Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System
Second Edition
By **Diane Bricker** and **Jane Squires**
with assistance from ***Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly,*** *and* ***Jane Farrell***
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◆ 14 Month ◆ Questionnaire

On the following pages are questions about activities 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.

Important Points to Remember:

- ☑ Be sure to try each activity with your child before checking a box.
- ☑ Try to make completing this questionnaire a game that is fun for you and your child.
- ☑ Make sure your child is rested, fed, and ready to play.
- ☑ Please return this questionnaire by _____ .
- ☑ If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- ☑ Look forward to filling out another questionnaire in _____ months.

ASQ™

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• 14 Month • Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):

_____

Today's date: _____

Person 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: _____

_____

Administering program or provider: _____

ASQ™

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, score "yes" for the item.

	YES	SOMETIMES	NOT YET	
COMMUNICATION *Be sure to try each activity with your child.*				
1. Does your child say one word in addition to "Mama" and "Dada"? (A "word" is a sound or sounds the baby says consistently to mean someone or something, such as "baba" for bottle.)	❑	❑	❑	___
2. When your child wants something, does she tell you by *pointing* to it?	❑	❑	❑	___
3. Does your child shake his head when he means "no" or "yes"?	❑	❑	❑	___
4. Does your child point to, pat, or try to pick up pictures in a book?	❑	❑	❑	___
5. Does your child say four or more words in addition to "Mama" and "Dada"?	❑	❑	❑	___
6. When you ask her 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 coat" or "Go get your blanket."	❑	❑	❑	___
		COMMUNICATION TOTAL		___

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

1. If you hold both hands just to balance him, does your child take several steps without tripping or falling? (If your child already walks alone, check "yes" for this item.)

❑ ❑ ❑ ___

2. When you hold *one hand* just to balance her, does your child take several steps forward? (If your child already walks alone, check "yes" for this item.)

❑ ❑ ❑ ___

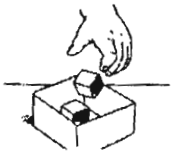
3. Does your child stand up in the middle of the floor by himself and take several steps forward? ❑ ❑ ❑ ___

4. Does your child climb onto furniture? ❑ ❑ ❑ ___

5. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support? ❑ ❑ ❑ ___

6. Does your child move around by walking, rather than by crawling on his hands and knees? ❑ ❑ ❑ ___

GROSS MOTOR TOTAL ___

	YES	SOMETIMES	NOT YET	
FINE MOTOR *Be sure to try each activity with your child.*				
1. Without resting her arm or hand on the table, does your child pick up a crumb or Cheerio with the tip of her thumb and a finger? 	❑	❑	❑	___
2. Does your child throw a small ball with a forward arm motion? (If he simply drops the ball, check "not yet" for this item.) 	❑	❑	❑	___
3. Does your child help turn the pages of a book? (You may lift a page for her to grasp.)	❑	❑	❑	___
4. 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.)	❑	❑	❑	___
5. Does your child make a mark on the paper with the *tip* of a crayon (or pencil or pen) when trying to draw? 	❑	❑	❑	___
6. Does your child stack three small blocks or toys on top of each other by herself?	❑	❑	❑	___
			FINE MOTOR TOTAL	___
PROBLEM SOLVING *Be sure to try each activity with your child.*				
1. If you put a small toy into a bowl or box, does your child copy you by putting in a toy, although she may not let go of it? (If she already lets go of the toy into a bowl or box, check "yes" for this item.)	❑	❑	❑	___
2. Does your child drop two small toys, one after the other, into a container like a bowl or box? (You may show him how to do it.) 	❑	❑	❑	___*
3. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your child copy you by scribbling? (If she already scribbles on her own, check "yes" for this item.)	❑	❑	❑	___
4. Can your child drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)?	❑	❑	❑	___
5. Does your child drop several (six or more) small toys into a container, such as a bowl or box? (You may show him how to do it.)	❑	❑	❑	___

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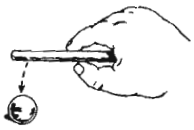
YES SOMETIMES NOT YET

PROBLEM-SOLVING *(continued)*

6. 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?



