Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System
Second Edition

By **Diane Bricker** and **Jane Squires**
with assistance from ***Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly,*** *and* ***Jane Farrell***

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24 Month • 2 Year Questionnaire

On the following pages are questions about activities 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.

Important Points to Remember:

- ☑ Be sure to try each activity with your child before checking a box.
- ☑ Try to make completing this questionnaire a game that is fun for you and your child.
- ☑ Make sure your child is rested, fed, and ready to play.
- ☑ Please return this questionnaire by ______________________.
- ☑ If you have any questions or concerns about your child or about this questionnaire, please call: ______________________.
- ☑ Look forward to filling out another questionnaire in ________ months.

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24 Month • 2 Year Questionnaire

Please provide the following information.

Child's name: ______________________________

Child's date of birth: ______________________________

Today's date: ______________________________

Person filling out this questionnaire: ______________________________

What is your relationship to the child? ______________________________

Your telephone: ______________________________

Your mailing address: ______________________________

____

City: ______________________________

State: ______________________________ ZIP code: ______________________________

List people assisting in questionnaire completion: ______________________________

____

Administering program or provider: ______________________________

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, score "yes" for the item.

	YES	SOMETIMES	NOT YET	
COMMUNICATION *Be sure to try each activity with your child.*				
1. Without showing her first, does your child *point* to the correct picture when you say, "Show me the kitty" or ask, "Where is the dog?" (She needs to identify only one picture correctly.)	☐	☐	☐	___
2. 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 his words are difficult to understand.)	☐	☐	☐	___
3. Without giving her clues by pointing or using gestures, can your child carry out at least *three* of these kinds of directions? a. "Put the toy on the table." b. "Close the door." c. "Bring me a towel." d. "Find your coat." e. "Take my hand." f. "Get your book."	☐	☐	☐	___
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?	☐	☐	☐	___
5. 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: ______________________________	☐	☐	☐	___
6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?	☐	☐	☐	___
		COMMUNICATION TOTAL		___
GROSS MOTOR *Be sure to try each activity with your child.*				
1. Does your child walk down stairs if you hold onto one of his hands? (You can look for this at a store, on a playground, or at home.)	☐	☐	☐	___
2. 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.)	☐	☐	☐	___
3. Does your child walk either up or down at least two steps by himself? You can look for this at a store, on a playground, or at home. (Check "yes" even if he holds onto the wall or railing.)	☐	☐	☐	___
4. Does your child run fairly well, stopping herself without bumping into things or falling?	☐	☐	☐	___

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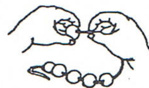
	YES	SOMETIMES	NOT YET	
GROSS MOTOR *(continued)*				
5. Does your child jump with both feet leaving the floor at the same time?	☐	☐	☐	___
6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?	☐	☐	☐	___ *

GROSS MOTOR TOTAL ___

**If gross motor item 6 is marked "yes" or "sometimes," mark gross motor item 2 as "yes."*

FINE MOTOR *Be sure to try each activity with your child.*

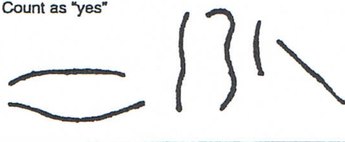
	YES	SOMETIMES	NOT YET	
1. Does your child get a spoon into her mouth right side up so that the food usually doesn't spill?	☐	☐	☐	___
2. Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)	☐	☐	☐	___
3. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?	☐	☐	☐	___
4. Does your child flip switches off and on?	☐	☐	☐	___
5. Does your child stack seven small blocks or toys on top of each other by himself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)	☐	☐	☐	___
6. Does your child thread a shoelace through either a bead or an eyelet of a shoe? 	☐	☐	☐	___

FINE MOTOR TOTAL ___

PROBLEM SOLVING *Be sure to try each activity with your child.*

	YES	SOMETIMES	NOT YET	
1. After she 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.")	☐	☐	☐	___
2. Without showing him how, does your child purposefully turn a small, clear bottle upside down to dump out a crumb or Cheerio? (You can use a soda-pop bottle or baby bottle.)	☐	☐	☐	___

Count as "yes"



Count as "not yet"

