

Ages & Stages Questionnaires: A Parent-Completed, Child-Monitoring System

By Diane Bricker, Jane Squires, and Linda Mounts

with assistance from LaWanda Potter, Robert Nickel, and Jane Farrell

Copyright © 1995 by Paul H. Brookes Publishing Co.

♦ 18 Month ♦
Questionnaire

Please fill out the following information.

Child's name: _____

Child's date of birth: _____

Who is filling out this questionnaire? _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Today's date: _____

Administering program or provider: _____



At this age, many toddlers are not 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, score "yes" for the question.

YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-----|
| 1. When your child wants something, does she tell you by <i>pointing</i> to it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. When you ask him to, does your child go into another room to find a familiar toy or object? (You might ask, "Where is your ball?" or say, "Bring me your blanket.") | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your child point to the correct body part when you ask, "Where is your nose (eyes, hand, etc.)?" (She can point to a part of herself, you, or a doll.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your child say eight words or more in addition to "Mama" and "Dada"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Without showing him first, does your child <i>point</i> to the correct picture when you say, "Show me the kitty" or ask, "Where is the dog?"? (He only needs to identify one picture correctly.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy 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"/> | ___ |

Please give an example of your child's word combinations:

COMMUNICATION TOTAL ___

GROSS MOTOR *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. Does your child move around by walking, rather than by crawling on her hands and knees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your child walk well and seldom fall? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your child climb on an object such as a chair to reach something he wants? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your child walk down stairs if you hold onto one of her hands? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. When you show him how to kick a large ball, does your child try to kick the ball by moving his 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"/> | ___ |



GROSS MOTOR TOTAL ___

YES SOMETIMES NOT YET

FINE MOTOR *Be sure to try each activity with your child.*

1. Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, check "not yet" for this item.)



2. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)

3. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?



4. Does your child stack three small blocks or toys on top of each other by herself?

5. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)

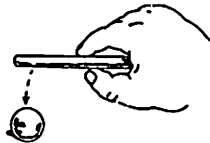
6. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?

FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. Does your child drop several (six or more) small toys into a container, such as a box or bowl? (You may show him how to do it.)

2. After you have shown her how, does your child try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?

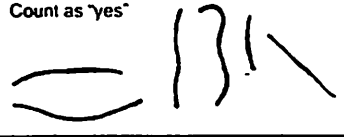


3. After a crumb or Cheerio is dropped into a bottle, does your child purposely turn the bottle over to dump it out? You may show him how to do this. You can use a pill bottle, soda-pop bottle, or baby bottle. (If your child can already do item number 6, check "yes" for this item.)

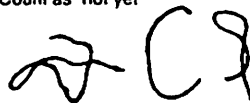
4. Without showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?

5. 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.")

Count as "yes"



Count as "not yet"



YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show her how.)

 _____*

PROBLEM SOLVING TOTAL _____

"If problem solving item 6 is marked "yes" or "sometimes," mark problem solving item 3 as "yes."

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. While looking at himself in the mirror, does your child offer a toy to his own image?

2. Does your child play with a doll or stuffed animal by hugging it?

3. Does your child get your attention or try to show you something by pulling on your hand or clothes?

4. Does your child come to you when she needs help, such as with winding up a toy?

5. Does your child drink from a cup or glass, setting it down again with little spilling?

6. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the space at the bottom of the next sheet or the back of this sheet for additional comments.*

1. Do you think your child hears well?

YES NO

If no, explain: _____

2. Do you think your child talks like other toddlers his age?

YES NO

If no, explain: _____

3. Can you understand most of what your child says?

YES NO

If no, explain: _____

4. Do you think your child walks, runs, and climbs like other toddlers her age?

YES NO

If no, explain: _____

5. Does either parent have any family history of childhood deafness or hearing impairment?

YES NO

If yes, explain: _____

OVERALL (continued)

6. Has your child had any medical problems in the last several months?

YES NO

If yes, explain: _____

7. Does anything about your child worry you?

YES NO

If yes, explain: _____

18 Month ASQ Information Summary

Child's name: _____ Date of birth: _____
 Who is filling out the ASQ? _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any parents' comments.

- | | |
|---|---|
| <p>1. Hears well? YES NO
 Comments: _____</p> <p>2. Talks like other toddlers? YES NO
 Comments: _____</p> <p>3. Understand child? YES NO
 Comments: _____</p> <p>4. Walks, runs, and climbs like others? YES NO
 Comments: _____</p> | <p>5. Family history of hearing impairment? YES NO
 Comments: _____</p> <p>6. Recent medical problems? YES NO
 Comments: _____</p> <p>7. Other concerns? YES NO
 Comments: _____</p> |
|---|---|

SCORING THE QUESTIONNAIRE

- Be sure each question has been answered. If a question 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, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

		Score Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
18 months	Communication	<input type="checkbox"/> 30.0	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor	<input type="checkbox"/> 20.0	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor	<input type="checkbox"/> 20.0	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving	<input type="checkbox"/> 20.0	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Personal-social	<input type="checkbox"/> 20.0	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>
				6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
			Y S N	Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____