS

The ASQ User's Guide is a companion to these questionnaires and contains necessary information for using the entire ASQ monitoring system. Procedures for planning a monitoring program, using and scoring the questionnaires, making referrals, and evaluating the monitoring program throughout implementation are included in the *User's Guide*. A number of useful sample letters and forms are provided—in both English and Spanish—in the *User's Guide*, which also chronicles the development of the ASQ products since 1979. The *User's Guide* includes a compilation of the data and analyses conducted on the questionnaires. In particular, validity, sensitivity, specificity, and overreferral and underreferral rates are addressed. Several optional components are available. *The Ages & Stages Questionnaires on a Home Visit* is a videotape that describes using the ASQ questionnaires in the home environment with families. The videotape *ASQ Scoring and Referral* explains how to score and interpret ASQ questionnaire results. The *ASQ CD-ROM*, available in English or Spanish, contains all 19 of the ASQ questionnaires and scoring sheets, along with 200 intervention activities from *The ASQ User's Guide*. The *ASQ Manager* software enables users to create a database for managing and tracking ASQ data for many children. The *Ages & Stages Activities* contains developmentally appropriate activities, divided by age range and ASQ domain, that parents can use with their children. (See Order Form for ordering information for the ASQ products.)

THE QUESTIONNAIRES

The *Ages & Stages Questionnaires*®, which are also available in Spanish, French, and Korean, are color coded for easy reference. They are intended to be duplicated in the course of service provision to families. (Please see the Licensing Agreement.) The questionnaires can be mailed to parents and completed in the home environment, posted on a password-protected web site and downloaded and completed by parents, completed with the assistance of a nurse or social worker on a home visit or during a telephone interview, completed by parents at a medical clinic prior to a well-child checkup, or completed by a child's regular caregiver at a child care center.

Each questionnaire has a title page with an area containing a shaded drawing of a mother and child. When photocopying, a program logo or agency contact information may be placed in this shaded area so that it will appear on all duplicated questionnaires. If the questionnaires are to be used in mail-back format, the address of the program should be typed or stamped on the mail-back sheet, which is also included on this CD-ROM, for easy return by parents.

Each questionnaire contains 30 questions, grouped by developmental area, about a child's everyday activities. To promote readability and parental identification with the forms, questionnaire items are worded with alternating male and female pronouns; where possible, small illustrations are provided with the questionnaire items.

In 1997, with the passage of the amendments to the Individuals with Disabilities Education Act (IDEA), came a call for early detection of social or emotional problems in young children. In response to this urgent need, we have developed the *Ages & Stages Questionnaires®: Social Emotional*—available in both English and Spanish—and an accompanying *User's Guide*. This screening tool, meant to be used in conjunction with a general developmental tool (like the ASQ) that assesses cognitive, communicative, and motor development, helps identify the need for further social and emotional behavior assessment in children at eight age intervals: 6, 12, 18, 24, 30, 36, 48, and 60 months. These eight ASQ:SE questionnaires each address seven behavioral areas: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. The *ASQ:SE CD-ROM*, available in English or Spanish, contains the ASQ:SE questionnaires and social-emotional development activities from *The ASQ:SE User's Guide*. The videotape *ASQ:SE in Practice* explains in further detail how to use the ASQ:SE questionnaires in a variety of settings and explains how to score and interpret ASQ:SE results.

Anyone who spends time with a child on a regular basis, such as parents, caregivers, foster parents, grandparents, aunts, and uncles, is qualified to answer the questionnaire items. If parents or caregivers are not sure whether a child can do a particular activity described in a questionnaire item, they should try that activity with the child before answering the question. Household items and toys such as blocks, pencils, paper, and small jars may be needed for the child to demonstrate some of the targeted skills. A list of materials needed for completion of each questionnaire can be found in Appendix E of the *User's Guide*. Parents can take a few minutes observing the child and trying activities before answering all of the questions.

Because a screening tool is brief, mistakes will occur; children will be referred for further assessment who do not have delays, and children with delays will not be identified as needing further assessment. Thus, results from the ASQ will not identify which children have delays and which ones do not. Rather, the results will *suggest* which children should be referred for further evaluation and which ones appear to be developing typically. Because serial or sequential monitoring has been shown to be more effective than one-time screenings, completing the questionnaires at regular intervals as a child develops may prove to be more effective and cost efficient than one-time screening programs conducted by professionals. In addition, the *Ages & Stages Questionnaires®* involve parents as screeners of their young child's development and may enhance parents' knowledge of their child's developmental status while involving them as partners in the assessment process.

No one questionnaire or screening tool will be culturally appropriate for all children and families. Modifications may need to be made, such as translating certain phrases into a native language and substituting items with ones the parents may have at home (e.g., using matzos for crackers and flat stones for blocks). Some items may have to be omitted altogether if they are unsuitable for a family.

