



Ages & Stages Questionnaires®

22 Month Questionnaire

21 months 0 days to 22 months 30 days (inclusive)

Child's name: _____

Child's date of birth: _____

Boy ☐ Girl ☐

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.



22 Month Questionnaire

21 months 0 days
to 22 months 30 days (inclusive)

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. If you point to a picture of a ball (cat, cup, hat, etc.) and ask your child, "What is this?" does your child correctly name at least one picture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. Without giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/> a. "Put the toy on the table."				
<input type="radio"/> b. "Close the door."				
<input type="radio"/> c. "Bring me a towel."				
<input type="radio"/> d. "Find your coat."				
<input type="radio"/> e. "Take my hand."				
<input type="radio"/> f. "Get your book."				
3. When you ask your child to point to her nose, eyes, hair, feet, etc., does she correctly point to at least <i>seven</i> body parts? (<i>She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your child say 15 or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your child correctly use at least two words like "me," "I," "mine," and "you"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mummy come home," or "Cat gone"? (<i>Don't count word combinations that express one idea, such as "bye-bye," "all gone" "all right," or "What's that?"</i>) Please give an example of your child's word combinations:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

COMMUNICATION TOTAL

GROSS MOTOR

1. When you show your child how to kick a large ball, does he try to kick the ball either by moving his leg forward or by walking into it? (*If your child already kicks a ball, mark "yes" for this item.*)



YES

☐

SOMETIMES

☐

NOT YET

☐

2. Does your child run fairly well, stopping herself without bumping into things or falling over?

☐☐☐

3. Does your child walk down stairs if you hold onto one of her hands? He may also hold onto the handrail or wall. (*You can look for this in a shop, in a playground, or at home.*)

☐☐☐

4. Does your child walk either up or down at least two steps by herself? She may also hold onto the handrail or wall.

☐☐☐

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 1 "yes."

FINE MOTOR

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

YES

☐

SOMETIMES

☐

NOT YET

☐

2. Does your child stack six small blocks or toys on top of each other by himself? (*You could also use cotton reels, small boxes, or toys that are about 1 inch in size.*)

☐☐☐


FINE MOTOR (continued)

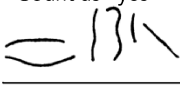
- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 3. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. 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"/> | ___ |
| 5. Does your child flip switches off and on? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Can your child string small items such as pasta or beads onto a string or shoelace? (<i>Carefully watch your child's use of beads and string for safety reasons.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |



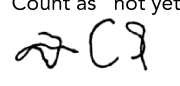
FINE MOTOR TOTAL ___

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 1. Without showing her how, does your child scribble back and forth when you give her a crayon (or pencil or pen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. 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 at least <i>two</i> blocks side by side? (<i>You can also use cotton reels, small boxes, or other toys.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
- 
- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 3. Does your child pretend objects are something else? For example, does your child hold a cup to his ear, pretending it is a telephone? Does he put a box on his head, pretending it is a hat? Does he use a block or small toy to stir food? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. After watching 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 <i>any</i> direction? (<i>Mark "not yet" if your child scribbles back and forth.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
- Count as "yes"



Count as "not yet"



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 5. After a raisin is dropped into a clear plastic bottle, does your child turn the bottle upside down to tip out the raisin? (<i>Do not show her how.</i>) (<i>You can use a small water bottle or baby bottle.</i>) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. If you give your child a bottle, spoon, or pencil upside down, does he turn it right side up so he can use it properly? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

PERSONAL-SOCIAL *(continued)*

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 2. If you do any of the following gestures, does your child copy at least one of them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| <input type="radio"/> a. Open and close your mouth. | | | | |
| <input type="radio"/> b. Blink your eyes. | | | | |
| <input type="radio"/> c. Pull on your earlobe. | | | | |
| <input type="radio"/> d. Pat your cheek. | | | | |
| 3. Does your child eat with a knife/spoon and fork? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your child drink from a cup or glass, putting it down again with little spilling? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. When playing with either a soft toy or a doll, does your child cuddle it, pretend to feed it, put it to bed, etc? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your child push a little truck, doll's buggy, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn? | <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

2. Do you think your child talks like other toddlers her age? If no, explain: ☐ YES ☐ NO

3. Can you understand most of what your child says? If no, explain: ☐ YES ☐ NO

OVERALL *(continued)*

4. Do you think your child walks, runs, and climbs like other toddlers his 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

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