



Ages & Stages Questionnaires®



24 Month Questionnaire

23 months 0 days through 25 months 15 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Child's information

Child's first name: _____ Middle initial: _____ Child's last name: _____

Child's gender:
 Male Female

Child's date of birth: _____

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Relationship to child:
 Parent Guardian Teacher Child care provider
 Grandparent or other relative Foster parent Other: _____

Street address: _____

City: _____ State/Province: _____ ZIP/Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #:	_____
Program ID #:	_____
Program name:	_____



Bright Futures Parent Supplemental Questionnaire

2 Year Visit

For us to provide you and your child with the best possible health care, we would like to know how things are going. Please circle Yes or No for each question. Thank you.

Your Talking Child: Assessment of Language Development

Do you read with your child every day?	Yes	No
Do you use simple words when asking your child a question?	Yes	No
Do you give your child plenty of time to respond?	Yes	No
Can you understand what your child wants?	Yes	No
Does your child use 2-word sentences like "Go home"?	Yes	No
Do you have plans for child care or preschool in the next year?	Yes	No

How Your Child Behaves: Temperament and Behavior

Do you spend time alone with your child doing something that he likes to do?	Yes	No
Do you encourage other family members and caregivers to be consistent, patient, and calm with your child?	Yes	No
Does your child play with other children?	Yes	No

Toilet Training

Have you encouraged toilet training?	Yes	No
Does your child tell you when he has a bowel movement?	Yes	No
Is your child dry for about 2 hours at a time?	Yes	No
Does your child know the difference between wet and dry?	Yes	No
Is your child interested in using the toilet?	Yes	No
Do you help your child wash hands after going to the bathroom?	Yes	No
Have you taught your child to sneeze or cough into her shoulder?	Yes	No



Your Child and TV: Television Viewing

How many hours per day does your child watch TV?	_____ hours	
If your child watches TV, do you watch together and talk about what you are seeing?	Yes	No
Does your family enjoy being active together?	Yes	No
Does your child play actively for at least one hour per day?	Yes	No

Safety

Do you always use a car safety seat in the back seat of the car?	Yes	No
Do you watch your child when he plays outside?	Yes	No
Do you keep your child away from moving machines, lawn mowers, driveways, and streets?	Yes	No
Does your child always wear a helmet when she is riding a tricycle, in a motorized kid car, or in a seat on an adult's bicycle?	Yes	No
Does anyone in your home or the homes where your child spends time have a gun?	N/A	Yes
If so, are the guns unloaded and locked away?	Yes	No
Does anyone smoke around your child?	No	Yes
If you smoke, would you like information on how to stop?	Yes	No



**American Academy
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DEDICATED TO THE HEALTH OF ALL CHILDREN™

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Bright Futures Medical Screening Questionnaire

2 Year Visit

Please answer the following questions about your child's health by circling Y, N, or Unsure.

Do you have concerns about how your child hears?	Y	N	Unsure
Do you have concerns about how your child speaks?	Y	N	Unsure
Do you have concerns about how your child sees?	Y	N	Unsure
Does your child hold objects close when trying to focus?	Y	N	Unsure
Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	Y	N	Unsure
Do your child's eyelids droop or does one eyelid tend to close?	Y	N	Unsure
Have your child's eyes ever been injured?	Y	N	Unsure
Does your child have a sibling or playmate who has or had lead poisoning?	Y	N	Unsure
Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the last 6 months) renovated or remodeled?	Y	N	Unsure
Does your child live in or regularly visit a house or child care facility built before 1950?	Y	N	Unsure
Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	Y	N	Unsure
Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	Y	N	Unsure
Has a family member or contact had tuberculosis or a positive tuberculin skin test?	Y	N	Unsure
Is your child infected with HIV?	Y	N	Unsure



Does your child have parents or grandparents who have had a stroke or heart problem before age 55?	Y	N	Unsure
Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	Y	N	Unsure
Do you ever struggle to put food on the table?	Y	N	Unsure
Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	N	Y	Unsure
Does your child have a dentist?	N	Y	Unsure
Does your child's primary water source contain fluoride?	N	Y	Unsure



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24 Month Questionnaire

23 months 0 days
through 25 months 15 days

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, sometimes, or not yet.

