

Ages & Stages Questionnaires: A Parent-Completed, Child-Monitoring System Second Edition

By Diane Bricker and Jane Squires

with assistance from Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell

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48 Month | 4 Year Questionnaire



On the following pages are questions about activities children 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 check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by _____.
- If you have any questions or concerns about your child or about this questionnaire, please call: _____.
- Look forward to filling out another questionnaire in _____ months.



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48 Month | 4 Year Questionnaire

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Please complete this questionnaire on or before: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

Administering program or provider: _____



COMMUNICATION *Be sure to try each activity with your child.*

1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like, "Cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like, "Cow, dog, and elephant"? _____

2. Does your child answer the following questions:
 "What do you do when you are hungry?" (Acceptable answers include: "Get food," "Eat," "Ask for something to eat," and "Have a snack.")

Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include: "Take a nap," "Rest," "Go to sleep," "Go to bed," "Lie down," and "Sit down.")

Please write your child's response:

Mark "sometimes" if your child answers only one question. _____

3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does he say something like, "It's round. I throw it. It's big"? _____

4. Does your child use endings of words, such as "s," "ed," and "ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"? _____

5. Without giving help by pointing or repeating, does your child follow three directions that are unrelated to one another? For example, you may ask your child to "Clap your hands, walk to the door, and sit down." _____

6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I am going to the park," or "Is there a toy to play with?" or "Are you coming, too?" _____

COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

1. Does your child catch a large ball with both hands? You should stand about 5 feet away and give your child two or three tries.



2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?

3. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise her arm to shoulder height and throw the ball forward. (Dropping the ball, letting the ball go, or throwing the ball underhand should be scored as "not yet.")



YES SOMETIMES NOT YET

GROSS MOTOR *(continued)*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| 4. Does your child hop up and down on either the right or left foot at least one time without losing his balance or falling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Does your child jump forward a distance of 20 inches from a standing position, starting with her feet together? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing his balance and putting his foot down? You may give your child two or three tries before you mark the question. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |



GROSS MOTOR TOTAL _____

FINE MOTOR *Be sure to try each activity with your child.*

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|-------|
| 1. Does your child put together a six-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil or crayon, without tracing? Your child's drawings should look similar to the design of the shapes below, but they may be different in size. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |



- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 4. Does your child unbutton one or more buttons? Your child may use his own clothing or a doll's clothing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Does your child color mostly within the lines in a coloring book? Your child should not go more than 1/4 inch outside the lines on most of the picture. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

FINE MOTOR TOTAL _____

YES SOMETIMES NOT YET

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. When you say, "Say five eight three," does your child repeat *just* these three numbers in the correct order? *Do not repeat these numbers.* If necessary, try another series of numbers and say, "Say six nine two." Your child must repeat just one series of three numbers to answer "yes" to this question.

2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? Ask this question *without* providing help by pointing, gesturing, or looking at the smallest circle.



3. Without giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put a book "under the couch." Then ask her to put the ball "between the chairs" and the shoe "in the middle of the table."

4. When shown an object and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? Answer "yes" only if your child answers the question correctly using five colors.

5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother or sister, or an imaginary animal or figure.

6. If you place five objects in front of your child, can he count them saying, "One, two, three, four, five," in order? Ask this question *without* providing help by pointing, gesturing, or naming.

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. Does your child serve herself, taking food from one container to another using utensils? For example, can your child use a large spoon to scoop applesauce from a jar into a bowl?

2. Does your child tell you at least four of the following:

- a. First name
- b. Age
- c. City she lives in
- d. Last name
- e. Boy or girl
- f. Telephone number

Please circle the items your child knows.

3. Does your child wash his hands and face using soap and dry off with a towel without help?

4. Does your child tell you the names of two or more playmates, not including brothers and sisters? Ask this question without providing help by suggesting names of playmates or friends.

YES SOMETIMES NOT YET

PERSONAL-SOCIAL *(continued)*

5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all her teeth without help? You may still need to check and rebrush your child's teeth. _____
6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)? _____

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the space below or the back of this sheet for additional comments.*

1. Do you think your child hears well? YES NO
If no, explain: _____
2. Do you think your child talks like other children her age? YES NO
If no, explain: _____
3. Can you understand most of what your child says? YES NO
If no, explain: _____
4. Do you think your child walks, runs, and climbs like other children his age? YES NO
If no, explain: _____
5. Does either parent have a family history of childhood deafness or hearing impairment? YES NO
If yes, explain: _____
6. Do you have any concerns about your child's vision? YES NO
If yes, explain: _____
7. Has your child had any medical problems in the last several months? YES NO
If yes, explain: _____
8. Does anything about your child worry you? YES NO
If yes, explain: _____

48 Month/4 Year ASQ Information Summary

Child's name: _____ Date of birth: _____
 Person filling out the ASQ: _____ Relationship to child: _____
 Mailing address: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ completion: _____
 Today's date: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 5. Family history of hearing impairment?
Comments: | YES NO |
| 2. Talks like other children?
Comments: | YES NO | 6. Vision okay?
Comments: | YES NO |
| 3. Understand child?
Comments: | YES NO | 7. Recent medical problems?
Comments: | YES NO |
| 4. Walks, runs, and climbs like others?
Comments: | YES NO | 8. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<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"/>
Gross motor	<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"/>
Fine motor	<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"/>
Problem solving	<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	<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"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

48 months/4 years	Score	Cutoff	Communication			Gross motor			Fine motor			Problem solving			Personal-social		
			1	2	3	4	5	6	1	2	3	4	5	6	1	2	3
Communication		39.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor		32.9	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor		30.0	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving		35.0	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal-social		23.4	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Y	S	N	Y	S	N	Y	S	N	Y	S	N	Y	S	N

Administering program or provider: _____