

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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◆ 42 Month ◆ **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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◆ **42 Month** ◆
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: _____



YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. Without giving him help by pointing or using gestures, ask your child to "Put the shoe <i>on</i> the table" and "Put the book <i>under</i> the chair." Does your child carry out both of these directions correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? (For example, "Barking," "Running," "Eating," and "Crying") You may ask, "What is the dog (or boy) doing?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle, and ask your child to move the zipper <i>down</i> . Return the zipper to the middle, and ask your child to move the zipper <i>up</i> . Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. When you ask, "What is your name?" does your child say both her first and last names? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down." | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I <i>am</i> going to <i>the</i> park," or " <i>Is</i> there a toy to play with?" or " <i>Are</i> you coming, too?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

COMMUNICATION TOTAL _____

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

1. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



2. Does your child stand on one foot for about 1 second without holding onto anything?



YES SOMETIMES NOT YET

GROSS MOTOR (continued)

3. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball, letting the ball go, or throwing the ball underhand does not count.)



4. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?



5. Does your child catch a large ball with both hands? You should stand about 5 feet away and give your child two or three tries.



6. Does your child climb the rungs of a ladder of a playground slide and slide down without help?

GROSS MOTOR TOTAL _____

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

1. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?

Count as "yes"

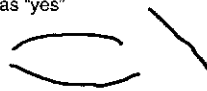


Count as "not yet"



2. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

Count as "yes"



Count as "not yet"



3. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)



YES SOMETIMES NOT YET

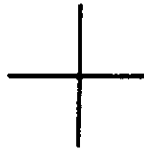
FINE MOTOR (continued)

4. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?



5. Does your child put together a six-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)

6. Using the shape at right to look at, does your child copy it onto a large piece of paper using a pencil or crayon, without tracing? Your child's drawing should look like the design of the shape, except it may be different in size.



FINE MOTOR TOTAL _____

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

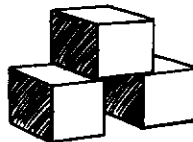
1. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person? Responses like "snowman," "boy," "man," "girl," and "Daddy" are correct.



Please write your child's response here:

2. When you say, "Say seven three," does your child repeat *just* the two numbers in the correct order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say eight two." Your child must repeat just one series of two numbers for you to answer "yes" to this question.

3. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?



4. When you say, "Say five eight three," does your child repeat *just* the three numbers in the correct order? Do not repeat these numbers. If necessary, try another series of numbers and say, "Say six nine two." Your child must repeat just one series of three numbers for you to answer "yes" to this question.

YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

5. When asked, "Which circle is the smallest?" does your child point to the smallest circle? Ask this question *without* providing help by pointing, gesturing, or looking at the smallest circle.



6. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother or sister, or an imaginary animal or figure.

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. When she is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or her own name?

2. Can your child put on a coat, jacket, or shirt by himself?

3. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

4. Does your child take turns by waiting while another child or adult takes a turn?

5. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl?

6. Does your child wash his hands and face using soap and dry off with a towel without help?

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 children her age? YES NO

If no, explain: _____

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

If no, explain: _____

OVERALL (continued)

4. Do you think your child walks, runs, and climbs like other children 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: _____

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

SCORING THE QUESTIONNAIRE

- 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*.
- 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
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- 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.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<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"/>
Gross motor	<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"/>
Fine motor	<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"/>
Problem solving	<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	<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"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

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

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- 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.

42 months	Score Cutoff		Communication			Gross motor			Fine motor			Problem solving			Personal-social		
	Score	Cutoff	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Communication		38.0	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
Gross motor		45.0	2	3	4	2	3	4	2	3	4	2	3	4	2	3	4
Fine motor		40.0	3	4	5	3	4	5	3	4	5	3	4	5	3	4	5
Problem solving		39.0	4	5	6	4	5	6	4	5	6	4	5	6	4	5	6
Personal-social		42.5	5	6		5	6		5	6		5	6		5	6	
			Y	S	N	Y	S	N	Y	S	N	Y	S	N	Y	S	N

Administering program or provider: _____