Important Points to Remember:

Notes:

- 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 rested and fed.
- Please return this questionnaire by _____.

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. Without your showing him, does your child <i>point</i> to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" (She needs to identify only one picture correctly.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? (Mark "yes" even if her words are difficult to understand.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
3. Without your 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"/> 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."				
4. If you point to a picture of a ball (kitty, 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"/>	_____
5. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?") Please give an example of your child's word combinations:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

COMMUNICATION *(continued)*

6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?

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

COMMUNICATION TOTAL _____

GROSS MOTOR

1. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. *(You can look for this at a store, on a playground, or at home.)*

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

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



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

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



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

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



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

5. Does your child jump with both feet leaving the floor at the same time?



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

6. 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"/>	_____*
-----------------------	-----------------------	-----------------------	--------

GROSS MOTOR TOTAL _____



**If Gross Motor Item 6 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."*

FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---------------------------|
| 1. Does your child get a spoon into his mouth right side up so that the food usually doesn't spill? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. Does your child turn the pages of a book by herself? (She may turn more than one page at a time.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Does your child use a turning motion with his 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 flip switches off and on? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child stack seven small blocks or toys on top of each other by herself? (You could also use spools of thread, small boxes, or toys that are about 1 inch in size.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | | | | FINE MOTOR TOTAL — |

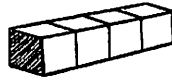


PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. 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 any direction? (Mark "not yet" if your child scribbles back and forth.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | | | | Count as "yes" |
| | | | |  |
| | | | | Count as "not yet" |
| | | | |  |
| 2. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? (Do not show him how.) (You can use a soda-pop bottle or baby bottle.) | <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 her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

PROBLEM SOLVING (continued)

6. 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 spools of thread, small boxes, or other toys.)



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

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

1. Does your child drink from a cup or glass, putting it down again with little spilling?

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

2. 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"/>	___
-----------------------	-----------------------	-----------------------	-----

3. Does your child eat with a fork?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
-----------------------	-----------------------	-----------------------	-----

4. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
-----------------------	-----------------------	-----------------------	-----

5. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
-----------------------	-----------------------	-----------------------	-----

6. Does your child call herself "I" or "me" more often than her own name? For example, "I do it," more often than "Juanita do it."

<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

OVERALL *(continued)*

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 his age?
If no, explain:

 YES NO

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

 YES NO

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

 YES NO

7. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

OVERALL (continued)

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

YES

NO

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

YES

NO

M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- | | | |
|--|-----|----|
| 1. Does your child enjoy being swung, bounced on your knee, etc.? | Yes | No |
| 2. Does your child take an interest in other children? | Yes | No |
| 3. Does your child like climbing on things, such as up stairs? | Yes | No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek? | Yes | No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? | Yes | No |
| 6. Does your child ever use his/her index finger to point, to ask for something? | Yes | No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something? | Yes | No |
| 8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? | Yes | No |
| 9. Does your child ever bring objects over to you (parent) to show you something? | Yes | No |
| 10. Does your child look you in the eye for more than a second or two? | Yes | No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) | Yes | No |
| 12. Does your child smile in response to your face or your smile? | Yes | No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) | Yes | No |
| 14. Does your child respond to his/her name when you call? | Yes | No |
| 15. If you point at a toy across the room, does your child look at it? | Yes | No |
| 16. Does your child walk? | Yes | No |
| 17. Does your child look at things you are looking at? | Yes | No |
| 18. Does your child make unusual finger movements near his/her face? | Yes | No |
| 19. Does your child try to attract your attention to his/her own activity? | Yes | No |
| 20. Have you ever wondered if your child is deaf? | Yes | No |
| 21. Does your child understand what people say? | Yes | No |
| 22. Does your child sometimes stare at nothing or wander with no purpose? | Yes | No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes | No |



Bright Futures Parent Handout 2 Year Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

ASSESSMENT OF LANGUAGE DEVELOPMENT

Your Talking Child

- Talk about and describe pictures in books and the things you see and hear together.
- Parent-child play, where the child leads, is the best way to help toddlers learn to talk.
- Read to your child every day.
- Your child may love hearing the same story over and over.
- Ask your child to point to things as you read.
- Stop a story to let your child make an animal sound or finish a part of the story.
- Use correct language; be a good model for your child.
- Talk slowly and remember that it may take a while for your child to respond.

