



Ages & Stages Questionnaires®

23 months 0 days to 25 months 15 days (inclusive)

24 Month Questionnaire

Child's name: _____

Child's date of birth: _____ Boy Girl

Date ASQ-3 completed by parent/caregiver: _____

Date of review with health professional: _____

Child's home address: _____

Town: _____ Postcode: _____

Person completing the questionnaire: _____

Relationship to child: _____

Home tel: _____ Mobile no: _____

Email address: _____

All children develop at different rates and in different ways. Please do not worry if your child is not doing all or any of the activities mentioned in the questionnaire. It is not a test. The activities are simply one way of understanding how your child is progressing.

Possible answers:

Yes = your child does this activity (or has done it and has now progressed, e.g., crawling, but is now walking)

Sometimes = your child is just beginning to do this activity (but does not do it regularly)

Not Yet = your child has not yet started doing this

Please leave **blank** any activities your child has not been able to try with you.

On the following pages are questions about activities children may 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 fill in the circle that indicates whether your child is doing the activity regularly (yes), sometimes, or not yet.

Important Points to Remember:

- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is not tired or hungry.
- Please bring this questionnaire with you to your child's health and development review.

Notes:

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, mark "yes" for the item.

COMMUNICATION

	YES	SOMETIMES	NOT YET	_____
1. Without showing him, does your child <i>point</i> to the correct picture when you say, "Show me the cat," or ask, "Where is the dog?" (<i>She needs to identify only one picture correctly.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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? (<i>Mark "yes" even if her words are difficult to understand.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/> a. "Put the toy on the table." <input type="radio"/> d. "Find your coat." <input type="radio"/> b. "Close the door." <input type="radio"/> e. "Take my hand." <input type="radio"/> c. "Bring me a towel." <input type="radio"/> f. "Get your book."				
4. If you point to a picture of a ball (cat, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Does your child say two or three words that represent different ideas together, such as "See dog," "Mummy come home," or "Cat gone"? (<i>Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," or "What's that?"</i>) Please give an example of your child's word combinations:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

COMMUNICATION (continued)

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

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

COMMUNICATION TOTAL _____

GROSS MOTOR

1. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the handrail or wall. *(You can look for this in a shop, in a playground, or at home.)*

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

2. When you show your child how to kick a large ball, does he try to kick the ball either by moving his leg forward or by walking into it? *(If your child already kicks a ball, mark "yes" for this item.)*



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. Does your child walk either up or down at least two steps by herself? She may hold onto the handrail or wall.



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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4. Does your child run fairly well, stopping herself without bumping into things or falling over?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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5. Does your child jump with both feet leaving the floor at the same time?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____*
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GROSS MOTOR TOTAL _____

* If Gross Motor Item 6 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child get a spoon into his mouth right side up so that the food usually doesn't spill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. Does your child turn the pages of a book by herself? (<i>She may turn more than one page at a time.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your child use a turning motion with his hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your child flip switches off and on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your child stack seven small blocks or toys on top of each other by herself? (<i>You could also use cotton reels, small boxes, or toys that are about 1 inch in size.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. Can your child string small items such as pasta or beads onto a string or shoelace? (<i>Carefully watch your child's use of beads and strings for safety reasons.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___



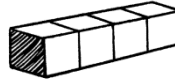
FINE MOTOR TOTAL ___

PROBLEM SOLVING

	Count as "yes"	YES	SOMETIMES	NOT YET	
1. After watching 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 <i>any direction</i> ? (<i>Mark "not yet" if your child scribbles back and forth.</i>)	 Count as "yes" Count as "not yet"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. After a raisin is dropped into a clear plastic bottle, does your child turn the bottle upside down to tip out the raisin? (<i>Do not show him how.</i>) (<i>You can use a small water bottle or baby bottle.</i>)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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 a small toy to stir food?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it (for example, to reach a toy on a table or worktop or to "help" you in the kitchen)?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

PROBLEM SOLVING *(continued)*

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 cotton reels, small boxes, or other toys.)



YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

1. Does your child drink from a cup or glass, putting it down again with little spilling?
2. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?
3. Does your child eat with a knife/spoon and fork?
5. When playing with either a soft toy or a doll, does your child cuddle it, pretend to feed it, put it to bed, etc.?
6. Does your child push a little truck, doll's buggy, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?
7. Does your child call herself "I" or "me" more often than her own name? For example, "I do it," more often than "Emily do it."

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<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 TOTAL _____

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

YES NO

2. Do you think your child talks like other toddlers her age? If no, explain:

YES NO

OVERALL *(continued)*

3. Can you understand most of what your child says? If no, explain:

 YES NO

4. Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:

 YES NO

5. Does either parent have a family history of childhood deafness or hearing problems? If yes, explain:

 YES NO

6. Do you have concerns about your child's eyesight? If yes, explain:

 YES NO

7. Has your child had any medical or health-related problems in the last few months? If yes, explain:

 YES NO

OVERALL *(continued)*

8. Do you have any concerns about your child's behaviour? If yes, explain:

YES

NO

9. Does anything about your child worry you? If yes, explain:

YES

NO