# ASQ-3 Ages & Stages Questionnaires®

*11 months 0 days through 12 months 30 days*

# 12 Month Questionnaire



Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

## Baby's information

Baby's first name: _____ Middle initial: _____ Baby's last name: _____

Baby's date of birth: _____

If baby was born 3 or more weeks prematurely, # of weeks premature: _____

Baby's gender:
◯ Male ◯ Female

## Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____

Relationship to baby:
◯ Parent ◯ Guardian ◯ Teacher ◯ Child care provider
◯ Grandparent or other relative ◯ Foster parent ◯ Other: _____

City: _____ State/ Province: _____ ZIP/ Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

## Program Information

Baby ID #: _____ Age at administration in months and days: _____

Program ID #: _____ If premature, adjusted age in months and days: _____

Program name: _____

P101120100

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# 12 Month Questionnaire

*11 months 0 days through 12 months 30 days*

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

**Important Points to Remember:**

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your baby.
- ☑ Make sure your baby is rested and fed.
- ☑ Please return this questionnaire by _____.

**Notes:**

_____

_____

_____

_____

## COMMUNICATION

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. Does your baby make two similar sounds, such as "ba-ba," "da-da," or "ga-ga"? *(The sounds do not need to mean anything.)* | ◯ | ◯ | ◯ | ____ |
| 2. If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peeka-boo," "clap your hands," "So Big")? | ◯ | ◯ | ◯ | ____ |
| 3. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," *without* your using gestures? | ◯ | ◯ | ◯ | ____ |
| 4. Does your baby say three words, such as "Mama," "Dada," and "Baba"? *(A "word" is a sound or sounds your baby says consistently to mean someone or something.)* | ◯ | ◯ | ◯ | ____ |
| 5. When you ask, "Where is the ball (hat, shoe, etc.)?" does your baby look at the object? *(Make sure the object is present. Mark "yes" if she knows one object.)* | ◯ | ◯ | ◯ | ____ |
| 6. When your baby wants something, does he tell you by *pointing* to it? | ◯ | ◯ | ◯ | ____ |

COMMUNICATION TOTAL ____

## GROSS MOTOR

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 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 beside furniture while holding on with only one hand? | ◯ | ◯ | ◯ | ____ |



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## GROSS MOTOR *(continued)*

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 4. If you hold both hands just to balance your baby, does he take several steps without tripping or falling? *(If your baby already walks alone, mark "yes" for this item.)*  | ◯ | ◯ | ◯ | ____ |
| 5. When you hold ***one hand*** just to balance your baby, does she take several steps forward? *(If your baby already walks alone, mark "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 ____

## FINE MOTOR

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. After one or two tries, does your baby pick up a piece of string with his 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 her thumb and a finger? She may rest her arm or hand on the table while doing it.  | ◯ | ◯ | ◯ | ____ |
| 3. Does your baby put a small toy down, without dropping it, and then take his hand off the toy? | ◯ | ◯ | ◯ | ____ |
| 4. Without resting her arm or hand on the table, does your baby pick up a crumb or Cheerio with the ***tips*** of her thumb and a finger?  | ◯ | ◯ | ◯ | ____ * |
| 5. Does your baby throw a small ball with a forward arm motion? *(If he simply drops the ball, mark "not yet" for this item.)*  | ◯ | ◯ | ◯ | ____ |
| 6. Does your baby help turn the pages of a book? *(You may lift a page for him to grasp.)* | ◯ | ◯ | ◯ | ____ |

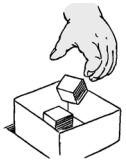
FINE MOTOR TOTAL ____

**If Fine Motor Item 4 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."*



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## PROBLEM SOLVING

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 1. When 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 (such as a plastic soda-pop bottle or baby bottle)? | ◯ | ◯ | ◯ | ____ |
| 3. After watching 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, mark "yes" for this item.)* | ◯ | ◯ | ◯ | ____ |
| 5. Does your baby drop two small toys, one after the other, into a container like a bowl or box? *(You may show him how to do it.)*  | ◯ | ◯ | ◯ | ____ * |
| 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, mark "yes" for this item.)* | ◯ | ◯ | ◯ | ____ |

PROBLEM SOLVING TOTAL ____

**If Problem Solving Item 5 is marked "yes" or "sometimes," mark Problem Solving Item 4 "yes."*

## PERSONAL-SOCIAL

| | YES | SOMETIMES | NOT YET | |
|---|---|---|---|---|
| 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, mark "yes" for this item.)* | ◯ | ◯ | ◯ | ____ |
| 2. When you dress your baby, does she 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 your baby, does she 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 ____



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## OVERALL

*Parents and providers may use the space below for additional comments.*

1. Does your baby use both hands and both legs equally well? If no, explain: ◯ YES ◯ NO

2. Does your baby play with sounds or seem to make words? If no, explain: ◯ YES ◯ NO

3. When your baby is standing, are her feet flat on the surface most of the time? If no, explain: ◯ YES ◯ NO

4. Do you have concerns that your baby is too quiet or does not make sounds like other babies do? If yes, explain: ◯ YES ◯ NO

5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ◯ YES ◯ NO



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## OVERALL *(continued)*

6. Do you have concerns about your baby's vision? If yes, explain: ◯ YES ◯ NO

7. Has your baby had any medical problems in the last several months? If yes, explain: ◯ YES ◯ NO

8. Do you have any concerns about your baby's behavior? If yes, explain: ◯ YES ◯ NO

9. Does anything about your baby worry you? If yes, explain: ◯ YES ◯ NO



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# Western Wake Pediatrics, PA
# TB and Lead Screening

Child's Name: _____ DOB: _____

Residential Zip Code: _____ Today's Date: _____

| | Yes | No | I don't Know |
|---|---|---|---|
| **TB Screening** | | | |
| 1. Has a family member or contact had tuberculosis disease or is suspected to have the disease? If yes, please specify: _____ | ☐ | ☐ | ☐ |
| 2. Has a family member had a positive tuberculin skin test? If yes, please specify: _____ | ☐ | ☐ | ☐ |
| 3. Has your child lived or was born outside of USA, Canada, Australia, New Zealand or Western Europe? If yes, please specify: _____ | ☐ | ☐ | ☐ |
| 4. Has your child traveled to a high risk country for more than 6 weeks? If yes, please specify: _____ | ☐ | ☐ | ☐ |
| 5. Does your child have medical risk factors for immunosuppression? If yes, please specify:_____ | ☐ | ☐ | ☐ |
| **Lead Risk Assessment** | | | |
| Does your child: | | | |
| 6. Receive Women, Infants, and Children (WIC) Program Services or is your child enrolled in Medicaid (Health Check) or Health Choice? | ☐ | ☐ | ☐ |
| 7. Live in or regularly visit a house that was built before 1950, including home childcare centers or homes of relatives? | ☐ | ☐ | ☐ |
| 8. Live in or regularly visit a house that was built before 1978, with recent or ongoing renovations or remodeling (within the last 6 months)? | ☐ | ☐ | ☐ |
| 9. Live in or regularly visit a house that contains vinyl miniblinds? | ☐ | ☐ | ☐ |
| 10. Have a brother, sister, or other relative, housemate, or Playmate who has or has had a high blood lead level? | ☐ | ☐ | ☐ |