

Ages & Stages Questionnaires: A Parent-Completed, Child-Monitoring System

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• 12 Month • Questionnaire

Please fill out the following information.

Child's name: _____

Child's date of birth: _____

Who is 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: _____

Today's date: _____

Administering program or provider: _____






YES SOMETIMES NOT YET

COMMUNICATION *Be sure to try each activity with your child.*

1. If you ask her to, does your baby play at least one nursery game even if you don't show her the activity yourself (e.g., "bye-bye," "peekaboo," "clap your hands," "So Big")? _____
2. Does your baby follow one simple command, such as, "Come here," "Give it to me," or "Put it back" *without* your using gestures? _____
3. Does your baby say one word in addition to "Mama" and "Dada"? (A "word" is a sound or sounds the baby says consistently to mean someone or something, such as "baba" for bottle.) _____
4. When you ask, "Where is the ball (hat, shoe, etc.)?" does your baby look at the object? Make sure the object is present. Check "yes" if he knows one object. _____
5. When your baby wants something, does she tell you by *pointing* to it? _____
6. Does your baby shake his head when he means "no" or "yes"? _____

COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

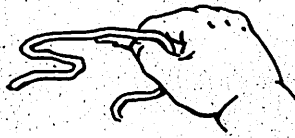
1. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position? _____

2. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)? _____
3. Does your baby walk along furniture while holding on with only one hand? _____
4. If you hold both hands just to balance him, does your baby take several steps without tripping or falling? (If your baby already walks alone, check "yes" for this item.) _____

5. When you hold *one hand* just to balance her, does your baby take several steps forward? (If your baby already walks alone, check "yes" for this item.) _____

6. Does your baby stand up in the middle of the floor by himself and take several steps forward? _____

GROSS MOTOR TOTAL _____

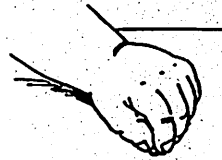
YES SOMETIMES NOT YET

FINE MOTOR *Be sure to try each activity with your child.*

1. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (The string may be attached to a toy.)



2. Does your baby pick up a crumb or Cheerio with the *tips* of his thumb and a finger? He may rest his arm or hand on the table while doing it. (If your baby already picks up the small object as described in number 4 below, check "yes" for this item.)



3. Does your baby set a small toy down, without dropping it, and then take her hand off the toy?

4. Without resting his arm or hand on the table, does your baby pick up a crumb or Cheerio with the tip of his thumb and a finger?



 _____*

5. Does your baby throw a small ball with a forward arm motion? (If he simply drops the ball, check "not yet" for this item.)



6. Does your baby help turn the pages of a book? (You may lift a page for her to grasp.)

FINE MOTOR TOTAL _____

**If fine motor item 4 is marked "yes" or "sometimes," mark fine motor item 2 as "yes."*

PROBLEM SOLVING *Be sure to try each activity with your child.*

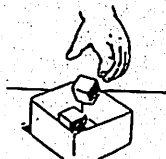
1. While holding a small toy in each hand, does your baby clap the toys together (like "pat-a-cake")?

2. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (a pill bottle, soda-pop bottle, or baby bottle)?

3. After he watches you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden.)

4. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? (If she already lets go of the toy into a bowl or box, check "yes" for this item.)

5. Does your baby drop two small toys, one after the other, into a container like a box or bowl? (You may show him how to do it.)



 _____*

YES SOMETIMES NOT YET

PROBLEM SOLVING *(continued)*

6. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? (If she already scribbles on her own, check "yes" for this item.)

PROBLEM SOLVING TOTAL _____

"If problem solving item 5 is marked "yes" or "sometimes," mark problem solving item 4 as "yes."

PERSONAL-SOCIAL *Be sure to try each activity with your child.*

1. When you hold out your hand and ask for his toy, does your baby offer it to you even if he doesn't let go of it? (If he already lets go of the toy into your hand, check "yes" for this item.)

2. When you dress her, does your baby push her arm through a sleeve once her arm is started in the hole of the sleeve?

3. When you hold out your hand and ask for his toy, does your baby let go of it into your hand?

4. When you dress her, does your baby lift her foot for her shoe, sock, or pant leg?

5. Does your baby roll or throw a ball back to you, so that you can return it to him?

6. Does your baby play with a doll or stuffed animal by hugging it?

PERSONAL-SOCIAL TOTAL _____

OVERALL *Parents and providers may use the back of this sheet for additional comments.*

1. Do you think your child hears well?

YES NO

If no, explain: _____

2. Does your baby use both hands equally well?

YES NO

If no, explain: _____

3. When your baby is standing, are her feet flat on the surface most of the time?

YES NO

If no, explain: _____

4. Does either parent have any family history of childhood deafness or hearing impairment?

YES NO

If yes, explain: _____

5. Has your child had any medical problems in the last several months?

YES NO

If yes, explain: _____

6. Does anything about your child worry you?

YES NO

If yes, explain: _____

12 Month ASQ Information Summary

Child's name: _____
 Who is filling out the ASQ? _____
 Mailing address: _____
 Telephone: _____
 Today's date: _____

Date of birth: _____
 Relationship to child: _____
 City: _____ State: _____ ZIP: _____
 Assisting in ASQ completion: _____

OVERALL: Please transfer the answers in the Overall section of the questionnaire by circling "yes" or "no" and reporting any parents' comments.

- | | | | |
|--|--------|---|--------|
| 1. Hears well?
Comments: | YES NO | 4. Family history of hearing impairment?
Comments: | YES NO |
| 2. Uses both hands equally well?
Comments: | YES NO | 5. Recent medical problems?
Comments: | YES NO |
| 3. Baby's feet flat on the surface?
Comments: | YES NO | 6. Other concerns?
Comments: | YES NO |

SCORING THE QUESTIONNAIRE

- Be sure each question has been answered. If a question cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
- Score each item on the questionnaire by writing the appropriate number on the line by each item answer.
 YES = 10 SOMETIMES = 5 NOT YET = 0
- Add up the item scores for each area and record these totals in the space provided for area totals.
- Indicate the child's total score for each area by filling in the appropriate circle on the chart below. For example, if the total score for the Communication area was 50, fill in the circle below 50 in the first row.

Total	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross motor	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fine motor	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem solving	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal-social	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total	0	5	10	15	20	25	30	35	40	45	50	55	60

Examine the blackened circles for each area in the chart above.

- If the child's total score falls within the area, the child appears to be doing well in this area at this time.
- If the child's total score falls within the area, talk with a professional. The child may need further evaluation.

OPTIONAL: The specific answers to each item on the questionnaire can be recorded below on the summary chart.

		Score Cutoff	Communication	Gross motor	Fine motor	Problem solving	Personal-social
12 months	Communication	15.8	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Gross motor	18.0	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Fine motor	28.4	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Problem solving	25.2	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>
	Personal-social	20.1	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>
				6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 <input type="radio"/> <input type="radio"/> <input type="radio"/>
			Y S N	Y S N	Y S N	Y S N	Y S N

Administering program or provider: _____