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***

22 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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22 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: _____

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 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:
   _____
   ❑ ❑ ❑ ___

2. 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? ❑ ❑ ❑ ___

3. Without 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."
   b. "Close the door."
   c. "Bring me a towel."
   d. "Find your coat."
   e. "Take my hand."
   f. "Get your book."

4. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least *seven* body parts? (She can point to part of herself, you, or a doll.) ❑ ❑ ❑ ___

5. Does your child say fifteen words or more in addition to "Mama" and "Dada"? ❑ ❑ ❑ ___

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

COMMUNICATION TOTAL ___

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

1. 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.)
   
   ❑ ❑ ❑ ___

2. Does your child run fairly well, stopping herself without bumping into things or falling?
   
   ❑ ❑ ❑ ___

3. Does your child walk down stairs if you hold onto one of his hands? (You can look for this at a store, on a playground, or at home.) ❑ ❑ ❑ ___

4. Does your child walk either up or down at least two steps by herself? You can look for this at a store, on a playground, or at home. (Check "yes" even if she holds onto the wall or railing.)
   
   ❑ ❑ ❑ ___

GROSS MOTOR *(continued)*

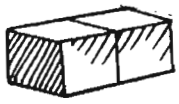
	YES	SOMETIMES	NOT YET	
5. Does your child jump with both feet leaving the floor at the same time? 	❑	❑	❑	___
6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward? 	❑	❑	❑	* ___
			GROSS MOTOR TOTAL	___

**If gross motor item 6 is marked "yes" or "sometimes," mark gross motor item 1 as "yes."*

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

1. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?	❑	❑	❑	___
2. Does your child stack six small blocks or toys on top of each other by himself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)	❑	❑	❑	___
3. 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?	❑	❑	❑	___
4. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)	❑	❑	❑	___
5. Does your child flip light switches off and on?	❑	❑	❑	___
6. Does your child thread a shoelace through either a bead or an eyelet of a shoe? 	❑	❑	❑	___
			FINE MOTOR TOTAL	___

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

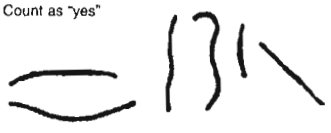
1. Without first showing her how, does your child scribble back and forth when you give her a Crayon, (or pencil or pen)?	❑	❑	❑	___
2. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up at least *two* blocks side by side? (You can also use spools of thread, small boxes, or other toys.) 	❑	❑	❑	___
3. 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?	❑	❑	❑	___

YES SOMETIMES NOT YET

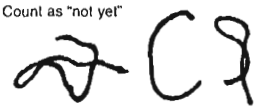
PROBLEM SOLVING *(continued)*

4. After she 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"



❑ ❑ ❑ ___

5. Without showing him how, does your child purposefully turn a small, clear bottle upside down to dump out a crumb or Cheerio? (You can use a soda-pop bottle or baby bottle.) ❑ ❑ ❑ ___

6. If you give your child a bottle, spoon, or pencil upside down, does she turn it right side up so that she can use it properly? ❑ ❑ ❑ ___

PROBLEM SOLVING TOTAL ___

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

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

2. 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.

3. Does your child eat with a fork? ❑ ❑ ❑ ___

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

5. When playing with either a stuffed animal or doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth? ❑ ❑ ❑ ___

6. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn? ❑ ❑ ❑ ___

PERSONAL-SOCIAL TOTAL ___

OVERALL *Parents and providers may use the space at the bottom of the next 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 her age? YES ❑ NO ❑

   If no, explain: _____

OVERALL *(continued)*

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 his age? YES ❑ NO ❑

   If no, explain: _____

5. Does either parent have a family history of childhood deafness or hearing impairment? YES ❑ NO ❑

   If yes, explain: _____

6. Do you have concerns about your child's vision? YES ❑ NO ❑

   If yes, explain: _____

7. Has your child had any medical problems in the last several months? YES ❑ NO ❑

   If yes, explain: _____

8. Does anything about your child worry you? YES ❑ NO ❑

   If yes, explain: _____

22 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: _____

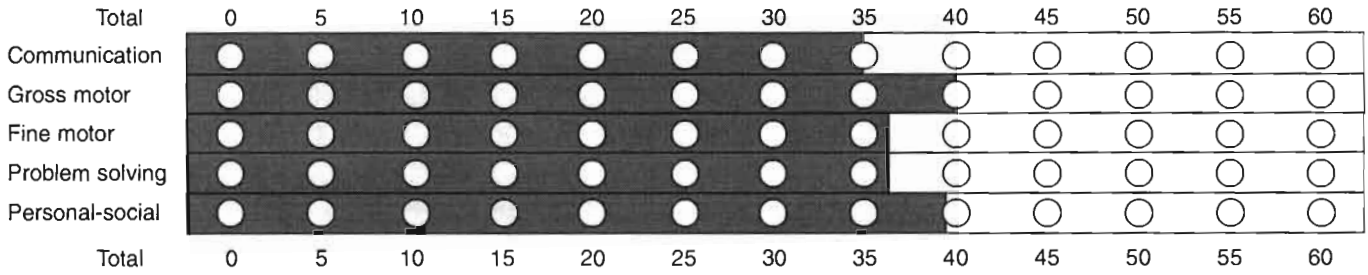
Today's date: _____ _____

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

1.	Hears well? Comments:	YES	NO	5.	Family history of hearing impairment? Comments:	YES	NO
2.	Talks like other toddlers? Comments:	YES	NO	6.	Vision concerns? Comments:	YES	NO
3.	Understand child? Comments:	YES	NO	7.	Recent medical problems? Comments:	YES	NO
4.	Walks, runs, and climbs like others? Comments:	YES	NO	8.	Other concerns? Comments:	YES	NO

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.

22 months

	Score	Cutoff
Communication		35.0
Gross motor		40.0
Fine motor		36.5
Problem solving		36.5
Personal-social		39.5

Communication				Gross motor				Fine motor				Problem solving				Personal-social			
	Y	S	N		Y	S	N		Y	S	N		Y	S	N		Y	S	N
1	○	○	○	1	○	○	○	1	○	○	○	1	○	○	○	1	○	○	○
2	○	○	○	2	○	○	○	2	○	○	○	2	○	○	○	2	○	○	○
3	○	○	○	3	○	○	○	3	○	○	○	3	○	○	○	3	○	○	○
4	○	○	○	4	○	○	○	4	○	○	○	4	○	○	○	4	○	○	○
5	○	○	○	5	○	○	○	5	○	○	○	5	○	○	○	5	○	○	○
6	○	○	○	6	○	○	○	6	○	○	○	6	○	○	○	6	○	○	○

Administering program or provider: _____

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