



Ages & Stages Questionnaires®

57 months 0 days to 66 months 0 days (inclusive)

60 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.

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 help by pointing or repeating directions, does your child follow three directions that are unrelated 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"/> | _____ |
| 2. 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"/> | _____ |
| | | | | |
| 3. 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"/> | _____ |
| | | | | |
| 4. Does your child use comparison words such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is _____" (bigger); "A cat is heavy, but a man is _____" (heavier); "A TV is small, but a book is _____" (smaller). Please write an example: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| | | | | |

COMMUNICATION *(continued)*

5. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

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

"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:

6. Does your child repeat the sentences shown below back to you, without any mistakes? (Read the sentences one at a time. You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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Jane hides her shoes for Maria to find.

James read the blue book under his bed.

COMMUNICATION TOTAL _____

GROSS MOTOR

- While standing, does your child throw a ball *overarm* 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. (Dropping the ball or throwing the ball underarm should be scored as "not yet.")
- 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.)
- 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? (You may give your child two or three tries before you mark the answer.)



YES	SOMETIMES	NOT YET	_____
<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 (continued)

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 4. 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"/> | ___ |
| 5. Does your child hop forward on one foot for a distance of 4–6 feet without putting the other foot down? <i>(You may give her two tries on each foot. Mark “sometimes” if she can hop on one foot only.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your child skip using alternating feet? <i>(You may show him how to do this.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

GROSS MOTOR TOTAL ___

FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 1. 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? <i>(Mark “sometimes” if your child goes off the line three times.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

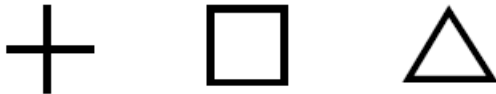


- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----|
| 2. Ask your child to draw a picture of a person on a blank piece of paper. You may ask your child, “Draw a picture of a girl or boy.” If your child draws a person with head, body, arms, <i>and</i> legs, mark “yes.” If your child draws a person with only three body 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. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|--|-----------------------|-----------------------|-----------------------|-----|

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 3. 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? <i>(Carefully watch your child’s use of scissors for safety reasons.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|---|-----------------------|-----------------------|-----------------------|-----|



- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? <i>(Your child’s drawings should look similar to the design of the shapes below, but they may be different in size. Mark “yes” if she copies all three shapes; mark “sometimes” if your child copies two shapes.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|---|-----------------------|-----------------------|-----------------------|-----|



(Space for child’s shapes)

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

FINE MOTOR *(continued)*

5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. (*Mark "yes" if your child copies four of the letters and you can read them. Mark "sometimes" if your child copies two or three letters and you can read them.*)

V H T C A

(Space for child's letters)

6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. (*Mark "sometimes" if your child copies about half of the letters.*)

(Space for adult's printing)

(Space for child's printing)

YES

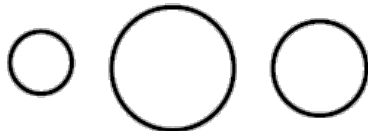
SOMETIMES

NOT YET

FINE MOTOR TOTAL

PROBLEM SOLVING

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



2. When shown objects and asked, "What 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.*)

YES

SOMETIMES

NOT YET

PROBLEM SOLVING (continued)

3. 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"/>	_____

4. Does your child finish the following sentences using a word that is the opposite of the word that is italicized? For example: "A rock is *hard*, and a pillow is *soft*."

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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Please write your child's responses below:

A cow is *big*, and a mouse is

Ice is *cold*, and fire is

We see stars at *night*, and we see the sun during the

When I throw the ball *up*, it comes

(Mark "yes" if he finishes three of the four sentences correctly.
Mark "sometimes" if he finishes two of the four sentences correctly.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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5. Does your child know the names of numbers? (Mark "yes" if she identifies the three numbers below. Mark "sometimes" if she identifies two numbers.)

3 1 2

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" (Point to the letters out of order.)

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

1. Can 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?

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

2. Does your child wash her hands and face using soap and water and dry them with a towel without help?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. Does your child tell you at least four of the following? Please mark the items your child knows.

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

- | | |
|---|---|
| <input type="radio"/> a. First name | <input type="radio"/> d. Last name |
| <input type="radio"/> b. Age | <input type="radio"/> e. Boy or girl |
| <input type="radio"/> c. Town or city he lives in | <input type="radio"/> f. Telephone number |

BE Av. 1 1.15

PERSONAL-SOCIAL (continued)

4. Does your child dress and undress himself, including buttoning medium-sized buttons and zipping front zips?
5. Does your child use the toilet by herself? (*She goes to the bathroom, sits on the toilet, wipes, and flushes.*) Mark "yes" even if she does this after you remind her.
6. Does your child usually take turns and share with other children?

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 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

OVERALL *(continued)*

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

8. Has your child had any medical or health-related problems in the last few months?
If yes, explain:

YES NO

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