

18 Month Questionnaire

Today's Date: _____

Form Completed By: _____

Patient First Name: _____

Relation to Child: _____

Patient Last Name: _____

Address: _____

Date of Birth: _____

City: _____ ST: _____ Zip Code: _____

**If more born than 3 weeks prematurely,
 number of weeks early:** _____

Home Telephone: _____

Other Telephone: _____

Child's Gender Male Female

Email: _____

Child ID #: _____

Names of people assisting with questionnaire:

Program ID #: _____

Age at Administration (months/days): _____ / _____

If premature, adjusted age (months/days): _____ / _____

Program Name: _____

ASQ-3

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 box that indicates whether your child is doing the activity regularly, 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 rested and fed.

Please return the questionnaire by: _____

COMMUNICATION

COMMUNICATION TOTAL _____

- | | |
|---|--|
| 1. When your child wants something, do they tell you by <i>pointing</i> to it? | Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <input type="checkbox"/> |
| 2. When you ask your child to, do they 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 get your blanket."</i>) | Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <input type="checkbox"/> |
| 3. Does your child say eight or more words in addition to "Mama" and "Dada"? | Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <input type="checkbox"/> |
| 4. 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? (<i>Mark "yes" even if their words are difficult to understand.</i>) | Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <input type="checkbox"/> |
| 5. Without you showing them, does your child point to the correct picture when you say, "Show me the kitty," or ask "Where is the dog?" (<i>They need to identify only one picture correctly.</i>) | Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <input type="checkbox"/> |
| 6. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? (<i>Don't count word combinations that express one idea, such as "bye bye," "all gone," and "all right."</i>) Give an example of you child's word combinations: _____ | Yes <input type="checkbox"/> Sometimes <input type="checkbox"/> Not Yet <input type="checkbox"/> |

18 Month Questionnaire - continued

GROSS MOTOR FUNCTION

GROSS MOTOR TOTAL _____

- 1. Does your child bend over or squat to pick up an object from the floor and then stand up again without any support? Yes Sometimes Not Yet
- 2. Does your child move around by walking, rather than by crawling on their hands and knees? Yes Sometimes Not Yet
- 3. Does your child walk well and seldom fall? Yes Sometimes Not Yet
- 4. Does your child climb on an object such as a chair to reach something they want (*for example, to get a toy on a counter or to "help" you in the kitchen*)? Yes Sometimes Not Yet
- 5. Does your child walk down stairs if you hold onto one of their hands? They may also hold onto the railing or wall. (*You can look for this at home, a playground or at the store.*) Yes Sometimes Not Yet
- 6. When you show your child how to kick a large ball, do they try to kick the ball by moving their leg forward or by walking into it? (*If your child already kicks a ball, mark "yes" for this.*) Yes Sometimes Not Yet

FINE MOTOR FUNCTION

FINE MOTOR TOTAL _____

- 1. Does your child throw a small ball with a forward arm motion? (*If they simply drop the ball, mark "not yet" for this item.*) Yes Sometimes Not Yet
- 2. Does your child stack a small block or toy on top of another one? (*You can also use spools of thread, small boxes, or toys that are about 1 inch in size.*) Yes Sometimes Not Yet
- 3. Does your child make a mark on the paper with the tip of a crayon (or pencil or pen) when trying to draw? Yes Sometimes Not Yet
- 4. Does your child stack three small blocks or toys on top of each other by themselves? Yes Sometimes Not Yet
- 5. Does your child turn the pages of a book by themselves? (*They may turn more than one page at a time.*) Yes Sometimes Not Yet
- 6. Does your child get a spoon into their mouth right side up so that the food usually doesn't spill? Yes Sometimes Not Yet

PROBLEM SOLVING

PROBLEM SOLVING TOTAL _____

- 1. Does your child drop several small toys, one after another, into a container like a bowl or box? (*You may show them how to do it.*) Yes Sometimes Not Yet
- 2. After you have shown your child how, do they try to get a small toy that is slightly out of reach using a spoon, stick, or similar tool? Yes Sometimes Not Yet
- 3. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle over to dump it out? (*You may show them how.*) (*You can use a soda or baby bottle.*) Yes Sometimes Not Yet
- 4. Without showing them how, does your child scribble back and forth when you give them a crayon (or pencil or pen)? Yes Sometimes Not Yet



18 Month Questionnaire - continued

PROBLEM SOLVING - continued

- 5. 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.) Yes [] Sometimes [] Not Yet []
6. 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 them how.) Yes [] Sometimes [] Not Yet []

PERSONAL-SOCIAL

PERSONAL-SOCIAL TOTAL ____

- 1. While looking at themselves in the mirror, does your child offer a toy to their own image? Yes [] Sometimes [] Not Yet []
2. Does your child play with a doll or stuffed animal by hugging it? Yes [] Sometimes [] Not Yet []
3. Does your child get your attention or try to show you something by pulling on your clothes or hand? Yes [] Sometimes [] Not Yet []
4. Does your child come to you when they need help, such as winding up a toy or unscrewing a lid from a jar? Yes [] Sometimes [] Not Yet []
5. Does your child drink from a cup or glass, putting it down again with little spilling? Yes [] Sometimes [] Not Yet []
6. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair? Yes [] Sometimes [] Not Yet []

Overall

- 1. Do you think your child hears well? If no, explain: Yes [] No []
2. Do you think your child talks like toddlers their 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 their 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 []

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18 Month Questionnaire - continued

Overall - continued

- 6. Do you have 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

- 8. Do you have concerns about your child's behavior? If yes, explain: Yes No

- 9. Does anything about your child worry you? If yes, explain: Yes No

18 Month Questionnaire - Summary

Child First Name: _____

Date ASQ completed: _____

Child Last Name: _____

Date of Birth: _____

Administering program/provider: _____

Was age adjusted for prematurity
 when selecting questionnaire? Yes No

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	13.06		●	●	●	○	○	○	○	○	○	○	○	○	○
Gross Motor	37.38		●	●	●	●	●	●	●	○	○	○	○	○	○
Fine Motor	34.32		●	●	●	●	●	●	●	○	○	○	○	○	○
Problem Solving	25.74		●	●	●	●	●	●	○	○	○	○	○	○	○
Personal-Social	27.19		●	●	●	●	●	●	○	○	○	○	○	○	○

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

- | | |
|--|---|
| 1. Hears well? Yes <input type="checkbox"/> NO <input type="checkbox"/> | 6. Concerns about vision? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |
| 2. Talks like other toddlers their age? Yes <input type="checkbox"/> NO <input type="checkbox"/> | 7. Any medical problems? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |
| 3. Understand most things the child says? Yes <input type="checkbox"/> NO <input type="checkbox"/> | 8. Concerns about behavior? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |
| 4. Walks, run, and climbs like other toddlers? Yes <input type="checkbox"/> NO <input type="checkbox"/> | 9. Other concerns? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |
| 5. Family history of hearing impairment? YES <input type="checkbox"/> No <input type="checkbox"/> | |
| Comments: _____ | |

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 baby's total score is in the area, it is above the cutoff, and the baby's development appears to be on schedule.
- If the baby's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.
- If the baby'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 care provider.
- ___ Refer for hearing, vision, and/or behavioral screening.
- ___ Refer to primary 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						