



Ages & Stages Questionnaires®

31 months 16 days to 34 months 15 days (inclusive)

33 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.



33 Month Questionnaire

31 months 16 days
to 34 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:

COMMUNICATION



	YES	SOMETIMES	NOT YET	_____
1. When you ask your child to point to his nose, eyes, hair, feet, ears, etc., does your child correctly point to at least seven body parts? (<i>He can point to parts of himself, you, or a doll. Mark "sometimes" if he correctly points to at least three different body parts.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. 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"/>	_____
3. Without giving your child help by pointing or using gestures, ask her 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"/>	_____
4. 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"/>	_____
5. Show your child how a zip on a coat moves up and down, and say, "See, this goes up and down." Put the zip to the middle, and ask your child to move the zip <i>down</i> . Return the zip to the middle, and ask your child to move the zip <i>up</i> . Do this several times, placing the zip in the middle before asking your child to move it up or down. Does your child consistently move the zip up when you say "up" and down when you say "down"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. When you ask, "What is your name?" does your child say either his first name or his nickname?	<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. 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"/>	___
3. Does your child jump with both feet leaving the floor at the same time?		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your child walk up stairs, using only one foot on each stair? (<i>The left foot is on one step, and the right foot is on the next.</i>) She may hold onto the handrail or the wall. (<i>You can look for this in a shop, in a playground, or at home.</i>)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. 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"/>	___
6. While standing, does your child throw a ball overarm by raising his arm to shoulder height and throwing the ball forward? (<i>Dropping the ball or throwing the ball underarm should be scored as "not yet."</i>)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
GROSS MOTOR TOTAL					___

FINE MOTOR

		YES	SOMETIMES	NOT YET	
1. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, 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 vertical direction?	Count as "yes"  Count as "not yet" 	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

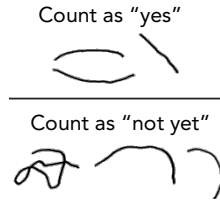
FINE MOTOR *(continued)*

2. Can your child string small items such as pasta or beads onto a string or shoelace? (*Carefully watch your child's use of beads and string for safety reasons.*)



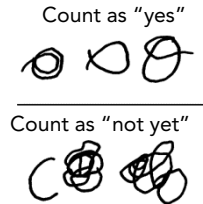
YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

3. After your child watches you draw a line from one side of the paper to the other side, 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 horizontal direction?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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4. After your child watches you draw a single circle, ask her to make a circle like yours. Do not let her trace your circle. Does your child copy you by drawing a circle?



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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5. Does your child turn pages in a book one page at a time?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. 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.*)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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FINE MOTOR TOTAL _____

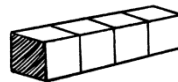
PROBLEM SOLVING

1. When looking in the mirror, ask "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror?



YES	SOMETIMES	NOT YET	_____
<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 four objects in a row? (*You can also use cotton reels, small boxes, or other toys.*)



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. 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"/>	_____
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PROBLEM SOLVING *(continued)*



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:

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

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. Does your child use a knife/fork and spoon to feed herself with little spilling?
2. 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 he cannot turn?
3. Does your child put on a coat, jacket, or shirt by herself?
4. After you put on loose-fitting trousers around his feet, does your child pull them completely up to his waist?
5. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?
6. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

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

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 any 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