## ASQ-3 Ages & Stages Questionnaires®

## 18 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:								
Date ASQ completed:	M	М	D	D	Y	Y	Y	Υ



Date ASQ completed:  M M D D Y Y Y Y							
Child's information							
Child's first name:	Middle initial: Child's last name:						
Child's date of birth:  If child was born 3 or more weeks prematurely, # of weeks premature:	Child's gender:  Male Female						
Person filling out questionnaire  First name:	Middle initial: Last name:						
Street address:	Relationship to child:						
	Parent Guardian Teacher Child care provider						
	Grandparent Foster or other parent Other:						
City:	State/Province: ZIP/Postal code:						
Country:	Home telephone number: Other telephone number:						
E-mail address:							
Names of people assisting in questionnaire completion:							
PROGI	RAM INFORMATION						
Child ID #:							
	Age at administration, in months and days:  M M D D						
Program ID #:							
If premature, adjusted age, in months and days:							
Program name:	M M D D						



## 18 Month Questionnaire

17 months 0 days through 18 months 30 days

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, sometimes, or not yet.

	Important Poir	ts to Remember:	Notes:				
	✓ Try each activit	y with your child before marking a r	esponse.				
	Make complete you and your o	ng this questionnaire a game that is hild.	fun for				
	<b>✓</b> Make sure you	r child is rested and fed.					
	☑ Please return t	his questionnaire by	_·				— )
chil		dlers may not be cooperative when me. If possible, try the activities who m.					
C	OMMUNICA	ATION		YES	SOMETIMES	NOT YET	
1.	When your child w	vants something, does she tell you b	y pointing to it?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	miliar toy or object	r child to, does he go into another i t? (You might ask, "Where is your b at," or "Go get your blanket.")		$\bigcirc$	$\circ$	$\circ$	
3.	Does your child sa "Dada"?	y eight or more words in addition to	o "Mama" and	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.	say a two-word ph home," or "What's	nitate a two-word sentence? For exa grase, such as "Mama eat," "Daddy s this?" does your child say both wo if her words are difficult to understa	play," "Go rds back to you?		$\circ$		
5.	when you say, "Sh	ving him, does your child <i>point</i> to th ow me the kitty," or ask, "Where is only one picture correctly.)		$\circ$	$\bigcirc$	$\circ$	
6.	together, such as (Don't count word bye," "all gone,"	y two or three words that represent "See dog," "Mommy come home," combinations that express one idea "all right," and "What's that?") Pleas d's word combinations:	or "Kitty gone"? a, such as "bye-	0			
					COMMUNICATIO	ON TOTAL	



G	ROSS MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?		$\bigcirc$	$\bigcirc$	—
2.	Does your child move around by walking, rather than by crawling on her hands and knees?		$\bigcirc$	$\bigcirc$	—
3.	Does your child walk well and seldom fall?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.	Does your child climb on an object such as a chair to reach something he wants (for example, to get a toy on a counter or to "help" you in the kitchen)?		$\bigcirc$	$\bigcirc$	
5.	Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)				
6.	When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? (If your child already kicks a ball, mark "yes" for this item.)	$\bigcirc$	$\circ$	0	
			GROSS MOTOR TOTAL		
F	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, mark "not yet" for this item.)	0		0	_
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.)	$\circ$	0	$\circ$	_
3.	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?	0	0	$\circ$	
4.	Does your child stack three small blocks or toys on top of each other by himself?	$\bigcirc$	$\bigcirc$	$\circ$	—
5.	Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)	$\bigcirc$	$\bigcirc$	$\bigcirc$	
6.	Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
			FINE MOTO	OR TOTAL	

P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	Does your child drop several small toys, one after another, into a container like a bowl or box? (You may show him how to do it.)	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	After you have shown your child how, does she 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 turn the bottle over to dump it out? (You may show him how.) (You can use a soda-pop bottle or a baby bottle.)	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.	Without your showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
5.	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 any direction? (Mark "not yet" if your child scribbles back and forth.)	0		0	
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 him how.)	$\bigcirc$	$\bigcirc$	$\bigcirc$	*
	Cheerio: (Do not show min now.)	*If F	ROBLEM SOLVIN Problem Solving Item " or "sometimes," n Solving I	n 6 is marked	_
P	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	While looking at herself in the mirror, does your child offer a toy to her own image?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	Does your child play with a doll or stuffed animal by hugging it?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3.	B. Does your child get your attention or try to show you something by pulling on your hand or clothes?		$\bigcirc$	$\bigcirc$	
4.	Does your child come to you when he needs help, such as with winding up a toy or unscrewing a lid from a jar?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
5.	Does your child drink from a cup or glass, putting it down again with little spilling?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
6.	Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
		PI	ERSONAL-SOCI	AL TOTAL	



## **OVERALL**

Do you think your child hears well? If no, explain:	YES	○ NO
Do you think your child talks like other toddlers his age? If no, explain:	YES	○ NO
Can you understand most of what your child says? If no, explain:	YES	○ NO
Do you think your child walks, runs, and climbs like other toddlers her age? If no, explain:	YES	○ NO
·		
Does either parent have a family history of childhood deafness or hearing	YES	○ NO
impairment? If yes, explain:		
	$\bigcirc$	
Do you have concerns about your child's vision? If yes, explain:	YES	O NO

0	VERALL (continued)			
7.	Has your child had any medical problems in the last several months? If yes, explain:	YES	O NO	
8.	Do you have any concerns about your child's behavior? If yes, explain:	YES	O NO	
9.	Does anything about your child worry you? If yes, explain:	YES	O NO	