



# Ages & Stages Questionnaires®

## 10 Month Questionnaire

9 months 0 days through 10 months 30 days



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: |  |

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 sounds like "da," "ga," "ka," and "ba"?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (The sounds do not need to mean anything.)   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. 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," "Peek-a-boo," "clap your hands," "So Big")? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," without your using gestures?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. 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.)                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |

COMMUNICATION TOTAL \_\_\_\_\_

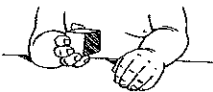




## GROSS MOTOR

|   | YES   | SOMETIMES             | NOT YET               |     |
|---|---|-----------------------|-----------------------|-----|
| 1. If you hold both hands just to balance your baby, does she support her own weight while standing?                  | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | ___ |
|   |  |                       |                       |     |
| 2. When sitting on the floor, does your baby sit up straight for several minutes without using his hands for support? | <input type="radio"/>   | <input type="radio"/> | <input type="radio"/> | ___ |
|   |  |                       |                       |     |

**GROSS MOTOR** *(continued)*

|   | YES                   | SOMETIMES             | NOT YET               |     |
|---|-----------------------|-----------------------|-----------------------|-----|
| 3. When you stand your baby next to furniture or the crib rail, does she hold on without leaning her chest against the furniture for support? <div style="text-align: right; margin-top: 10px;">  </div> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position? <div style="text-align: right; margin-top: 10px;">  </div>            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your baby walk beside furniture while holding on with only one hand?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| <b>GROSS MOTOR TOTAL</b>  |                       |                       |                       | ___ |

**FINE MOTOR**

|   | YES                   | SOMETIMES             | NOT YET               |       |
|---|-----------------------|-----------------------|-----------------------|-------|
| 1. Does your baby pick up a small toy with only one hand? <div style="text-align: right; margin-top: 10px;">  </div>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___   |
| 2. Does your baby <i>successfully</i> pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? <i>(If she already picks up a crumb or Cheerio, mark "yes" for this item.)</i> <div style="text-align: right; margin-top: 10px;">  </div> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___   |
| 3. Does your baby pick up a small toy with the <i>tips</i> of his thumb and fingers? <i>(You should see a space between the toy and his palm.)</i> <div style="text-align: right; margin-top: 10px;">  </div>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___   |
| 4. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? <i>(The string may be attached to a toy.)</i> <div style="text-align: right; margin-top: 10px;">  </div>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___   |
| 5. Does your baby pick up a crumb or Cheerio with the <i>tips</i> of his thumb and a finger? He may rest his arm or hand on the table while doing it. <div style="text-align: right; margin-top: 10px;">  </div>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ * |
| 6. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___   |
| <b>FINE MOTOR TOTAL</b>   |                       |                       |                       | ___   |

*\*If Fine Motor Item 5 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."*



**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. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:  YES  NO

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

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

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

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

**OVERALL** (continued)

7. Do you have any concerns about your baby's behavior? If yes, explain:

 YES NO

8. Does anything about your baby worry you? If yes, explain:

 YES NO

# Office Use Only



## 10 Month ASQ-3 Information Summary

9 months 0 days through  
10 months 30 days

Baby's name: \_\_\_\_\_ Date ASQ completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Was age adjusted for prematurity when selecting questionnaire?  Yes  No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

| Area            | Cutoff | Total Score | 0                     | 5                     | 10                    | 15                    | 20                    | 25                    | 30                    | 35                    | 40                    | 45                    | 50                    | 55                    | 60                    |
|-----------------|--------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Communication   | 22.87  |             | <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     | 30.07  |             | <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      | 37.97  |             | <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 | 32.51  |             | <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 | 27.25  |             | <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"/> |

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- |  |            |           |  |            |    |
|--|------------|-----------|--|------------|----|
| 1. Uses both hands and both legs equally well?<br>Comments:    | Yes        | <b>NO</b> | 5. Concerns about vision?<br>Comments:   | <b>YES</b> | No |
| 2. Feet are flat on the surface most of the time?<br>Comments: | Yes        | <b>NO</b> | 6. Any medical problems?<br>Comments:    | <b>YES</b> | No |
| 3. Concerns about not making sounds?<br>Comments:              | <b>YES</b> | No        | 7. Concerns about behavior?<br>Comments: | <b>YES</b> | No |
| 4. Family history of hearing impairment?<br>Comments:          | <b>YES</b> | No        | 8. Other concerns?<br>Comments:          | <b>YES</b> | No |

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the  area, it is above the cutoff, and the baby's development appears to be on schedule.  
If the baby's total score is in the  area, it is close to the cutoff. Provide learning activities and monitor.  
If the baby's total score is in the  area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

- \_\_\_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_\_\_ Share results with primary health care provider.
- \_\_\_\_\_ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- \_\_\_\_\_ Refer to primary health care provider or other community agency (specify reason): \_\_\_\_\_
- \_\_\_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_\_\_ No further action taken at this time
- \_\_\_\_\_ Other (specify): \_\_\_\_\_

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

|                 | 1 | 2 | 3 | 4 | 5 | 6 |
|-----------------|---|---|---|---|---|---|
| Communication   |   |   |   |   |   |   |
| Gross Motor     |   |   |   |   |   |   |
| Fine Motor      |   |   |   |   |   |   |
| Problem Solving |   |   |   |   |   |   |
| Personal-Social |   |   |   |   |   |   |