ASQ-3 Ages & Stages Questionnaires®

19 months 0 days through 20 months 30 days

20 Month Questionnaire

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

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: M M D D Y Y Y Y

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 or other relative ◯ Foster 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:

PROGRAM INFORMATION

Child ID #:

Program ID #:

Program name:

Age at administration, in months and days: M M D D

If premature, adjusted age, in months and days: M M D D

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ASQ-3™

20 Month Questionnaire

19 months 0 days through 20 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your baby 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 _____.

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. 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.)*	◯	◯	◯	___
2. Does your child say eight or more words in addition to "Mama" and "Dada"?	◯	◯	◯	___
3. 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?" *(He needs to identify only one picture correctly.)*	◯	◯	◯	___
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. 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." ◯ d. "Find your coat."

◯ b. "Close the door." ◯ e. "Take my hand."

◯ c. "Bring me a towel." ◯ f. "Get your book."

6. 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 "bye-bye," "all gone," "all right," and "What's that?")* Please give an example of your child's word combinations:	◯	◯	◯	___

COMMUNICATION TOTAL ___

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GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. 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)?	○	○	○	___
2. Does your child walk well and seldom fall?	○	○	○	___
3. 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.)*	○	○	○	___
4. 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.)*	○	○	○	___
5. Does your child run fairly well, stopping herself without bumping into things or falling?	○	○	○	___
6. Does your child walk either up or down at least two steps by himself? He may also hold onto the railing or wall.	○	○	○	___
		GROSS MOTOR TOTAL		___

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child make a mark on the paper with the *tip* of a crayon (or pencil or pen) when trying to draw?	○	○	○	___
2. Does your child stack three small blocks or toys on top of each other by herself? *(You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)*	○	○	○	___
3. Does your child turn the pages of a book by himself? *(He may turn more than one page at a time.)*	○	○	○	___
4. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?	○	○	○	___
5. Does your child stack six small blocks or toys on top of each other by himself?	○	○	○	___

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FINE MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
6. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?	◯	◯	◯	___

FINE MOTOR TOTAL ___

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. Without your showing him how, does your child scribble back and forth when you give him a crayon (or pencil or pen)?	◯	◯	◯	___
2. 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.)* Count as "yes" / Count as "not yet"	◯	◯	◯	___
3. If you do any of the following gestures, does your child copy at least one of them? ◯ a. Open and close your mouth. ◯ b. Blink your eyes. ◯ c. Pull on your earlobe. ◯ d. Pat your cheek.	◯	◯	◯	___
4. If you give your child a bottle, spoon, or pencil upside down, does he turn it right side up so that she can use it properly?	◯	◯	◯	___
5. 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 at least *two* blocks side by side? *(You can also use spools of thread, small boxes, or other toys.)*	◯	◯	◯	___
6. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	◯	◯	◯	___

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child feed herself with a spoon, even though she may spill some food?	◯	◯	◯	___
2. Does your child get your attention or try to show you something by pulling on your hand or clothes?	◯	◯	◯	___
3. Does your child drink from a cup or glass, putting it down again with little spilling?	◯	◯	◯	___
4. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	◯	◯	◯	___

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PERSONAL-SOCIAL *(continued)*

	YES	SOMETIMES	NOT YET	
5. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?	◯	◯	◯	____
6. Does your child eat with a fork?	◯	◯	◯	____
			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

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

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OVERALL *(continued)*

5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ◯ YES ◯ NO

6. Do you have any concerns about your child's vision? If yes, explain: ◯ YES ◯ NO

7. Has your child had any medical problems in the last several months? If yes, explain: ◯ YES ◯ NO

8. Do you have any concerns about your child's behavior? If yes, explain: ◯ YES ◯ NO

9. Does anything about your child worry you? If yes, explain: ◯ YES ◯ NO

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