❑ ❑ ❑ ___

PROBLEM SOLVING TOTAL ___

**If problem solving item 2 is marked "yes" or "sometimes," mark problem solving item 1 as "yes."*

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

1. When you dress her, does your child lift her foot for her shoe, sock, or pant leg? ❑ ❑ ❑ ___
2. Does your child roll or throw a ball back to you, so that you can return it to him? ❑ ❑ ❑ ___
3. Does your child play with a doll or stuffed animal by hugging it? ❑ ❑ ❑ ___
4. Does your child feed herself with a spoon, even though she may spill some food? ❑ ❑ ❑ ___
5. Does your child help undress himself by taking off clothes like socks, hat, shoes, or mittens? ❑ ❑ ❑ ___
6. Does your child get your attention or try to show you something by pulling on your hand or clothes? ❑ ❑ ❑ ___

PERSONAL-SOCIAL TOTAL ___

OVERALL *Parents and providers may use the back of this sheet for additional comments.*

1. Do you think your child hears well? YES ❑ NO ❑
   If no, explain: _____
2. Does your child use both hands equally well? YES ❑ NO ❑
   If no, explain: _____
3. When your child is standing, are her feet flat on the surface most of the time? YES ❑ NO ❑
   If no, explain: _____
4. Does either parent have a family history of childhood deafness or hearing impairment? YES ❑ NO ❑
   If yes, explain: _____
5. Do you have concerns about your child's vision? YES ❑ NO ❑
   If yes, explain: _____
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: _____

14 Month ASQ Information Summary

Child's name: _____ Date of birth: _____

Person filling out the ASQ: _____ Corrected date of birth: _____

Mailing address: _____ Relationship to child: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Assisting in ASQ completion: _____

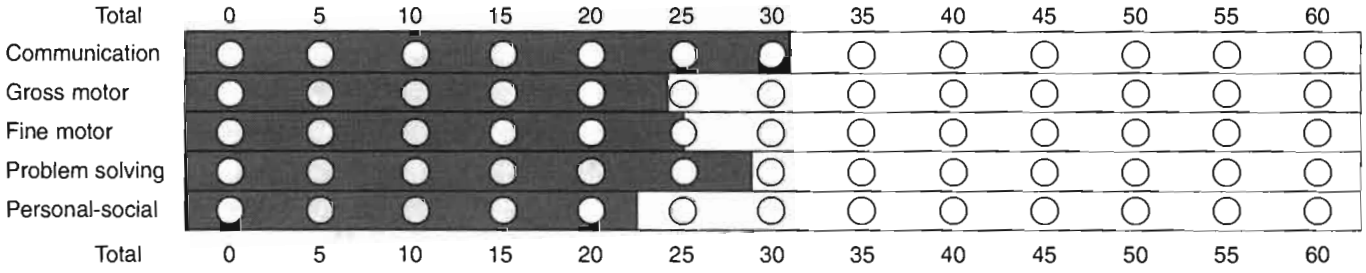
Today's date: _____ _____

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

1. Hears well? YES NO
   Comments:
2. Uses both hands equally well? YES NO
   Comments:
3. Child's feet flat on the surface? YES NO
   Comments:
4. Family history of hearing impairment? YES NO
   Comments:
5. Vision concerns? YES NO
   Comments:
6. Recent medical problems? YES NO
   Comments:
7. Other concerns? YES NO
   Comments:

SCORING THE QUESTIONNAIRE

1. 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.*
2. 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
3. Add up the item scores for each area, and record these totals in the space provided for area totals.
4. 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.



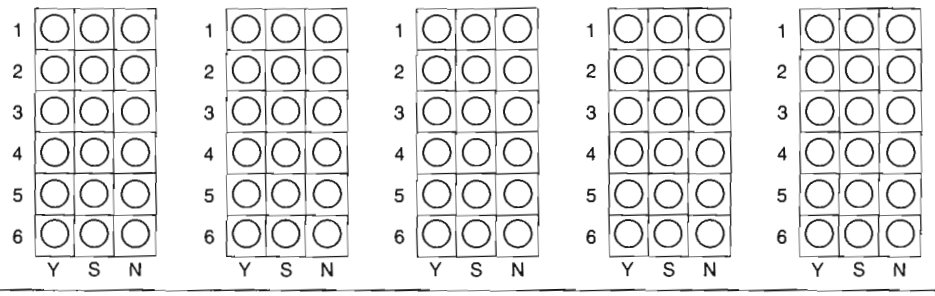
Examine the blackened circles for each area in the chart above.

5. If the child's total score falls within the ▭ area, the child appears to be doing well in this area at this time.
6. 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.

14 months

	Score	Cutoff
Communication		31.0
Gross motor		24.0
Fine motor		25.0
Problem solving		28.5
Personal-social		22.5



Administering program or provider: _____

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EXCEL PEDIATRICS, PLLC
145 TILGHMAN DRIVE SUITE 300
DUNN, NC 28334

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

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