

ASQ-3 Ages & Stages Questionnaires®

16 Month Questionnaire

15 months 0 days through 16 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

Grandparent or other relative Foster parent Other: _____

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:	



16 Month Questionnaire

15 months 0 days
through 16 months 30 days

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, 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 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 point to, pat, or try to pick up pictures in a book?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. Does your child say four or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. When your child wants something, does she tell you by <i>pointing</i> to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. When you ask your child to, does he 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.")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. 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"/>	___
6. Does your child say eight or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

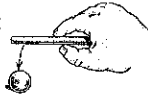
COMMUNICATION TOTAL _____

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child stand up in the middle of the floor by himself and take several steps forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. Does your child climb onto furniture or other large objects, such as large climbing blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. 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"/>	___

PROBLEM SOLVING

(continued)

- 4. After you have shown your child how, does she try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool? 
- 5. Without your showing him how, does your child scribble back and forth when you give him a crayon (or pencil or pen)?
- 6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump it out? (You may show her how.)

YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

PROBLEM SOLVING TOTAL

*If Problem Solving Item 5 is marked "yes," mark Problem Solving Item 1 as "yes."

PERSONAL-SOCIAL

- 1. Does your child feed himself with a spoon, even though he may spill some food?
- 2. Does your child help undress herself by taking off clothes like socks, hat, shoes, or mittens?
- 3. Does your child play with a doll or stuffed animal by hugging it?
- 4. While looking at himself in the mirror, does your child offer a toy to his own image?
- 5. Does your child get your attention or try to show you something by pulling on your hand or clothes?
- 6. Does your child come to you when she needs help, such as with winding up a toy or unscrewing a lid from a jar?

YES	SOMETIMES	NOT YET	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<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

OVERALL (continued)

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
impairment? If yes, explain:

 YES NO

6. Do you have 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

OVERALL (continued)

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