



Ages & Stages Questionnaires®

39 months 0 days to 44 months 30 days (inclusive) 42 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.



42 Month Questionnaire

39 months 0 days
to 44 months 30 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. 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"/>	_____
2. 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"/>	_____
3. 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"/>	_____
4. When you ask, "What is your name?" does your child say both her first and last names?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
5. Without giving help by pointing or repeating directions, does your child follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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 <i>am</i> going to the park," or " <i>Is</i> there a toy to play with?" or " <i>Are</i> you coming, too?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

COMMUNICATION TOTAL _____

GROSS MOTOR

1. 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.*) He may hold onto the handrail or wall. (*You can look for this in a shop, in a playground, or at home.*)



YES SOMETIMES NOT YET

2. Does your child stand on one foot for about 1 second without holding onto anything?



3. While standing, does your child throw a ball *overarm* by raising his arm to shoulder height and throwing the ball forward? (*Dropping the ball or throwing the ball underarm should be scored as "not yet."*)



4. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?



5. 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 before you mark the answer.*)

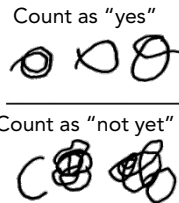


6. Does your child climb the rungs of a ladder of a playground slide and slide down without help?

GROSS MOTOR TOTAL _____

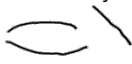


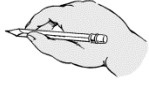
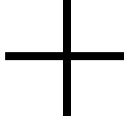
FINE MOTOR

1. After your child watches you draw a single circle with a pencil, crayon or pen, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?




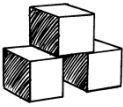
YES SOMETIMES NOT YET

FINE MOTOR (continued)

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-------|
| <p>2. 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?</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| <p>Count as "yes"
</p> <p>Count as "not yet"
</p> | | | | |
| <p>3. 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.)</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|  | | | | |
| <p>4. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|  | | | | |
| <p>5. Does your child put together a five- to seven-piece interlocking puzzle? (If one is not available, take a full-page picture from a magazine or catalogue and cut it into six pieces. Does your child put it back together correctly?)</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| <p>6. Using the shape on the right to look at, does your child copy it onto a large piece of paper using a pencil, crayon, or pen, without tracing? (Your child's drawing should look like the design of the shape, except it may be different in size.)</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|  | | | | |

FINE MOTOR TOTAL _____

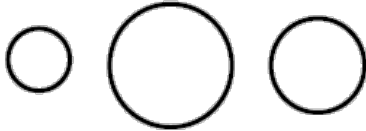
PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-------|
| <p>1. 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:</p> <div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%; margin-top: 10px;"></div> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|  | | | | |
| <p>2. When you say, "Say, 'seven three,'" does your child repeat <i>just</i> the two numbers in the same order? <i>Do not repeat the numbers.</i> If necessary, try another pair of numbers and say, "Say, 'eight two.'" (Your child must repeat <i>just one series of two numbers for you to answer "yes" to this question.</i>)</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| <p>3. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|  | | | | |

PROBLEM SOLVING (continued)

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

5. 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.*)



6. 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 mummy, daddy, brother, or sister, or an imaginary animal or figure.

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

1. When he is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "me" or his own name?

2. Does your child put on a coat, jacket, or shirt by herself?

3. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

4. Does your child take turns by waiting while another child or adult takes a turn?

5. Does your child serve himself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop up something like fruit salad, yoghurt, or sauce into a bowl?

6. Does your child wash his hands using soap and water and dry them with a towel without help?

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

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

OVERALL *(continued)*

2. Do you think your child talks like other children 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 children 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

7. Do you have any concerns about your child's eyesight? If yes, explain: YES NO

OVERALL *(continued)*

8. Has your child had any medical or health-related problems in the last few months? YES NO
If yes, explain:

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