



Ages & Stages Questionnaires®

16 Month Questionnaire

15 months 0 days to 16 months 30 days (inclusive)

Child's name: _____

Child's date of birth: _____ Boy Girl

If child was born 3 or more weeks prematurely, please indicate the number of weeks premature: _____

Date ASQ-3 completed by parent/caregiver: _____

Date of review with health professional: _____

Child's home address: _____

Town: _____ Postcode: _____

Person completing the questionnaire: _____

Relationship to child: _____

Home tel: _____ Mobile no: _____

Email address: _____

All children develop at different rates and in different ways. Please do not worry if your child is not doing all or any of the activities mentioned in the questionnaire. It is not a test. The activities are simply one way of understanding how your child is progressing.

Possible answers:

Yes = your child does this activity (or has done it and has now progressed, e.g., crawling, but is now walking)

Sometimes = your child is just beginning to do this activity (but does not do it regularly)

Not Yet = your child has not yet started doing this

Please leave **blank** any activities your child has not been able to try with you.

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 (yes), 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 not tired or hungry.
- Please bring this questionnaire with you to your child's health and development review.

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? (<i>You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go and get your blanket."</i>)	<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," "Dada play," "Go home," or "What's this?" does your child say both words back to you? (<i>Mark "yes" even if her words are difficult to understand.</i>)	<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"/>	___

GROSS MOTOR (continued)

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 4. Does your child move around by walking, rather than crawling on her hands and knees? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your child walk well and seldom fall over? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your child climb on an object such as a chair to reach something he wants (for example, to reach a toy on a table or worktop or to "help" you in the kitchen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

GROSS MOTOR TOTAL _____

FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 1. Does your child help turn the pages of a book? (<i>You may lift a page for her to grasp.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your child throw a small ball with a forward arm motion? (<i>If he simply drops the ball, mark "not yet" for this item.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your child stack a small block or toy on top of another one? (<i>You could also use cotton reels, small boxes, or toys that are about 1 inch in size.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your child stack three small blocks or toys on top of each other by herself? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your child make a mark on the paper with the <i>tip</i> of a crayon (or pencil or pen) when trying to draw? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your child turn the pages of a book by himself? (<i>He may turn more than one page at a time.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

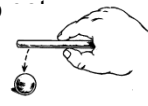


FINE MOTOR TOTAL _____

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your child copy you by scribbling? (<i>If she already scribbles on her own, mark "yes" for this item.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Can your child drop a raisin into a clear plastic bottle (such as a small water bottle or baby bottle)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your child drop several small toys, one after another, into a container like a bowl or a box? (<i>You may show him how to do it.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

PROBLEM SOLVING (continued)

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

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 and fork 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 soft toy 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 problems? If yes, explain: YES NO

6. Do you have concerns about your child's eyesight? If yes, explain: YES NO

7. Has your child had any medical or health-related problems in the last few months? If yes, explain: YES NO

OVERALL *(continued)*

8. Do you have any concerns about your child's behaviour? If yes, explain:

 YES NO

9. Does anything about your child worry you? If yes, explain:

 YES NO