



# Ages & Stages Questionnaires®

## 28 months 16 days to 31 months 15 days (inclusive) 30 Month Questionnaire

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.



# 30 Month Questionnaire

28 months 16 days  
to 31 months 15 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:

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## 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 <i>name</i> 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 three 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"/> d. "Find your coat." <input type="radio"/> b. "Close the door." <input type="radio"/> e. "Take my hand." <input type="radio"/> c. "Bring me a towel." <input type="radio"/> f. "Get your book."				
3. When you ask your child to point to her nose, eyes, hair, feet, ears, 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 make sentences that are three or four words long? Please give an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Without giving your child help by pointing or using gestures, ask him to "put the book <i>on</i> the table" and "put the shoe <i>under</i> the chair." Does your child carry out both of these directions correctly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. 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," or "crying")? You may ask, "What is the dog (or boy) doing?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

COMMUNICATION TOTAL \_\_\_


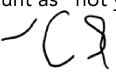
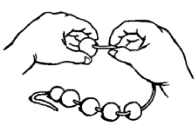
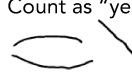
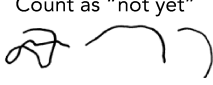


**GROSS MOTOR**

		YES	SOMETIMES	NOT YET	
1. Does your child run fairly well, stopping herself without bumping into things or falling over?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child walk either up or down at least two steps by himself? He may hold onto the handrail or wall. (You can look for this in a shop, in a playground, or at home.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Does your child jump with both feet leaving the floor at the same time?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. 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 handrail or wall.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____*
6. Does your child stand on one foot for about 1 second without holding on to anything?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____


**GROSS MOTOR TOTAL**

\* If Gross Motor Item 5 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."

## FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. 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"/>	___
2. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him 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 vertical direction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
	Count as "yes" 			
	Count as "not yet" 			
3. 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"/>	___
				
4. After your child watches you draw a line from one side of the paper to the other side, ask her 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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
	Count as "yes" 			
	Count as "not yet" 			
5. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
	Count as "yes" 			
	Count as "not yet" 			
6. Does your child turn pages in a book, one page at a time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
	<b>FINE MOTOR TOTAL</b> ___			

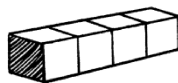
## PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When looking in the mirror, ask, "Where is _____?" ( <i>Use your child's name.</i> ) Does your child point to her image in the mirror?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (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"/>	___

**PROBLEM SOLVING**

(continued)

3. 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 cotton reels, small boxes, or other toys.)



YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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5. When you say, "Say, 'seven three,'" does your child repeat *just* the two numbers in the same 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.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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**PROBLEM SOLVING TOTAL** \_\_\_\_\_

**PERSONAL-SOCIAL**

1. If you do any of the following gestures, does your child copy at least one of them?

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

a. Open and close your mouth.       c. Pull on your earlobe.

b. Blink your eyes.                       d. Pat your cheek.

2. Does your child use a knife/fork and spoon to feed himself?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. Does your child push a little truck, doll's buggy, or other toy on wheels, steering around objects and backing out of corners if she cannot turn?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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4. Does your child put on a coat, jacket, or shirt by himself?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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5. After you put on loose-fitting trousers around her feet, does your child pull them completely up to her waist?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. When your child is looking in a mirror and you ask, "Who is in the mirror?" does he say either "me" or his own name?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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**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

4. Can other people understand most of what your child says? If no, explain:

YES

NO

5. Do you think your child walks, runs, and climbs like other toddlers his age?  
If no, explain:

YES

NO

6. Does either parent have a family history of childhood deafness or hearing  
problems? If yes, explain:

YES

NO

**OVERALL** *(continued)*

7. Do you have concerns about your child's eyesight? If yes, explain:

YES  NO

8. Has your child had any medical or health-related problems in the last few months?  
If yes, explain:

YES  NO

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

YES  NO

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

YES  NO