**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***


# 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.

ASQ™

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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: _____

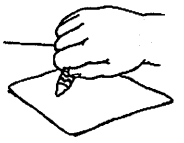
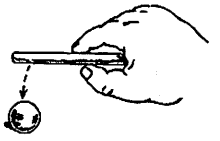
ASQ™

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** *Be sure to try each activity with your child.* | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. Does your child point to, pat, or try to pick up pictures in a book? | ❑ | ❑ | ❑ | ___ |
| 2. Does your child say four or more words in addition to "Mama" and "Dada"? | ❑ | ❑ | ❑ | ___ |
| 3. When your child wants something, does he tell you by *pointing* to it? | ❑ | ❑ | ❑ | ___ |
| 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.") | ❑ | ❑ | ❑ | ___ |
| 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.) | ❑ | ❑ | ❑ | ___ |
| 6. Does your child say eight or more words in addition to "Mama" and "Dada"? | ❑ | ❑ | ❑ | ___ |
| | | COMMUNICATION TOTAL | | ___ |

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

| **FINE MOTOR** *Be sure to try each activity with your child.* | | | | |
|---|---|---|---|---|
| 1. Does your child help turn the pages of a book? (You may lift the pages for him to grasp.) | ❑ | ❑ | ❑ | ___ |
| 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.) | ❑ | ❑ | ❑ | ___ |

| | 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.) | ❑ | ❑ | ❑ | ___ |
| 4. Does your child stack three small blocks or toys on top of each other by herself? | ❑ | ❑ | ❑ | ___ |
| 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 turn the pages of a book by himself? (He may turn more than one page at a time.) | ❑ | ❑ | ❑ | ___ |
| | | 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.) | ❑ | ❑ | ❑ | ___ |
| 2. Can your child drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)? | ❑ | ❑ | ❑ | ___ |
| 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.) | ❑ | ❑ | ❑ | ___ |
| 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?  | ❑ | ❑ | ❑ | ___ |
| 5. Without first showing him how, does your child scribble back and forth when you give him a crayon (or pencil or pen)? | ❑ | ❑ | ❑ | ___ |
| 6. After a crumb or Cheerio is dropped into a bottle, does your child turn the bottle upside down to dump it out again? (You may show her how.) | ❑ | ❑ | ❑ | ___ |
| | | 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? | ❑ | ❑ | ❑ | ___ |
| 2. Does your child help undress herself by taking off clothes like socks, hat, shoes, or mittens? | ❑ | ❑ | ❑ | ___ |
| 3. Does your child play with a doll or stuffed animal by hugging it? | ❑ | ❑ | ❑ | ___ |

| | 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? | ❑ | ❑ | ❑ | ___ |
| 5. Does your child get your attention or try to show you something by pulling on your hand or clothes? | ❑ | ❑ | ❑ | ___ |
| 6. Does your child come to you when she needs help, such as with winding up a toy? | ❑ | ❑ | ❑ | ___ |
| | | | 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 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: _____
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: _____

# 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: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Assisting in ASQ completion: _____

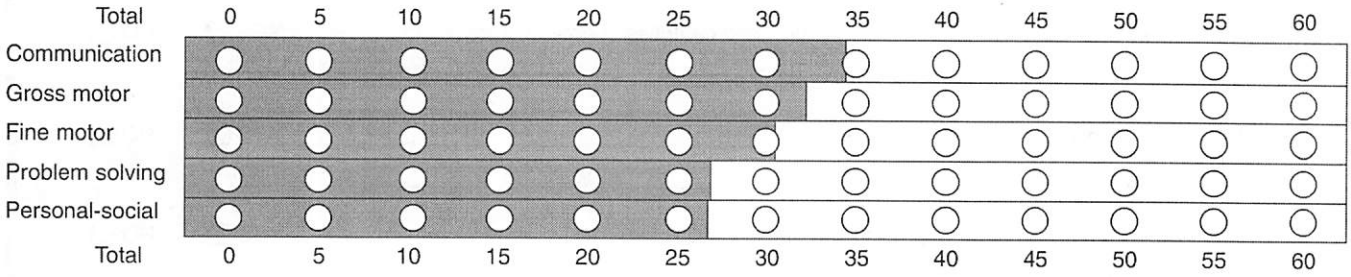
Today's date: _____ _____

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

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

**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.

16 months

| | Score | Cutoff |
|---|---|---|
| Communication | | 34.5 |
| Gross motor | | 32.3 |
| Fine motor | | 30.6 |
| Problem solving | | 26.9 |
| Personal-social | | 26.7 |

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

Administering program or provider: _____