



Ages & Stages Questionnaires®

20 Month Questionnaire

19 months 0 days through 20 months 30 days



Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Child's information

Child's first name: _____ Middle initial: _____ Child's last name: _____

Child's date of birth: _____ If child was born 3 or more weeks prematurely, # of weeks premature: _____ Child's gender: Male Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____ Relationship to child: Parent Guardian Teacher Child care provider

City: _____ State/Province: _____ ZIP/Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #:	Age at administration in months and days:
Program ID #:	If premature, adjusted age in months and days:
Program name:	



20 Month Questionnaire

19 months 0 days
through 20 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Try each activity with your baby 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 _____.

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? (Mark "yes" even if her words are difficult to understand.) | <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 your showing him, does your child point to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (He needs to identify only one picture correctly.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 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? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 5. Without your giving him clues by pointing or using gestures, can your child carry out at least three 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," "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: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

COMMUNICATION TOTAL _____

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"/> | ___ |

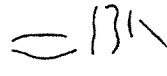
FINE MOTOR TOTAL ___

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. Without your 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"/> | ___ |

Count as "yes"

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 any direction? (Mark "not yet" if your child scribbles back and forth.)



Count as "not yet"

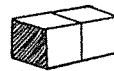


- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 3. If you do any of the following gestures, does your child copy at least one of them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|--|-----------------------|-----------------------|-----------------------|-----|

- a. Open and close your mouth. c. Pull on your earlobe.
- b. Blink your eyes. d. Pat your cheek.

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 4. If you give your child a bottle, spoon, or pencil upside down, does he turn it right side up so that 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 two blocks side by side? (You can also use spools of thread, small boxes, or other toys.)



- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 6. If your child wants something he cannot reach, does he 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 TOTAL ___

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 1. Does your child feed herself with a spoon, even though she may spill some 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)

5. 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?

YES SOMETIMES NOT YET —
 —

6. Does your child eat with a fork?

 —

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

[Empty rounded rectangular box for explanation]

2. Do you think your child talks like other toddlers her age? If no, explain:

YES NO

[Empty rounded rectangular box for explanation]

3. Can you understand most of what your child says? If no, explain:

YES NO

[Empty rounded rectangular box for explanation]

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

YES NO

[Empty rounded rectangular box for explanation]

OVERALL (continued)

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

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