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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*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:

| Ø | Be sure to try each activity with your child before checking a box. |
|---|--|
| Ø | Try to make completing this questionnaire a game that is fun for you and your child. |
| Ø | Make sure your child is rested, fed, and ready to play. |
| Ø | Please return this questionnaire by |
| Ø | If you have any questions or concerns about your child or about this questionnaire, please call: |
| Ø | 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: | zıp code: |
| List people assisting in questionnaire completion: | |
| | |
| Administering program or provider: | |

2



| | | / | And the state of t |
|--|-----------|-----------|--|
| | 0 | • | 3. Does your child jump with both feet leaving the floor at the same time? |
| | D | 0 | 2. Without holding onto anything for support, does your child kick a ball by swinging his leg forward? |
| | | 0 | 1. Does your child run fairly well, stopping herself without bumping into things or falling? |
| | | | GROSS MOTOR Be sure to try each activity with your child. |
| — т | ATOT NOIT | COMMUNICA | |
| | | | 6. When you sak, "What is your name?" does your child say both her first and last names? |
| | 0 | | 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 up. Do this several times, placing 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." |
| | ٥ | | 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," "Funning," "Eating," and "Crying") You may ask, "What is the dog (or boy) doing?" |
| | | | 3. Without giving him help by pointing or using gestures, ask your child to "Put the book under the chair." Does your child carry out both of these directions correctly? |
| | | | Piease give an example: |
| | | | 2. Does your child make sentences that are three or four words long? |
| | | | 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.) |
| ************************************** | | | COMMUNICATION Be sure to try each activity with your child. |
| No. of the last of | NOT YET | SOMETIMES | ΛES |

| | 0 | - | 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 your. Child trace your by drawing a single line in a by drawing a single line in a horizontal direction? | |
|---|-------------|------------|---|--|
| _ | 0 | | 2. Does your child thread a shoelace through either a bead or an eyelet of a shoe? | |
| | ם | D . | 1. After he watches you draw a line from the top of the paper to the bottom with a pencil, crayon, 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 trace your line. Does your child drawing a single line in a count as "not yet" Count as "yes" | |
| | | | FINE MOTOR Be sure to try each activity with your child. | |
| | IATOT AOTON | евога и | | |
| | | | 6. While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball underhand forward? (Dropping the ball or throwing the ball underhand does not count.) | |
| | | | | |
| | D | | 5. Does your child stand on one foot for about 1 second without holding onto anything? | |
| | | | | |
| | | | on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the right foot is on the next.) She may hold onto the state, on a 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 | |

| 4. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your clicle. Does your child copy you by drawing a circle? 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 scissons? 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 | | • | YES | SOMETIMES NOT YE | т |
|--|-----|--|---------|--------------------|-------------|
| 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? 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. Carefulth 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 like blocks or cars in a row. Does your child copy or imitate you and line up four objects like blocks or cars in a row. Ones your child watches, 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 the numbers. If | FIN | E MOTOR (continued) | | | |
| 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 | 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? | ۵ | . | |
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| 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 | 4. | "What is this?" does your child say a word that means a person? Responses like "snowman," "boy," "man," "girl," and "Daddy" are correct. | | | _ |
| two numbers in the correct order? Do not repeat the numbers. If | | Please write your child's response here: | | | |
| two numbers in the correct order? Do not repeat the numbers. If | _ | | | | |
| Your child must repeat just one series of two numbers for you to answer "yes" to this question. | 5. | 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 | | 0 0 | |
| 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. | 6. | tell you what she drew? You may say, "Tell me about your picture," or | | <u> </u> | |
| PROBLEM SOLVING TOTAL | | • | | PROBLEM SOLVING TO | TAL |

