## Ages & S tages 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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# • 16 Month • 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:

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



0305

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Please provide the following information.

| Child's name:   |
|---|
| Child's date of birth:  |
| Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth): |
|   |
| Today's date:   |
| 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:  |



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At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, score "yes" for the item. YES SOMETIMES NOT YET **COMMUNICATION** Be sure to try each activity with your child. 1. Does your child point to, pat, or try to pick up pictures in a book? Does your child say four or more words in addition to "Mama" and "Dada"? When your child wants something, does he tell you by pointing to it? 4. When you ask her to, does your child go into another room to find a familiar toy or object? (You might ask, "Where is your ball?" or say, "Bring me your coat" or "Go get your blanket.") 5. 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? (Check "yes" even if his words are difficult to understand.) 6. Does your child say eight or more words in addition to "Mama" and "Dada"? COMMUNICATION TOTAL **GROSS MOTOR** Be sure to try each activity with your child. 1. Does your child stand up in the middle of the floor by herself and take several steps forward? 2. Does your child climb onto furniture? Does your child bend over or squat to pick up an object from the floor and then stand up again without any support? Does your child move around by walking, rather than crawling on his hands and knees? 5. Does your child walk well and seldom fall? Does your child climb on an object such as a chair to reach something she wants? **GROSS MOTOR TOTAL FINE MOTOR** Be sure to try each activity with your child. 1. Does your child help turn the pages of a book? (You may lift the pages for him to grasp.) 2. Does your child throw a small ball with a forward arm motion? (If she simply drops the ball, check "not yet" for this item.)

| FII | NE MOTOR (continued)   |                                 | YES    | SOMETIMES I      | NOT YET        |   |
|-----|--|---------------------------------|--------|------------------|----------------|---|
| 3.  | Does your child stack a small block or (You could also use spools of thread, sabout 1 inch in size.)                             |                                 |        |                  |                |   |
| 4.  | Does your child stack three small block by herself?  | ks or toys on top of each oth   | ner    |                  |                | _ |
| 5.  | Does your child make a mark on the p the <i>tip</i> of a crayon (or pencil or pen) w to draw?                                    |                                 |        |                  |                |   |
| 6.  | Does your child turn the pages of a book by himself? (He may turn more than one page at a time.)                                 |                                 |        |                  |                |   |
|     |  |                                 |        | FINE MOTOR TOTAL |                |   |
| PR  | ROBLEM SOLVING Be sure to  | try each activity with your c   | child. |                  |                |   |
| 1.  | After you scribble back and forth on pa<br>pencil or pen), does your child copy you<br>scribbles on her own, check "yes" for the | ou by scribbling? (If she alre  | ady    |                  |                |   |
| 2.  | Can your child drop a crumb or Cheer (such as a plastic soda-pop bottle or b   |                                 |        |                  |                |   |
| 3.  | Does your child drop several (six or me such as a bowl or box? (You may show   |                                 | ner,   |                  |                |   |
| 4.  | After you have shown her how, does y try to get a small toy that is slightly our by using a spoon, stick, or similar tool?       | t of reach                      |        |                  |                |   |
| 5.  | Without first showing him how, does yo when you give him a crayon (or pencil   |                                 | orth   |                  |                |   |
| 6.  | After a crumb or Cheerio is dropped in your child turn the bottle upside down (You may show her how.)                            |                                 | s      | ☐ PROBLEM SOLV   | ☐<br>ING TOTAL | _ |
| PF  | ERSONAL-SOCIAL Be sure to  | try each activity with your o   | shild  |                  |                |   |
| 1.  | Does your child feed himself with a sp some food?  |                                 |        |                  |                |   |
| 2.  | Does your child help undress herself be hat, shoes, or mittens?  | by taking off clothes like soci | ks,    |                  |                |   |
| 3.  | Does your child play with a doll or stuf   | fed animal by hugging it?       |        |                  |                |   |
|     |  |                                 |        |                  |                |   |

| PF | RSONAL-S  | OCIAL   | (continued)                                  |             | YES       | SOMETIME          | S NOT YET   |      |
|----|---|---|--|-------------|-----------|-------------------|-------------|------|
|    | ASONAL-S  | OCIAL   | (continued)                                  |             |           |                   |             |      |
| 4. | While looking his own imag  |   | If in the mirror, does your child offe       | r a toy to  |           |                   |             |      |
| 5. | Does your child get your attention or try to show you something by pulling on your hand or clothes? |   | ething by                                    |             |           |                   |             |      |
|    |   | child come to you when she needs help, such as with a toy or unscrewing a lid from a jar? |  |             |           |                   |             |      |
|    |   |   |  |             |           | PERSONAL-         | SOCIAL TOTA | AL   |
| ΟV | ERALL   |   | and providers may use the space al comments. | below or th | ne back d | of this sheet for |             |      |
| 1. | Do you think  | •   |  |             |           |                   | YES 🔲       | NO 🔲 |
|    | If no, explain:   | ·   |  |             |           |                   |             |      |
| 2. | -   | -   | talks like other toddlers his age?           |             |           |                   | YES 🔲       | NO 🔲 |
|    | If no, explain:   | : <u></u>   |  |             |           |                   |             |      |
| 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 toddlers her age?                        |   |  |             |           | YES 🔲             | NO 🔲        |      |
|    | If no, explain:   | :   |  |             |           |                   |             |      |
| 5. | Does either p   | arent hav   | e a family history of childhood dea          | fness or he | aring im  | pairment?         | YES 🔲       | NO 🔲 |
|    | If yes, explain   | າ:  |  |             |           |                   |             |      |
| 6. | Do you have   | concerns  | about your child's vision?                   |             |           |                   | YES 🔲       | NO 🗌 |
|    | If yes, explair   | n:  |  |             |           |                   | _           | _    |
| 7. | Has your child had any medical problems in the last several months?                                 |   |  |             |           | YES 🔲             | NO 🔲        |      |
|    | -   | _   |  |             |           |                   |             |      |
| 8. | Does anythin  | g about y   | our child worry you?                         |             |           |                   | YES 🔲       | NO 🔲 |
|    | If yes, explain:  |   |  |             |           |                   |             |      |