Ases & Stages Questionnaires®	
23 months 0 days through 25 months 15 days 24 Month Questionnaire	A Maria
Please provide the following information. Use black or blue ink only and print legibly when completing this form.	
Date ASQ completed:	
Child's information Middle	
Child's first name: initial:	Child's last name:
Child's date of birth:	Child's gender:
	Male Female
Person filling out questionnaire	
First name: initial:	Last name:
Street address:	Relationship to child:
	Parent Guardian Teacher Child care provider
	Grandparent Foster Other:
City:	relative State/Province: ZIP/Postal code:
Country: Home teleph	none number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
Names of people assisting in questionnaire completion:	
Names of people assisting in questionnaire completion:         Child ID #:	
PROGRAM INF	
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Child ID #:	
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Child ID #:	

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**24** Month Questionnaire

23 months 0 days through 25 months 15 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.

portant Points to Remember:	Notes:
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 rested and fed.	
Please return this questionnaire by	
	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 rested and fed.

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

- Without your showing him, does your child point to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (She needs to identify only one picture correctly.)
- 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? (Mark "yes" even if her words are difficult to understand.)
- 3. Without your 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."
  - b. "Close the door." e. "Take my hand."
  - C. "Bring me a towel."
- 4. 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?
- 5. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "byebye," "all gone," "all right," and "What's that?") Please give an example of your child's word combinations:

YES	SOMETIMES	NOT YET	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
0	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	
$\bigcirc$	$\bigcirc$	$\bigcirc$	

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COMMUNICATION (continued)	YES	SOMETIMES NOT YET	
6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?	$\bigcirc$	0 0	
		COMMUNICATION TOTAL	
GROSS MOTOR	YES	SOMETIMES NOT YET	
<ol> <li>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.)</li> </ol>	$\bigcirc$	0 0	
2. 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.)	$\bigcirc$	0 0	
3. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.	$\bigcirc$	0 0	
<ol> <li>Does your child run fairly well, stopping herself without bumping into things or falling?</li> </ol>	$\bigcirc$	0 0	
5. Does your child jump with both feet leaving the floor at the same time?	$\bigcirc$	$\bigcirc$ $\bigcirc$	
6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	$\bigcirc$	0 0	*
		GROSS MOTOR TOTAL *If Gross Motor Item 6 is marked "yes" or "sometimes," mark	

"yes" or "sometimes," mark Gross Motor Item 2 "yes."

# FINE MOTOR

- 1. Does your child get a spoon into his mouth right side up so that food usually doesn't spill?
- 2. Does your child turn the pages of a book by herself? (She may more than one page at a time.)
- 3. Does your child use a turning motion with his hand while trying doorknobs, wind up toys, twist tops, or screw lids on and off ja
- 4. Does your child flip switches off and on?
- Does your child stack seven small blocks or toys on top of each 5. by herself? (You could also use spools of thread, small boxes, o that are about 1 inch in size.)
- 6. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?

## **PROBLEM SOLVING**

- 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 any direction? (Mark "not yet" if your child scribbles back and forth.)
- 2. After a crumb or Cheerio is dropped into a small, clear bottle, your child turn the bottle upside down to dump out the crumb Cheerio? (Do not show him how.) (You can use a soda-pop bot baby bottle.)
- 3. Does your child pretend objects are something else? For exam does your child hold a cup to her ear, pretending it is a telepho Does she put a box on her head, pretending it is a hat? Does s block or small toy to stir food?
- 4. Does your child put things away where they belong? For exam he know his toys belong on the toy shelf, his blanket goes on h and dishes go in the kitchen?
- 5. If your child wants something she cannot reach, does she find box to stand on to reach it (for example, to get a toy on a cou "help" you in the kitchen)?

	YES	SOMETIMES	NOT YET	
so that the	$\bigcirc$	$\bigcirc$	$\bigcirc$	
e may turn	$\bigcirc$	$\bigcirc$	$\bigcirc$	
e trying to turn d off jars?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
	$\bigcirc$	$\bigcirc$	$\bigcirc$	
of each other oxes, or toys	$\bigcirc$	$\bigcirc$	$\bigcirc$	
(B)	$\bigcirc$	$\bigcirc$	$\bigcirc$	
\$000) (		FINE MOTO	OR TOTAL	
	YES	SOMETIMES	NOT YET	
Count as "yes"	$\bigcirc$	$\bigcirc$	$\bigcirc$	
oottle, does crumb or op bottle or	$\bigcirc$	$\bigcirc$	0	
r example, elephone? Does she use a	$\bigcirc$	0	$\bigcirc$	
r example, does es on his bed,	$\bigcirc$	0	$\bigcirc$	
e find a chair or a counter or to	$\bigcirc$	$\bigcirc$	$\bigcirc$	

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### **PROBLEM SOL**

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PF	ROBLEM SOLVING (continued)	YES	SOMETIMES	NOT YET	
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 spools of thread, small boxes, or	0	0	$\bigcirc$	
	other toys.)	PI	ROBLEM SOLVIN	IG TOTAL	
PE	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	Does your child drink from a cup or glass, putting it down again with little spilling?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3.	Does your child eat with a fork?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.	When playing with either a stuffed animal or a doll, does your child pre- tend to rock it, feed it, change its diapers, put it to bed, and so forth?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
5.	Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
6.	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."	$\bigcirc$	$\bigcirc$	$\bigcirc$	
		Р	PERSONAL-SOCIAL TOTAL		
0	VERALL				
Par	ents 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		
(					

## **OVERALL**

1.	Do you think your child hears well? If no, explain:	C	YES	
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2.	Do you think your	child talks like other toddl	ers her age? If no, explain
			ere ner ager in ner explain

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OVERALL (continued)		
3. Can you understand most of what your child says? If no, explain:	⊖ yes	O NO
<ol> <li>Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:</li> </ol>	O yes	O NO
<ol> <li>Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:</li> </ol>	YES	O NO
6. Do you have any concerns about your child's vision? If yes, explain:	⊖ yes	O NO
7. Has your child had any medical problems in the last several months? If yes, explain:	O yes	O NO
		,

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<b>OVERALL</b> (continued)			
8. Do you have any concerns about your child's behavior? If yes, explain:		)	
9. Does anything about your child worry you? If yes, explain:		)	