



# Ages & Stages Questionnaires®

## 54 Month Questionnaire

51 months 0 days to 56 months 30 days (inclusive)

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.



# 54 Month Questionnaire

51 months 0 days  
to 56 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:

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## COMMUNICATION

- |   | YES                   | SOMETIMES             | NOT YET               |     |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. 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 she say something like "It's round. I throw it. It's big"?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. 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," "Is there a toy to play with?" or "Are you coming, too?"   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. 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"?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Without giving your child help by pointing or repeating directions, does he 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"/> | ___ |
| 5. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|   |                       |                       |                       |     |
| 6. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the shop?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|   |                       |                       |                       |     |

COMMUNICATION TOTAL \_\_\_

## GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child hop up and down on either the right foot or the left foot at least one time without losing her balance or falling over?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. While standing, does your child throw a ball <i>overarm</i> in the direction of a person standing at least 6 feet away? To throw overarm, your child must raise his arm to shoulder height and throw 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"/>	___
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your child jump forward a distance of 20 inches from a standing position, starting with her feet together?				
4. Does your child catch a large ball with both hands? ( <i>You should stand about 5 feet away and give your child two or three tries before you mark the answer.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? ( <i>You may give your child two or three tries before you mark the answer.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? ( <i>You may show him how to do this.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
<b>GROSS MOTOR TOTAL</b>				___

## FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? ( <i>Your child's drawings should look similar to the design of the shapes below, but they may be different in size.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
2. Does your child unbutton one or more buttons? ( <i>Your child may use his own clothing or a doll's clothing.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your child colour mostly within the lines in a colouring book or within the lines of a 2-inch circle that you draw? ( <i>Your child should not go more than 1/4 inch outside the lines on most of the picture.</i> )	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

**FINE MOTOR** *(continued)*

4. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? (*Mark "sometimes" if your child goes off the line three times.*)



5. Ask your child to draw a picture of a person on a blank piece of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, *and* legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire.

6. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the 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.*)



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

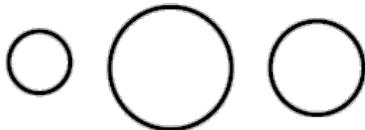
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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**FINE MOTOR TOTAL** \_\_\_\_\_

**PROBLEM SOLVING**

1. When shown objects and asked, "Which colour is this?" does your child name five different colours, like red, blue, yellow, orange, black, white, or pink? (*Mark "yes" only if your child answers the question correctly using five colours.*)
2. 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.
3. If you place five objects in front of your child, can she count them by saying, "One, two, three, four, five," in order? (*Ask this question without providing help by pointing, gesturing, or naming.*)
4. 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.*)



5. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."

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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**PROBLEM SOLVING** (continued)

6. Does your child know the names of numbers? (Mark "yes" if he identifies the three numbers below. Mark "sometimes" if he identifies two numbers.)

3      1      2

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

**PROBLEM SOLVING TOTAL** \_\_\_\_\_

**PERSONAL-SOCIAL**

1. Does your child wash her hands using soap and water and dry them with a towel without help?  YES     SOMETIMES     NOT YET    \_\_\_\_\_
  
2. Does your child tell you the names of two or more friends, not including brothers and sisters? (Ask this question without providing help by suggesting names of friends.)  YES     SOMETIMES     NOT YET    \_\_\_\_\_
  
3. Does your child brush his teeth by putting toothpaste on the toothbrush and brushing all of his teeth without help? (You may still need to check and rebrush your child's teeth.)  YES     SOMETIMES     NOT YET    \_\_\_\_\_
  
4. Does your child serve herself, 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?  YES     SOMETIMES     NOT YET    \_\_\_\_\_
  
5. Does your child tell you at least four of the following? Please mark the items your child knows.  YES     SOMETIMES     NOT YET    \_\_\_\_\_

<input type="radio"/> a. First name	<input type="radio"/> b. Last name
<input type="radio"/> b. Age	<input type="radio"/> c. Boy or girl
<input type="radio"/> c. Town or city he lives in	<input type="radio"/> d. Telephone number
  
6. Does your child dress and undress herself, including buttoning medium-sized buttons and zipping front zips?  YES     SOMETIMES     NOT YET    \_\_\_\_\_

**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