



Ages & Stages Questionnaires®

20 Month Questionnaire

19 months 0 days to 20 months 30 days (inclusive)

Child's name: _____

Child's date of birth: _____ Boy Girl

If child was born 3 or more weeks prematurely, please indicate the number of weeks premature: _____

Date ASQ-3 completed by parent/caregiver: _____

Date of review with health professional: _____

Child's home address: _____

Town: _____ Postcode: _____

Person completing the questionnaire: _____

Relationship to child: _____

Home tel: _____ Mobile no: _____

Email address: _____

All children develop at different rates and in different ways. Please do not worry if your child is not doing all or any of the activities mentioned in the questionnaire. It is not a test. The activities are simply one way of understanding how your child is progressing.

Possible answers:

Yes = your child does this activity (or has done it and has now progressed, e.g., crawling, but is now walking)

Sometimes = your child is just beginning to do this activity (but does not do it regularly)

Not Yet = your child has not yet started doing this

Please leave **blank** any activities your child has not been able to try with you.

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 (yes), sometimes, or not yet.

Important Points to Remember:

- 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 not tired or hungry.
- Please bring this questionnaire with you to your child's health and development review.

Notes:




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.

COMMUNICATION


| | YES | SOMETIMES | NOT YET | ___ |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. 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? <i>(Mark "yes" even if her words are difficult to understand.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your child say eight or more words in addition to "Mama" and "Dada"? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Without showing him, does your child <i>point</i> to the correct picture when you say, "Show me the cat," or ask, "Where is the dog?" <i>(He needs to identify only one picture correctly.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. If you point to a picture of a ball (cat, 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"/> | ___ |
| 5. Without 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." | | | | |
| 6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mummy come home," or "Cat gone"? <i>(Don't count word combinations that express one idea, such as "bye-bye," "all gone" "all right," or "What's that?")</i> Please give an example of your child's word combinations: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

COMMUNICATION TOTAL ___

GROSS MOTOR

| | YES | SOMETIMES | NOT YET | ___ |
|---|--|-----------------------|-----------------------|-----|
| 1. Does your child climb on an object such as a chair to reach something he wants (for example, to reach a toy on a table or worktop or to "help" you in the kitchen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your child walk well and seldom fall over? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the handrail or wall. (<i>You can look for this in a shop, in a playground, or at home.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. When you show your child how to kick a large ball, does he try to kick the ball either by moving his leg forward or by walking into it? (<i>If your child already kicks a ball, mark "yes" for this item.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| |  | | | |
| 5. Does your child run fairly well, stopping herself without bumping into things or falling over? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| |  | | | |
| 6. Does your child walk either up or down at least two steps by himself? He may also hold onto the handrail or wall. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| |  | | | |
| | GROSS MOTOR TOTAL | | | ___ |

FINE MOTOR

| | YES | SOMETIMES | NOT YET | ___ |
|--|---|-----------------------|-----------------------|-----|
| 1. Does your child make a mark on the paper with the <i>tip</i> of a crayon (or pencil or pen) when trying to draw? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| |  | | | |
| 2. Does your child stack three small blocks or toys on top of each other by herself? (<i>You could also use cotton reels, small boxes, or toys that are about 1 inch in size.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your child turn the pages of a book by himself? (<i>He may turn more than one page at a time.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your child stack six small blocks or toys on top of each other by himself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

FINE MOTOR *(continued)*

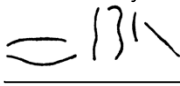
- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 6. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

FINE MOTOR TOTAL ___

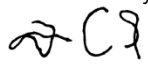
PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 1. Without showing him how, does your child scribble back and forth when you give him a crayon (or pencil or pen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 2. 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 <i>any direction</i> ? (Mark "not yet" if your child scribbles back and forth.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|---|-----------------------|-----------------------|-----------------------|-----|
- Count as "yes"

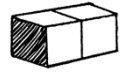


Count as "not yet"



- | | | | | |
|--|--|-----------------------|-----------------------|-----|
| 3. If you do any of the following gestures, does your child copy at least one of them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| <input type="radio"/> a. Open and close your mouth. | <input type="radio"/> c. Pull on your earlobe. | | | |
| <input type="radio"/> b. Blink your eyes. | <input type="radio"/> d. Pat your cheek. | | | |

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 4. If you give your child a bottle, spoon, or pencil upside down, does she turn it right side up so she can use it properly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|--|-----------------------|-----------------------|-----------------------|-----|

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 5. 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 <i>two</i> blocks side by side? (You can also use cotton reels, small boxes, or other toys.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|---|-----------------------|-----------------------|-----------------------|-----|
- 

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 6. If your child wants something he cannot reach, does he find a chair or a box to stand on to reach it (for example, to reach a toy on a table or worktop or to "help" you in the kitchen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|--|-----------------------|-----------------------|-----------------------|-----|

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 1. Does your child feed herself with a spoon, even though she may spill some of the food? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your child get your attention or try to show you something by pulling on your hand or clothes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your child drink from a cup or glass, putting it down again with little spilling? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. 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"/> | ___ |

PERSONAL-SOCIAL *(continued)*

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 5. When playing with either a soft toy or a doll, does your child cuddle it, pretend to feed it, put it to bed, etc? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your child eat with a spoon and fork? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

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

OVERALL *(continued)*

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

 YES NO

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

 YES NO

7. Has your child had any medical or health-related problems in the last few months? If yes, explain:

 YES NO

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

 YES NO

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

 YES NO