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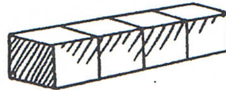
	YES	SOMETIMES	NOT YET	
PROBLEM SOLVING *(continued)*				
3. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food?	☐	☐	☐	___
4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen?	☐	☐	☐	___
5. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it?	☐	☐	☐	___
6. 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 *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.) 	☐	☐	☐	___
		PROBLEM SOLVING TOTAL		___
PERSONAL-SOCIAL *Be sure to try each activity with your child.*				
1. Does your child drink from a cup or glass, putting it down again with little spilling?	☐	☐	☐	___
2. Does your child copy activities you do, such as wipe up a spill, sweep, shave, or comb hair?	☐	☐	☐	___
3. Does your child eat with a fork?	☐	☐	☐	___
4. When playing with either a stuffed animal or doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?	☐	☐	☐	___
5. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn?	☐	☐	☐	___
6. Does your child call herself "I" or "me" more often than her own name? For example, "I do it," more often than "Juanita do it."	☐	☐	☐	___
		PERSONAL-SOCIAL TOTAL		___

OVERALL *Parents and providers may use the space at the bottom of the next sheet for additional comments.*

1. Do you think your child hears well? YES ☐ NO ☐

   If no, explain: ______________________________

2. Do you think your child talks like other toddlers her age? YES ☐ NO ☐

   If no, explain: ______________________________

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OVERALL *(continued)*

3. Can you understand most of what your child says? YES ☐ NO ☐

   If no, explain: ______________________________

4. Do you think your child walks, runs, and climbs like other toddlers his age? YES ☐ NO ☐

   If no, explain: ______________________________

5. Does either parent have a family history of childhood deafness or hearing impairment? YES ☐ NO ☐

   If yes, explain: ______________________________

6. Do you have any concerns about your child's vision? YES ☐ NO ☐

   If yes, explain: ______________________________

7. Has your child had any medical problems in the last several months? YES ☐ NO ☐

   If yes, explain: ______________________________

8. Does anything about your child worry you? YES ☐ NO ☐

   If yes, explain: ______________________________

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24 Month/2 Year ASQ Information Summary

Child's name: ______________________ Date of birth: ______________________

Person filling out the ASQ: ______________________ Relationship to child: ______________________

Mailing address: ______________________ City: ____________ State: ______ ZIP: ________

Telephone: ______________________ Assisting in ASQ completion: ______________________

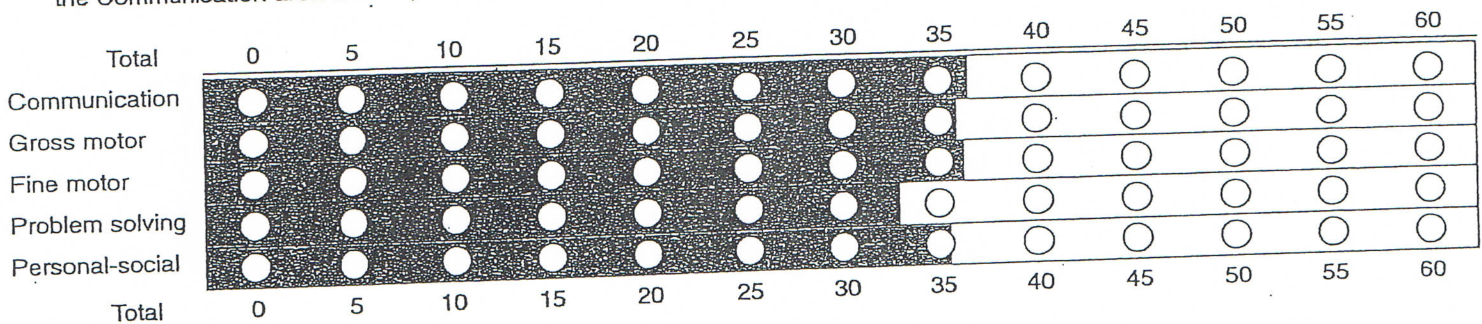
Today's date: ______________________

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

1. Hears well? YES NO
   Comments:
2. Talks like other toddlers? YES NO
   Comments:
3. Understand child? YES NO
   Comments:
4. Walks, runs, and climbs like others? YES NO
   Comments:
5. Family history of hearing impairment? YES NO
   Comments:
6. Vision concerns? YES NO
   Comments:
7. Recent medical problems? YES NO
   Comments:
8. Other concerns? YES NO
   Comments:

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, fill in the circle below 50 in the first row.



Examine the blackened circles for each area in the chart above.

5. If the child's total score falls within the ☐ area, the child appears to be doing well in this area at this time.
6. If the child's total score falls within the ▩ area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

24 months/2 years

	Score	Cutoff
Communication		36.5
Gross motor		36.0
Fine motor		36.4
Problem solving		32.9
Personal-social		35.6

Item	Communication (Y S N)	Gross motor (Y S N)	Fine motor (Y S N)	Problem solving (Y S N)	Personal-social (Y S N)
1	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
2	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
3	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
4	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
5	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○
6	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○	○ ○ ○

…ministering program or provider: ______________________