

20 Month Questionnaire

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

Date ASQ completed: Child's information Middle Child's first name: initial: Child's last name: If child was born 3 Child's gender: or more weeks () Male Female prematurely, # of weeks premature: Child's date of birth: Person filling out questionnaire Middle Last name: initial: First name: Relationship to child:) Child care Parent Guardian provider Street address: Grandparent Foster or other relative parent State/ Postal code: Province: City: Home telephone number: Other telephone number: Country: E-mail address: Names of people assisting in questionnaire completion: Program Information Child ID #: Age at administration in months and days:



If premature, adjusted age in months and days:

Program ID #:

Program name:

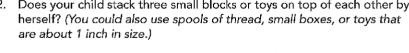


20 Month Questionnaire

19 months 0 days through 20 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.

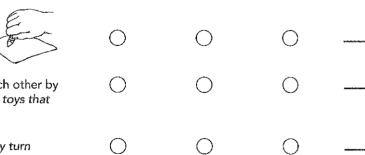
l fin	nportant Points to Remember:	Notes:				
	Try each activity with your child before marking a response.					
⊴	Make completing this questionnaire a game that is fun for you and your child.					<u>.</u>
┙	Make sure your child is rested and fed.					
(₫	Please return this questionnaire by					<u> </u>
child	is age, many toddlers may not be cooperative when asked to comore than one time. If possible, try the activities when your charges" for the item.					
CO	MMUNICATION		YES	SOMETIMES	NOT YET	
s h	Does your child imitate a two-word sentence? For example, wh ay a two-word phrase, such as "Mama eat," "Daddy play," "Go ome," or "What's this?" does your child say both words back t Mark "yes" even if her words are difficult to understand.)	٥	0	0	0	***************************************
	Does your child say eight or more words in addition to "Mama" Dada"?	'and	0	0	\circ)
٧	Vithout your showing him, does your child point to the correct when you say, "Show me the kitty," or ask, "Where is the dog?" needs to identify only one picture correctly.)		0		0	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	you point to a picture of a ball (kitty, cup, hat, etc.) and ask yo What is this?" does your child correctly <i>name</i> at least one pict		0	0	0	MO
	Vithout your giving him clues by pointing or using gestures, ca hild carry out at least three of these kinds of directions?	in your	\circ	0	\circ	MCCAPACION CONTRACTOR
(a. "Put the toy on the table." d. "Find your coal coal coal coal coal coal coal coal	d."				
t (Does your child say two or three words that represent different ogether, such as "See dog," "Mommy come home," or "Kitty Don't count word combinations that express one idea, such as bye," "all gone," "all right," and "What's that?") Please give around the properties of your child's word combinations:	gone"? : "bye-	0	0	0	ggi-diri Siliyadiya nagihada
				COMMUNICATION	ON TOTAL	



3. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)

4.	Does your child get a spoon into her mouth right side up so that the
	food usually doesn't spill?

5. Does your child stack six small blocks or toys on top of each other by



himself?

Does your child feed herself with a spoon, even though she may spill some food?

- 2. Does your child get your attention or try to show you something by pulling on your hand or clothes?
- 3. Does your child drink from a cup or glass, putting it down again with little spilling?
- 4. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?

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P	ERSONAL-SOCIAL (continued)	YES	SOMETIMES	NOT YET
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?	\circ	0	O —
6.	Does your child eat with a fork?	\circ	\circ	O —
			PERSONAL-SOCI	AL TOTAL
O	VERALL			
Ра	rents and providers may use the space below for additional comments.			
1.	Do you think your child hears well? If no, explain:		O YES	O NO
2.	Do you think your child talks like other toddlers her age? If no, explain:		YES	O NO
3.	Can you understand most of what your child says? If no, explain:		YES	O NO
4.	Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain:		○ yes	О мо
(
				<i>)</i>

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OVERALL (continued)			
5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO	
6. Do you have any concerns about your child's vision? If yes, explain:	YES	O NO	
7. Has your child had any medical problems in the last several months? If yes, explain:	YES	О NO	
8. Do you have any concerns about your child's behavior? If yes, explain:	YES	O NO	
9. Does anything about your child worry you? If yes, explain:	YES	O NO	
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