If parents cannot read English, Spanish, French, or Korean at a fourth- to sixth-grade level, someone can read the items aloud and help parents to complete the questionnaire. There are, however, some parents who may not answer the questionnaire accurately. Parents with limited cognitive abilities and those abusing alcohol or other drugs are examples of parents who may have difficulty. Other professionally administered screening tools, which are suggested in *The ASQ User's Guide*, may be more appropriate for children in these families.

SCORING PROCEDURES

The Information Summary Sheet is an optional page that can be completed and maintained by programs as a record of the child's performance on a questionnaire. Cutoff grids appear on

each Information Summary Sheet that can easily be compared with the child's performance at that age interval to determine whether the child should be referred for further evaluation. At the bottom of the page, for programs with digital scanning capabilities, ovals may be darkened so that scores can be automatically scanned into computer records.

The questionnaires are scored by converting each answer to a numerical equivalent and comparing the totals for each area (e.g., communication, fine motor) with the empirically derived cutoff points for that area. The responses—*yes*, *sometimes*, and *not yet*—are converted to points—10, 5, and 0, respectively. If a child's score for any area is at or below the cutoff point, the child is recommended for a referral for further developmental evaluation. Again, more explanation of how to score the questionnaires and how to determine when to refer a child for further evaluation can be found in *The ASQ User's Guide*.

A MESSAGE FROM THE AUTHORS

The *Ages & Stages Questionnaires* were designed to encourage screening of large numbers of children in an economical and efficient way. Our goal is to assist you in establishing a system that can identify children in need of intervention services in a timely and cost-effective manner. The first edition of the *Ages & Stages Questionnaires* was published in 1995. We have valued the input and enthusiastic feedback we have received from the hundreds of personnel who are using the questionnaires in screening, monitoring, and home visiting programs. This second edition of the *Ages & Stages Questionnaires* contains 8 additional questionnaire intervals at 10, 14, 22, 27, 33, 42, 54, and 60 months. The final questionnaire at 5 years (60 months) rounds out the program. These additional intervals should assist programs in continuous screening of young children in the infancy and preschool years from 4 months through 5 years of age. We hope that you will find these materials of use and that, ultimately, the developmental outcomes of young children and families will be improved.



About the Authors

The ASQ system, including the *Ages & Stages Questionnaires*[®] (English, Spanish, and French versions), *The Ages & Stages Questionnaires*[®] on a Home Visit video, *The ASQ User's Guide*, the *Ages & Stages Questionnaires*[®]: Social-Emotional (English and Spanish versions), *The ASQ:SE User's Guide*, *ASQ Scoring and Referral* video, *ASQ:SE in Practice* video, and the *Ages & Stages Learning Activities*, was developed by the following authors:

Diane Bricker, Ph.D., Professor Emerita and Former Director, Early Intervention Program, Center on Human Development, University of Oregon, Eugene, Oregon

Dr. Bricker was the director of the Early Intervention Program at the Center on Human Development, University of Oregon. She was a professor of special education, focusing on the fields of early intervention and communication. Dr. Bricker was the primary author of the *Ages & Stages Questionnaires*[®] and directed research activities on the ASQ system since 1980. Dr. Bricker has published extensively on assessment/evaluation and personnel preparation in early intervention.

Jane Squires, Ph.D., Associate Professor, Early Intervention Program, Center on Human Development, University of Oregon, Eugene, Oregon

Dr. Squires is an associate professor in special education, focusing on the field of early intervention, at the University of Oregon. Dr. Squires has directed several research studies on the *Ages & Stages Questionnaires*[®] and has also directed national outreach training activities related to developmental screening and the involvement of parents in the monitoring of their child's development. In addition to her interests in screening and tracking, Dr. Squires directs a master's-level rural personnel preparation program, teaches classes in the early intervention area, and is Associate Director of the Center for Excellence in Developmental Disabilities.

Linda Mounts, M.A., Child Development Specialist, Regional Center of the East Bay, Oakland, California

Ms. Mounts is an infant development specialist and has worked for many years in clinical and research settings with infants and toddlers. While at the Center on Human Development, University of Oregon, she assisted with development and research on the *Ages & Stages Questionnaires*[®]. She is employed by the Regional Center of the East Bay in northern California, evaluating young children from birth to 3 years of age.

LaWanda Potter, M.S., Research Assistant, Early Intervention Program, Center on Human Development, University of Oregon, Eugene, Oregon

Ms. Potter is a research assistant at the Early Intervention Program, Center on Human Development, University of Oregon. She has been involved with several research studies on the *Ages & Stages Questionnaires*[®], including questionnaire revisions, data analysis, and documentation. She has also provided outreach training on the *Ages & Stages Questionnaires*[®] system across the United States. Ms. Potter is the co-developer of the videotape *The Ages & Stages Questionnaires*[®] on a Home Visit.

Robert Nickel, M.D., Associate Professor of Pediatrics, Department of Pediatrics, and Medical Director, Child Development and Rehabilitation Center, Oregon Health Sciences University, Eugene, Oregon

Dr. Nickel is an associate professor of pediatrics in the Department of Pediatrics and at the Child Development and Rehabilitation Center (CDRC), Oregon Health Sciences University, and he is the medical director of the Eugene office at CDRC. He has been instrumental in the production of other materials related to developmental monitoring activities, including the *Infant Motor Screen* (screen test/manual and videotape) and *Developmental Screening for Infants 0–3 Years of Age* (manual and videotape), part of a training program for primary health care professionals. As a developmental pediatrician, he attends a number of clinics for children with special health care needs in the Portland and Eugene CDRC offices and at outreach sites.

