

Please insert correct MONTH designation in the blank provided at the top of each page

**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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\_\_\_\_\_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:***

- 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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\_\_\_\_\_ Month Questionnaire

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) \_\_\_\_\_

Person filing out this questionnaire: \_\_\_\_\_

What is your relationship to the child? \_\_\_\_\_

Your mailing address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

List people assisting in questionnaire completion: \_\_\_\_\_

\_\_\_\_\_

Administering program or provider \_\_\_\_\_

Today's date \_\_\_\_\_