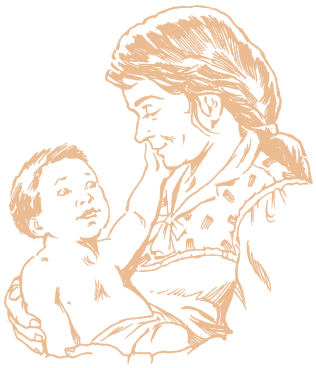
Ages & Stages Questionnaires: A Parent-Completed, Child-Monitoring System
Second Edition
By **Diane Bricker** and **Jane Squires**
with assistance from ***Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly,*** *and* ***Jane Farrell***

12 Month 1 Year 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.

ASQ

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12 Month ♦ 1 Year 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):

_____

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: _____

	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.)

❑ ❑ ❑ ____

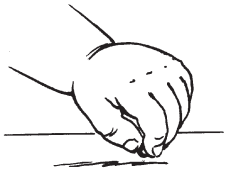
2. Does your baby pick up a crumb or Cheerio with the *tips* of his thumb and a finger? He may rest his arm or hand on the table while doing it.

❑ ❑ ❑ ____

3. Does your baby put 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 (such as a plastic soda-pop bottle or baby bottle)?

❑ ❑ ❑ ____

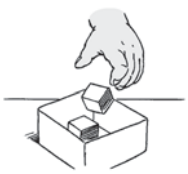
3. After he watches you hide a small toy under a piece of paper or cloth, does your baby find it? (Be sure the toy is completely hidden.)

❑ ❑ ❑ ____

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 bowl or box? (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 a family history of childhood deafness or hearing impairment? YES ❑ NO ❑
   If yes, explain: _____
5. Do you have concerns about your child's vision? YES ❑ NO ❑
   If yes, explain: _____
6. Has your child had any medical problems in the last several months? YES ❑ NO ❑
   If yes, explain: _____
7. Does anything about your child worry you? YES ❑ NO ❑
   If yes, explain: _____

12 Month/1 Year ASQ Information Summary

Child's name: _____ Date of birth: _____

Person filling out the ASQ: _____ Corrected date of birth: _____

Mailing address: _____ Relationship to child: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Assisting in ASQ completion: _____

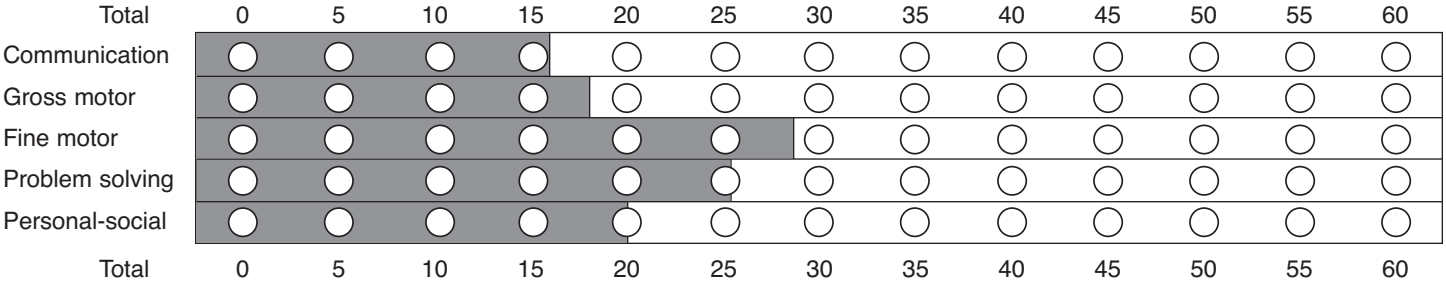
Today's date: _____ _____

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

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

SCORING THE QUESTIONNAIRE

1. Be sure each item has been answered. If an item cannot be answered, refer to the ratio scoring procedure in *The ASQ User's Guide*.
2. 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
3. Add up the item scores for each area, and record these totals in the space provided for area totals.
4. 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.



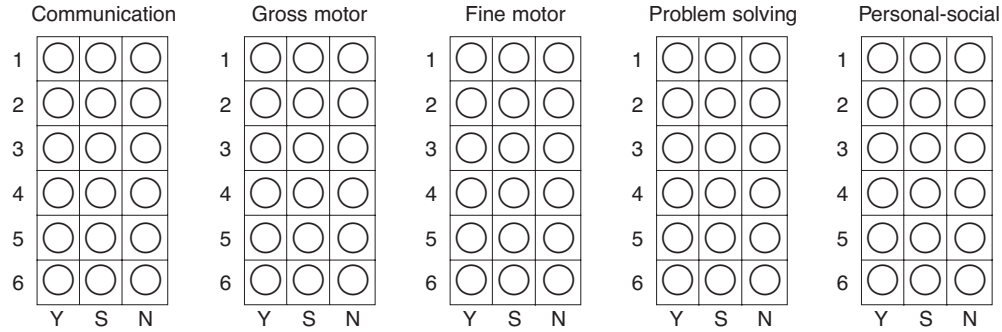
Examine the blackened circles for each area in the chart above.

5. If the child's total score falls within the ▭ area, the child appears to be doing well in this area at this time.
6. 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.

12 months/1 year

	Score	Cutoff
Communication		15.8
Gross motor		18.0
Fine motor		28.4
Problem solving		25.2
Personal-social		20.1



Administering program or provider: _____