



# Ages & Stages Questionnaires®

## 18 Month Questionnaire

17 months 0 days to 18 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:

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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.

## COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. When your child wants something, does she tell you by <i>pointing</i> to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. When you ask your child to, does he go into another room to find a familiar toy or object? ( <i>You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go and get your blanket."</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your child say eight or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Dada 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"/>	___
5. 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"/>	___
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," and "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 bend over or squat to pick up an object from the floor and then stand up again without any support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. Does your child move around by walking, rather than by crawling on her hands and knees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your child walk well and seldom fall over?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. 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"/>	___
5. 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"/>	___
6. 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"/>	___



**GROSS MOTOR TOTAL** \_\_\_\_\_


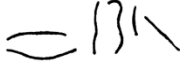
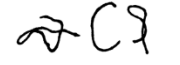
## FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child throw a small ball with a forward arm motion? ( <i>If he simply drops the ball, mark "not yet" for this item.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. Does your child stack a small block or toy on top of another one? ( <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 make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your child stack three small blocks or toys on top of each other by himself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. 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"/>	___
6. 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"/>	___



**FINE MOTOR TOTAL** \_\_\_\_\_

## PROBLEM SOLVING

- |  | YES                   | SOMETIMES             | NOT YET               |  |
|--|-----------------------|-----------------------|-----------------------|--|
| 1. Does your child drop several small toys, one after another, into a container like a bowl or a box? ( <i>You may show him how to do it.</i> )  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___  |
| 2. After you have shown your child how, does she try to use a small toy that is slightly out of reach by using a spoon, stick, or similar tool?                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___  |
| 3. After a raisin is dropped into a clear plastic bottle, does your child turn the bottle over to tip it out? ( <i>You may show him how.</i> )<br>( <i>You can use a small water bottle or baby bottle.</i> )  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___  |
| 4. Without showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___  |
| 5. 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> ? ( <i>Mark "not yet" if your child scribbles back and forth.</i> ) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___  |
|  |                       |                       |                       | <div style="text-align: center;"> <br/>                     Count as "yes"                 </div> <hr style="width: 100%;"/> <div style="text-align: center;"> <br/>                     Count as "not yet"                 </div> |
| 6. After a raisin is dropped into a clear plastic bottle, does your child turn the bottle upside down to tip out the raisin? ( <i>Do not show him how.</i> )<br>( <i>You can use a small water bottle or baby bottle.</i> )  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ *  |

**PROBLEM SOLVING TOTAL** \_\_\_\_\_

\* If Problem Solving Item 6 is marked "yes" or "sometimes," mark Problem Solving Item 3 "yes."

## PERSONAL-SOCIAL

- |  | YES                   | SOMETIMES             | NOT YET               |     |
|--|-----------------------|-----------------------|-----------------------|-----|
| 1. While looking at herself in the mirror, does your child offer a toy to her own image?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your child play with a doll or soft toy by hugging it?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. 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"/> | ___ |
| 4. Does your child come to you when he needs help, such as with winding up a toy or unscrewing a lid from a jar? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. 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"/> | ___ |
| 6. 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 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 his 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 her age? If no, explain:

YES

NO

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

YES

NO

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

YES

NO

**OVERALL** *(continued)*

7. Has your child had any medical or health-related problems in the last few months?  YES  NO  
If yes, explain:

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