



Ages & Stages Questionnaires®

27^{25 months 16 days to 28 months 15 days (inclusive)} 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 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"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/> c. "Bring me a towel." <input type="radio"/> f. "Get your book."				___
2. If you point to a picture of a ball (cat, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. When you ask her to point to her nose, eyes, hair, feet, ears, etc., does your child correctly point to at least <i>seven</i> body parts? (<i>She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your child correctly use at least two words like "me," "I," "mine," and "you"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your child make sentences that are three or four words long? Please give an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. Without giving your child help by pointing or using gestures, ask him to "put the book <i>on</i> the table" and "put the shoe <i>under</i> the chair." Does your child carry out both of these directions correctly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

COMMUNICATION TOTAL ___

GROSS MOTOR

1. Does your child walk either up or down at least two steps by himself? He 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. 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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3. 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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4. 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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5. Does your child jump forward at least 3 inches with both feet leaving the ground at the same time?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. Does your child walk up stairs, using only one foot on each stair? *(The left foot is on one step, and the right foot is on the next.)* She may hold onto the handrail or wall.



<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 1 "yes."

FINE MOTOR

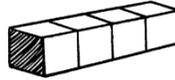
	YES	SOMETIMES	NOT YET	
1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. Does your child flip switches off and on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
	<p>Count as "yes"</p>			
	<p>Count as "not yet"</p>			
4. 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"/>	___
5. 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 string for safety reasons.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
	<p>Count as "yes"</p>			
	<p>Count as "not yet"</p>			
FINE MOTOR TOTAL				___

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. Does your child pretend objects are something else? For example, does your child hold a cup to his ear, pretending it is a telephone? Does he put a box on his head, pretending it is a hat? Does he use a block or small toy to stir food?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. Does your child put things away where they belong? For example, does she know her toys belong on the toy shelf, her blanket goes on her bed, and dishes go in the kitchen?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. When looking in the mirror, ask "Where is _____?" (<i>Use your child's name.</i>) Does your child point to his image in the mirror?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. If your child wants something he cannot reach, does he 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)*

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 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"/>	___

6. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



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

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

1. If you do any of the following gestures, does your child copy at least one of them?

a. Open and close your mouth. c. Pull on your earlobe.

b. Blink your eyes. d. Pat your cheek.

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

2. Does your child eat with a knife/spoon and fork?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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3. When playing with either a soft toy or a doll, does your child cuddle it, pretend to feed it, put it to bed, etc?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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4. 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?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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5. 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."

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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6. Does your child put on a coat, jacket, or shirt by himself?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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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

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

OVERALL *(continued)*

7. Has your child had any medical or health-related problems in the last few months? YES NO
If yes, explain:

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