



# 24 Month Questionnaire

23 months 0 days  
through 25 months 15 days

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, sometimes, or not yet.

### Important Points to Remember:

### Notes:

- 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 rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

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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.

PATIENT NAME \_\_\_\_\_

D.O.B. \_\_\_\_\_

## COMMUNICATION

1. 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?" (*She needs to identify only one picture correctly.*)
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? (*Mark "yes" even if her words are difficult to understand.*)
3. 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."
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. 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:

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

**COMMUNICATION** (continued)

6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?

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

COMMUNICATION TOTAL \_\_\_\_\_

**GROSS MOTOR**

1. 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.)

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

2. 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.)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall.



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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4. Does your child run fairly well, stopping herself without bumping into things or falling?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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5. 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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6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



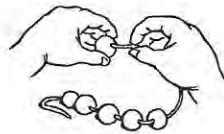
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____*
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GROSS MOTOR TOTAL \_\_\_\_\_

\*If Gross Motor Item 6 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."

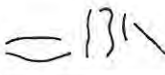
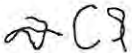
**FINE MOTOR**

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Does your child get a spoon into his mouth right side up so that the food usually doesn't spill?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child turn the pages of a book by herself? (She may turn more than one page at a time.)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your child use a turning motion with his 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"/> | — |
| 4. Does your child flip switches off and on?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child stack seven 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.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |



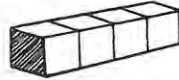
FINE MOTOR TOTAL —

**PROBLEM SOLVING**

- |   | YES  | SOMETIMES             | NOT YET               |   |
|---|--|-----------------------|-----------------------|---|
| 1. 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.) | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | — |
|   | <p>Count as "yes" </p> <p>Count as "not yet" </p> |                       |                       |   |
| 2. 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 him how.) (You can use a soda-pop bottle or baby bottle.)                               | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | — |
| 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="radio"/>  | <input type="radio"/> | <input type="radio"/> | — |
| 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="radio"/>  | <input type="radio"/> | <input type="radio"/> | — |
| 5. If your child wants something she cannot reach, does she 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)?   | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> | — |

**PROBLEM SOLVING** *(continued)*

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 also use spools of thread, small boxes, or other toys.)



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

PROBLEM SOLVING TOTAL \_\_\_

**PERSONAL-SOCIAL**

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

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

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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3. Does your child eat with a fork?

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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5. Does your child push a little wagon, stroller, 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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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="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

**OVERALL** (continued)

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 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

**OVERALL** *(continued)*

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



# 24 Month ASQ-3 Information Summary

23 months 0 days through  
25 months 15 days

Child's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Child's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_

## QUESTIONS 1-4 FOR PHYSICIAN

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	25.17		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	38.07		●	●	●	●	●	●	●	●	●	○	○	○	○
Fine Motor	35.16		●	●	●	●	●	●	●	●	○	○	○	○	○
Problem Solving	29.78		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	31.54		●	●	●	●	●	●	●	○	○	○	○	○	○

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |     |            |  |            |    |
|--|-----|------------|--|------------|----|
| 1. Hears well?<br>Comments:                                  | Yes | <b>NO</b>  | 6. Concerns about vision?<br>Comments:   | <b>YES</b> | No |
| 2. Talks like other toddlers his age?<br>Comments:           | Yes | <b>NO</b>  | 7. Any medical problems?<br>Comments:    | <b>YES</b> | No |
| 3. Understand most of what your child says?<br>Comments:     | Yes | <b>NO</b>  | 8. Concerns about behavior?<br>Comments: | <b>YES</b> | No |
| 4. Walks, runs, and climbs like other toddlers?<br>Comments: | Yes | <b>NO</b>  | 9. Other concerns?<br>Comments:          | <b>YES</b> | No |
| 5. Family history of hearing impairment?<br>Comments:        |     | <b>YES</b> |  |            | No |

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the  area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the  area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the  area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- Provide activities and rescreen in \_\_\_\_\_ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): \_\_\_\_\_

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

## M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- |  |     |    |
|--|-----|----|
| 1. Does your child enjoy being swung, bounced on your knee, etc.?  | Yes | No |
| 2. Does your child take an interest in other children?   | Yes | No |
| 3. Does your child like climbing on things, such as up stairs?   | Yes | No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek?   | Yes | No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?       | Yes | No |
| 6. Does your child ever use his/her index finger to point, to ask for something?   | Yes | No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something?                            | Yes | No |
| 8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? | Yes | No |
| 9. Does your child ever bring objects over to you (parent) to show you something?  | Yes | No |
| 10. Does your child look you in the eye for more than a second or two?   | Yes | No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)  | Yes | No |
| 12. Does your child smile in response to your face or your smile?  | Yes | No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)                                     | Yes | No |
| 14. Does your child respond to his/her name when you call?   | Yes | No |
| 15. If you point at a toy across the room, does your child look at it?   | Yes | No |
| 16. Does your child walk?  | Yes | No |
| 17. Does your child look at things you are looking at?   | Yes | No |
| 18. Does your child make unusual finger movements near his/her face?   | Yes | No |
| 19. Does your child try to attract your attention to his/her own activity?   | Yes | No |
| 20. Have you ever wondered if your child is deaf?  | Yes | No |
| 21. Does your child understand what people say?  | Yes | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose?  | Yes | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar?                       | Yes | No |