18 Month – 1.5 Year
Developmental Questionnaire

Ages & Stages Questionnaires (2nd Edition)

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CHILD'S NAME:	CHILD'S BIRTHDATE:
NAME OF PARENT OR PROVIDER:	TODAY'S DATE:
CHILD'S AGE: (TODAY)	WAS YOU CHILD: ❑ PREMATURE ---------LIST # WEEKS EARLY _____ ❑ TERM (BORN ON TIME) ❑ POSTMATURE --- LIST # WEEKS OVERDUE _____
PERSON FILLING OUT THIS QUESTIONNAIRE:	
YOUR RELATIONSHIP TO CHILD:	
LIST ANY OTHER PEOPLE ASSISTING IN QUESTIONNAIRE COMPLETION:	

On these two pages are questions about activities that children 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 check the box that tells whether your child is doing the activity ***regularly***, ***sometimes*** *or* ***not yet****. Be sure to try each activity with your child before checking the box. Try to make completing this questionnaire a game that is fun for you and your child. Make sure he/she is rested, fed, and ready to play.*

COMMUNICATION

Be sure to try each activity with your child.

	YES	SOMETIMES	NOT YET	
1. When your child wants something, does she tell you by *pointing* to it?	☐	☐	☐	__
2. When you ask him to, does your child 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.")	☐	☐	☐	__
3. 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? (Check "yes" even if her words are difficult to understand.)	☐	☐	☐	__
4. Does your child say eight or more words in addition to "Mama" and "Dada"?	☐	☐	☐	__
5. Without showing him first, 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.)	☐	☐	☐	__
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?")	☐	☐	☐	__

GROSS MOTOR

Be sure to try each activity with your child.

	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?	☐	☐	☐	__
2. Does your child move around by walking, rather than by crawling on her hands and knees?	☐	☐	☐	__
3. Does your child walk well and seldom fall?	☐	☐	☐	__
4. Does your child climb on an object such as a chair to reach something he wants?	☐	☐	☐	__
5. Does your child walk down stairs if you hold onto one of his hands?	☐	☐	☐	__
6. When you show her how to kick a large ball, does your child try to kick the ball by moving her leg forward or by walking into it? (If your child already kicks a ball, check "yes" for this item.)	☐	☐	☐	__

FINE MOTOR

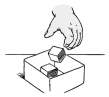
Be sure to try each activity with your child.

	YES	SOMETIMES	NOT YET	
1. Does your baby throw a small ball with a forward arm motion? (If he simply drops the ball, check "not yet" for this item.)	☐	☐	☐	__
2. Does your child stack a small block or toy on top of another one? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)	☐	☐	☐	__
3. Does your child make a mark on the paper with the *tip* of a crayon (or pencil or pen) when trying to draw?	☐	☐	☐	__
4. Does your child stack three small blocks or toys on top of each other by herself? (You can also use spools of thread, small boxes, or toys that are about 1 inch in size.)	☐	☐	☐	__
5. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)	☐	☐	☐	__
6. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?	☐	☐	☐	__

PROBLEM SOLVING

Be sure to try each activity with your child.

	YES	SOMETIMES	NOT YET	
1. Does your baby drop several (6 or more) small toys into a container such as a bowl or box? (You may show him how to do it.)	☐	☐	☐	__
2. After you have shown her how, does your child try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?	☐	☐	☐	__
3. After a crumb or Cheerio is dropped into a bottle, does your child purposely turn the bottle over to dump it out? (*You may have to show him how to do this.*) You can use a plastic soda-pop bottle or baby bottle.	☐	☐	☐	__
4. Without first showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)?	☐	☐	☐	__
5. After he watches 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?* (Scribbling back and forth does not count as "yes.")	☐	☐	☐	__
6. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (*Do not show her how.*)	☐	☐	☐	__



COUNTS "YES" COUNTS "NOT YET"

PERSONAL-SOCIAL

Be sure to try each activity with your child.

	YES	SOMETIMES	NOT YET	
1. While looking at himself in the mirror, does your child offer a toy to his own image?	☐	☐	☐	__
2. Does your child play with a doll or stuffed animal by hugging it?	☐	☐	☐	__
3. Does your child get your attention or try to show you something by pulling on your hand or clothes?	☐	☐	☐	__
4. Does your child come to you when she needs help, such as with winding up a toy?	☐	☐	☐	__
5. Does your child drink from a cup or glass, putting it down again with little spilling?	☐	☐	☐	__
6. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	☐	☐	☐	__

OVERALL

Parents may use an additional sheet for comments.

	YES	NO
1. Do you think your child hears well? If no, explain:	☐	☐
2. Do you think your child talks like other toddlers his age? If no, explain:	☐	☐
3. Can you understand most of what your child says? If no, explain:	☐	☐
4. Do you think that your child walks, runs, and climbs like other toddlers his age? If no, explain:	☐	☐
5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	☐	☐
6. Do you have concerns about your child's vision? If yes, explain:	☐	☐
7. Has your child had any medical problems in the last several months? If yes, explain:	☐	☐
8. Does anything about your child worry you? If yes, explain:	☐	☐

THIS SECTION IS FOR OFFICE PERSONNEL

SCORING THE QUESTIONNAIRE

1. Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
2. Score each item on the questionnaire by writing the appropriate number on the line by each item answer.

   YES = 10 SOMETIMES = 5 NOT YET = 0

3. Add up the item scores for each area, and record these totals in the space provided for area totals.
4. Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, check the box below 50 in the first row.

	0	5	10	15	20	25	30	35	40	45	50	55	60
COMMUNICATION													
GROSS MOTOR													
FINE MOTOR													
PROBLEM SOLVING													
PERSONAL-SOCIAL													