Elizabeth Twombly, M.S., Research Assistant, Early Intervention Program, Center on Human Development, University of Oregon, Eugene, Oregon

Ms. Twombly is a research assistant at the Early Intervention Program, Center on Human Development, University of Oregon. She provides training and technical assistance to state agencies on the ASQ system. She has been involved in several research studies on the ASQ, including the development of additional intervals for the second edition.

Jane Farrell, M.S., EI/ECSE Specialist, ECCARES, Lane County, Oregon

Ms. Farrell provides direct services to young children, birth to 5 years of age, who are experiencing developmental delays or disabilities. Her varied roles include home visitor, parent/toddler group teacher, inclusive preschool teacher, and IFSP coordinator. She has been developing an inclusive preschool model that utilizes teenage staff in a high school child development program as well as master's-level early intervention practicum students.

She received her master's degree from the University of Oregon Early Intervention Program in 1992. She was the original ASQ Outreach Project Coordinator, providing training and consultation on systematic use of the ASQ in 25 states. Her next position was an early intervention specialist in Wiesbaden, Germany, where she participated on a team that developed a full range of early intervention services for the overseas military communities. In that capacity, she continued to provide training and consultation on use of the ASQ as a child find and screening system while implementing it in her own service area.



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For individuals and small groups that are interested in attending a seminar but cannot host one, we offer an annual ASQ, ASQ:SE, and AEPS Seminar. To learn more about the next annual seminar, please visit www.brookespublishing.com/onlocation.

Speakers

Elizabeth Twombly, M.S., has been involved with the ASQ project for 10 years. Most recently she has worked as a Senior Research Assistant in the development of Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE). Ms. Twombly instructs early childhood professionals nationwide from fields such as early intervention, childcare, and public health on using ASQ in screening and monitoring programs for infants and children who are at risk for developmental delays.

Suzanne Yockelson, Ph.D., received her degree from the University of Oregon Early Intervention Program and has a background in education for typically and atypically developing children. She provides instruction on developmental screening of young children using ASQ. Dr. Yockelson teaches a variety of courses in an undergraduate program in teacher education which she also coordinates.

Linda Stone, Ph.D., is director of the Orlando Area Part C Early Intervention Program and Program Manager of the Developmental Center for Infants and Children at Arnold Palmer Hospital for Children and Women. Previously, she was on faculty at the University of South Florida College of Public Health, serving as a program director at The Lawton and Rhea Chiles Center for Healthy Mothers and Babies.

Barbara Battin, R.N., M.P.H., is on faculty at the University of South Florida at The Lawton and Rhea Chiles Center and the College of Nursing. She serves as the Assistant Program Director of the Maternal and Child Services Workforce Development Program. In addition, Ms. Battin is currently developing and teaching a web-based course on School Health Nursing. She has worked in a variety of capacities as a maternal and child health nursing consultant and presenter.

Jantina Clifford, M.S., is a doctoral student in the Early Intervention Program at the University of Oregon. Ms. Clifford has taught in a variety of settings as an early childhood educator and has a master's degree in early intervention from the University of Oregon. She currently conducts seminars on the ASQ and the ASQ:SE, and she assists in courses in the Teacher Education Program at the University of Oregon. Jantina's research interests are focused on infant mental health and support for adoptive families and children.

Alise Paillard, Ph.D., is Assistant Professor of Early Childhood Special Education at San Francisco State University (SFSU). Prior to joining SFSU, Dr. Paillard was a research associate at the University of Oregon, where she conducted research on ASQ and ASQ:SE. She provides seminars on administering ASQ, as well as support for the development of effective screening and referral systems. Dr. Paillard's current research interests are screening and referral systems development and infant mental health. She teaches and supervises graduate students specializing in early intervention and early childhood special education.

Required Materials

The ASQ User's Guide, Second Edition, and a CD-ROM or box of questionnaires for each office

Who Will Benefit from This Seminar

Early intervention program staff, child development specialists, public health professionals, social workers, community service centers, outreach programs, state child find programs, and pediatricians

Following this seminar, participants will be able to

- define and articulate how screening differs from other assessment process such as diagnostic or ongoing assessment
- define and describe the characteristics and benefits of developmental screening tools
- administer and score ASQ
- interpret ASQ findings and communicate the results with families
- identify developmental warning signs
- identify resources for age-appropriate intervention strategies and activities to enhance development
- describe the process for referring children who are at-risk for developmental delay to appropriate agencies

Speakers supplement their instruction with extended case studies and video clips of interventionists using ASQ on a home visit to show how the system is administered and tracked. They offer role-plays and hands-on activities that give participants experience using ASQ before going out in the field to work with families.

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