

Please Bring Completed Questionnaire to Your Child's Upcoming Well Visit. *Thank You.*



Ages & Stages Questionnaires®

30 Month Questionnaire

28 months 16 days through 31 months 15 days



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

Date ASQ completed: _____

Child's information

Child's first name: _____ Middle initial: _____ Child's last name: _____

Child's date of birth: _____

Child's gender: Male Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Relationship to child:
 Parent Guardian Teacher Child care provider
 Grandparent or other relative Foster parent Other: _____

Street address: _____

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: _____



30 Month Questionnaire

28 months 16 days
through 31 months 15 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:

COMMUNICATION

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-------|
| 1. If you point to a picture of a ball (kitty, 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"/> | _____ |
| 2. Without your 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"/> c. "Bring me a towel." <input type="radio"/> f. "Get your book." | | | | |
| 3. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she 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 make sentences that are three or four words long? Please give an example: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| <div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div> | | | | |
| 5. 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"/> | _____ |
| 6. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?" | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

COMMUNICATION TOTAL _____


GROSS MOTOR


YES SOMETIMES NOT YET


1. Does your child run fairly well, stopping herself without bumping into things or falling?  _____

2. Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)  _____

3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?  _____

4. Does your child jump with both feet leaving the floor at the same time?  _____

5. 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 railing or wall.  _____ *

6. Does your child stand on one foot for about 1 second without holding onto anything?  _____

GROSS MOTOR TOTAL _____

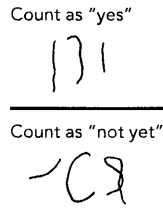
**If Gross Motor Item 5 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."*

FINE MOTOR

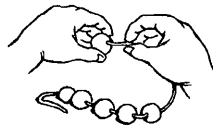
YES SOMETIMES NOT YET _____

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?

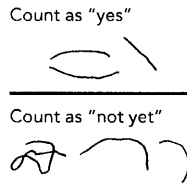
2. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?



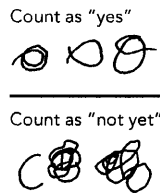
3. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?



4. 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?



5. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?



6. Does your child turn pages in a book, one page at a time?

FINE MOTOR TOTAL _____

PROBLEM SOLVING

YES SOMETIMES NOT YET _____

1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror?

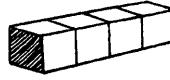


2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?

PROBLEM SOLVING (continued)

YES SOMETIMES NOT YET _____

3. 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 other toys.)



4. 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:



5. When you say, "Say 'seven three,'" does your child repeat *just* the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" Your child must repeat just one series of two numbers for you to answer "yes" to this question.

6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.)

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

YES SOMETIMES NOT YET _____

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.

2. Does your child use a spoon to feed himself with little spilling?

3. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn?

4. Does your child put on a coat, jacket, or shirt by himself?

5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?

6. When your child is looking in a mirror and you ask, "Who is in the mirror?" does he say either "me" or his own name?

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. Can other people understand most of what your child says? If no, explain:

 YES NO

5. Do you think your child walks, runs, and climbs like other toddlers his age?
If no, explain:

 YES NO

6. Does either parent have a family history of childhood deafness or hearing
impairment? If yes, explain:

 YES NO

OVERALL (continued)

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

10. Does anything about your child worry you? If yes, explain:

 YES NO