| If no, explain: 2. Do you think your child talks like other toddlers her age? If no, explain: 3. Can you understand most of what your child says? If no, explain: 4. Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain: 5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: 6. Do you have concerns about your child's vision? If yes, explain: 7. Has your child had any medical problems in the last several months? If yes, explain: 8. Does anything about your child worry you? YES | YES SOMETIMES NOT YET | YES | | |
|--|---------------------------|-------------|--|----|
| 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? 3. Does your child put on a coat, jacket, or shirt by herself? 4. After you put on loose-fitting pants around his feet, does your child pull them completely up to his waist? 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? 6. Using these exact words, ask your child, "Are you a girl or a boy?" 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: 2. Do you think your child talks like other toddlers her age? If no, explain: 3. Can you understand most of what your child says? If no, explain: 4. Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain: 5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: 6. Do you have concerns about your child's vision? If yes, explain: 7. Has your child had any medical problems in the last several months? If yes, explain: 8. Does anything about your child worry you? YES | | d. | L-SOCIAL Be sure to try each activity with your chil | PE |
| it around objects and backing out of comers if he cannot turn? | <u> </u> | | ur child use a spoon to feed herself with little spilling? | 1. |
| 4. After you put on loose-fitting pants around his feet, does your child pull them completely up to his waist? 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? 6. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly? 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 If no, explain: 2. Do you think your child talks like other toddlers her age? YES If no, explain: 4. Do you think your child walks, runs, and climbs like other toddlers his age? YES If no, explain: 5. Does either parent have a family history of childhood deafness or hearing impairment? YES If yes, explain: 6. Do you have concerns about your child's vision? YES If yes, explain: 7. Has your child had any medical problems in the last several months? YES If yes, explain: 8. Does anything about your child worry you? | | | | 2. |
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| 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: 2. Do you think your child talks like other toddlers her age? If no, explain: 3. Can you understand most of what your child says? If no, explain: 4. Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain: 5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: 6. Do you have concerns about your child's vision? If yes, explain: 7. Has your child had any medical problems in the last several months? If yes, explain: 8. Does anything about your child worry you? YES Y | o o _ | | | 6. |
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| If no, explain: | <u> </u> | | plain: | |
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| If yes, explain: 8. Does anything about your child worry you? YES | | | | |
| 8. Does anything about your child worry you? | | | | 7. |
| _ · · · · · · · · · · · · · · · · · · · | | | | |
| If you avalain: | | | | В. |
| If yes, explain: | | | крат: | |
| | | | | |

33 Month ASQ Information Summary

| Child's name: Person filling out the ASQ: | | | | | | | _ Da | ie oi biitii | | | | ······ | |
|---|--|--|--|---|--|---|---|--|--|--|--------------------------|---|---------|
| | | | | | | | Re | Relationship to child: | | | | | |
| Mailing address: | | | | | | _ City | y: | | _ State: | | ZIP: | | |
| Telephone: | | | | | | | _ Ass | sisting in A | ASQ com | pletion: _ | | | |
| Today's date: | | | | | | | _ | | 100 at 1 a | | | *************************************** | |
| OVERALL: Pleas | e transfer | the answ | wers in th | e Overall s | ection o | f the ques | tionnair | e by circli | ng "yes" | or "no" and | report | ing any co | nments |
| Hears well? Comments: | | | | YES | NO | 5. | Family Comm | | f hearing | impairmen | t? | YES | NO |
| Talks like other Comments: | er children | ? | | YES | NO | 6. | Vision Comm | concerns ents: | ? | | | YES | NO |
| Understand comments: | nild? | | | YES | NO | 7. | Recen Comm | t medical ents: | problem | s? | | YES | NO |
| 4. Walks, runs, a Comments: | and climbs | like othe | ers? | YES | NO | 8. | Other Comm | concerns ents: | ? | | | YES | NO |
| | | | | ncandron on a stayonean Massach | | | | | | | | | |
| SCORING THE C | | | , | •• | | | | | | | - Th- | 100 !! | - 0 |
| Be sure each Score each ite | em on the | | | | | | | | | | II THE | ASQ USEI | s Guiu |
| | 10 0 | CAMETIA | | | TVET | ^ | | | | | | | |
| YES = | | SOMETIN | MES = 5 | NO | T YET = | | | | | als | | | |
| YES = 3. Add up the ite | m scores | for each | MES = 5 area, an | NO d record th | ese tota | ls in the s | pace pr | ovided for | r area tot | | mple, i | f the total s | score f |
| YES = 3. Add up the ite | m scores hild's total | for each | MES = 5 area, and or each a | NO d record th rea by fillin | ese tota g in the | ls in the s appropria | pace pr | ovided for | r area tot | | mple, i | f the total s | score f |
| YES = 3. Add up the ite 4. Indicate the c | m scores hild's total | for each | MES = 5 area, and or each a | NO d record th rea by fillin | ese tota g in the | ls in the s appropria | pace pr | ovided for | r area tot | | mple, i 50 | f the total s | score f |
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| YES = 3. Add up the ite 4. Indicate the c the Communi Total Communication Gross motor Fine motor | em scores hild's total cation are | for each score for a was 50 | MES = 5 area, and or each are 0, fill in the | NO d record th rea by fillin e circle be | ese tota g in the low 50 ii | ls in the s appropria n the first | pace protection pace provide circle row. | ovided for e on the c | r area tot hart belo | w. For exa | 50 | | 60 |
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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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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:

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

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