TELEVISION VIEWING

Your Child and TV

- It is better for toddlers to play than watch TV.
- Limit TV to 1–2 hours or less each day.
- Watch TV together and discuss what you see and think.
- Be careful about the programs and advertising your young child sees.
- Do other activities with your child such as reading, playing games, and singing.
- Be active together as a family. Make sure your child is active at home, at child care, and with sitters.

SAFETY

Safety

- Be sure your child's car safety seat is correctly installed in the back seat of all vehicles.
- There should be no more than a finger's width of space between your child's collarbone and the harness strap.

SAFETY

- Everyone should wear a seat belt in the car. Do not start the vehicle until everyone is buckled up.
- Never leave your child alone in your home or yard, especially near cars, without a mature adult in charge.
- When backing out of the garage or driving in the driveway, have another adult hold your child a safe distance away so he is not run over.
- Keep your child away from moving machines, lawn mowers, streets, moving garage doors, and driveways.
- Have your child wear a good-fitting helmet on bikes and trikes.
- Never have a gun in the home. If you must have a gun, store it unloaded and locked with the ammunition locked separately from the gun.

TOILET TRAINING

Toilet Training

- Signs of being ready for toilet training
 - Dry for 2 hours
 - Knows if she is wet or dry
 - Can pull pants down and up
 - Wants to learn
 - Can tell you if she is going to have a bowel movement
- Plan for toilet breaks often. Children use the toilet as many as 10 times each day.
- Help your child wash her hands after toileting and diaper changes and before meals.
- Clean potty chairs after every use.
- Teach your child to cough or sneeze into her shoulder. Use a tissue to wipe her nose.
- Take the child to choose underwear when she feels ready to do so.

TEMPERAMENT AND BEHAVIOR

How Your Child Behaves

- Praise your child for behaving well.
- It is normal for your child to protest being away from you or meeting new people.
- Listen to your child and treat him with respect. Expect others to do as well.
- Play with your child each day, joining in things the child likes to do.
- Hug and hold your child often.
- Give your child choices between 2 good things in snacks, books, or toys.
- Help your child express his feelings and name them.
- Help your child play with other children, but do not expect sharing.
- Never make fun of the child's fears or allow others to scare your child.
- Watch how your child responds to new people or situations.

What to Expect at Your Child's 2½ Year Visit

We will talk about

- Your talking child
- Getting ready for preschool
- Family activities
- Home and car safety
- Getting along with other children

Poison Help: 1-800-222-1222

Child safety seat inspection:
1-866-SEATCHECK; seatcheck.org



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Parents: Staff will complete this page.



24 Month ASQ-3 Information Summary

23 months 0 days through
25 months 15 days

Child's name: _____ Date ASQ completed: _____
 Child's ID #: _____ Date of birth: _____
 Administering program/provider: _____

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	25.17		●	●	●	●	●	●	●	●	○	○	○	○	○
Gross Motor	38.07		●	●	●	●	●	●	●	●	●	○	○	○	○
Fine Motor	35.16		●	●	●	●	●	●	●	●	○	○	○	○	○
Problem Solving	29.78		●	●	●	●	●	●	●	●	○	○	○	○	○
Personal-Social	31.54		●	●	●	●	●	●	●	○	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | | | |
|--|-----|------------|--|------------|----|
| 1. Hears well?
Comments: | Yes | NO | 6. Concerns about vision?
Comments: | YES | No |
| 2. Talks like other toddlers his age?
Comments: | Yes | NO | 7. Any medical problems?
Comments: | YES | No |
| 3. Understand most of what your child says?
Comments: | Yes | NO | 8. Concerns about behavior?
Comments: | YES | No |
| 4. Walks, runs, and climbs like other toddlers?
Comments: | Yes | NO | 9. Other concerns?
Comments: | YES | No |
| 5. Family history of hearing impairment?
Comments: | | YES | No | | |

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule.
 If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
 If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

- _____ Provide activities and rescreen in _____ months.
- _____ Share results with primary health care provider.
- _____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- _____ Refer to primary health care provider or other community agency (specify reason): _____
- _____ Refer to early intervention/early childhood special education.
- _____ No further action taken at this time
- _____ Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						