

**24 Month – 2 Year
Developmental Questionnaire
Ages & Stages Questionnaires (2nd Edition)**

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with assistance from
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CHILD'S NAME:		CHILD'S BIRTHDATE:	
NAME OF PARENT OR PROVIDER:		TODAY'S DATE:	
CHILD'S AGE: (TODAY)	WAS YOU CHILD:		
	<input type="checkbox"/> PREMATURE -----LIST # WEEKS EARLY _____ <input type="checkbox"/> TERM (BORN ON TIME) <input type="checkbox"/> POSTMATURE --- LIST # WEEKS OVERDUE _____		
PERSON FILLING OUT THIS QUESTIONNAIRE:			
YOUR RELATIONSHIP TO CHILD:			
LIST ANY OTHER PEOPLE ASSISTING IN QUESTIONNAIRE COMPLETION:			

*On these two pages are questions about activities that 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**. Be sure to try each activity with your child before checking the box. Try to make completing this questionnaire a game that is fun for you and your child. Make sure he/she is rested, fed, and ready to play.*

COMMUNICATION

Be sure to try each activity with your child.

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | YES | SOMETIMES | NOT YET |
| 1. Without showing her first, 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.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? (Check "yes" even if his words are difficult to understand.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Without giving her 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." (c) "Bring me a towel." (d) "Find your coat." (e) "Take my hand." (f) "Get your book." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | YES | SOMETIMES | NOT YET |
| 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 "Bye-bye," "All gone," "All right," and "What's that?") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your child correctly use at least two words like "me," "I," "mine," and "you"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

GROSS MOTOR

Be sure to try each activity with your child.

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | YES | SOMETIMES | NOT YET |
| 1. Does your child walk down stairs if you hold onto one of his hands? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. When you show her how to kick a large ball, does your child try to kick the ball by moving her leg forward or by walking into it? (If your child already kicks a ball, check "yes" for this item.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your child walk either up or down at least two steps by himself? You can look for this at a store, on a playground, or at home. (Check "yes" even if he holds onto the wall or railing.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your child run fairly well, stopping herself without bumping into things or falling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child jump with both feet leaving the floor at the same time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



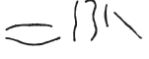

FINE MOTOR

Be sure to try each activity with your child.

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | YES | SOMETIMES | NOT YET |
| 1. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does your child flip switches off and on? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child stack seven small blocks or toys on top of each other by himself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your child thread a shoelace through either a bead or an eyelet of a shoe? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBLEM SOLVING

Be sure to try each activity with your child.

- | | | | |
|---|---|---|--------------------------|
| | YES | SOMETIMES | NOT YET |
| 1. After he watches 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? (Scribbling back and forth does not count as "yes.") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | COUNTS "YES" | COUNTS "NOT YET" | |
| |  |  | |
| 2. Without showing him how, does your child purposefully turn a small, clear bottle upside down to dump out a crumb or Cheerio? (You can use a water bottle or baby bottle.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 small toy to stir food? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 use spools of thread, small boxes, or other toys.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERSONAL-SOCIAL

Be sure to try each activity with your child.

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| | YES | SOMETIMES | NOT YET |
| 1. Does your child drink from a cup or glass, putting it down again with little spilling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child copy activities you do, such as wipe up a spill, sweep, shave, or comb hair? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your child eat with a fork? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. When playing with either a stuffed animal or doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OVERALL

Parents may use an additional sheet for comments.

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1. Do you think your child hears well?
If no, explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you think your child talks like other toddlers his age?
If no, explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can you understand most of what your child says?
If no, explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you think that your child walks, runs, and climbs like other toddlers his age?
If no, explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does either parent have a family history of childhood deafness or hearing impairment?
If yes, explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have concerns about your child's vision?
If yes, explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has your child had any medical problems in the last several months?
If yes, explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does anything about your child worry you?
If yes, explain: | <input type="checkbox"/> | <input type="checkbox"/> |

THIS SECTION IS FOR OFFICE PERSONNEL

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.

YES = 10 SOMETIMES = 5 NOT YET = 0

- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, check the box below 50 in the first row.

	0	5	10	15	20	25	30	35	40	45	50	55	60
COMMUNICATION													
GROSS MOTOR													
FINE MOTOR													
PROBLEM SOLVING													
PERSONAL-SOCIAL													