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***

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 *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."
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 *name* at least one picture? ❑ ❑ ❑ ___
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 correctly use at least two words like "me," "I," "mine," and "you"? ❑ ❑ ❑ ___
5. Does your child make sentences that are three or four words long? ❑ ❑ ❑ ___

   Please give an example:

   _____

   _____
6. 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? ❑ ❑ ❑ ___

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.)  ❑ ❑ ❑ ___
2. Does your child run fairly well, stopping herself without bumping into things or falling?  ❑ ❑ ❑ ___
3. Does your child jump with both feet leaving the floor at the same time?  ❑ ❑ ❑ ___

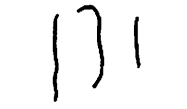
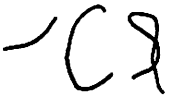
GROSS MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
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.*

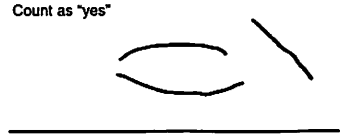
1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?	❑	❑	❑	___
2. Does your child flip light switches off and on?	❑	❑	❑	___
3. After he watches you draw a line from the top of the paper to the bottom with a pencil, 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. Dose 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?	❑	❑	❑	___
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?	❑	❑	❑	___
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?	❑	❑	❑	___
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."	❑	❑	❑	___
6. Does your child put on a coat, jacket, or shirt by himself?	❑	❑	❑	___
			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 toddlers 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 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: _____

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: _____

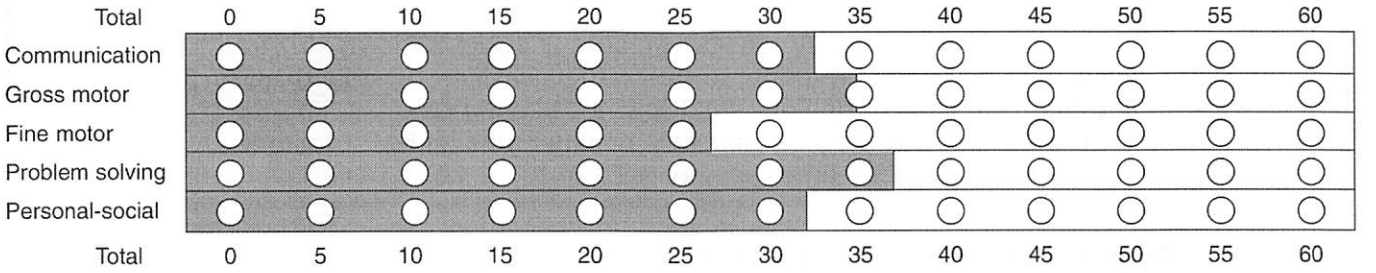
Today's date: _____ _____

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

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

SCORING THE QUESTIONNAIRE

1. 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.*
2. 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
3. Add up the item scores for each area, and record these totals in the space provided for area totals.
4. 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.

5. If the child's total score falls within the ▭ area, the child appears to be doing well in this area at this time.
6. 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		33.5
Gross motor		35.0
Fine motor		26.0
Problem solving		37.0
Personal-social		33.0

Communication				Gross motor				Fine motor				Problem solving				Personal-social			
	Y	S	N		Y	S	N		Y	S	N		Y	S	N		Y	S	N
1	○	○	○	1	○	○	○	1	○	○	○	1	○	○	○	1	○	○	○
2	○	○	○	2	○	○	○	2	○	○	○	2	○	○	○	2	○	○	○
3	○	○	○	3	○	○	○	3	○	○	○	3	○	○	○	3	○	○	○
4	○	○	○	4	○	○	○	4	○	○	○	4	○	○	○	4	○	○	○
5	○	○	○	5	○	○	○	5	○	○	○	5	○	○	○	5	○	○	○
6	○	○	○	6	○	○	○	6	○	○	○	6	○	○	○	6	○	○	○

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ASQ™