

9 months 0 days through 9 months 30 days Month Questionnaire

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

Date ASQ completed: M M D D Y Y Y Y	
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 Foster Other:
City:	relative State/Province: ZIP/Postal code:
Country:	Home telephone number: Other telephone number:
E-mail address:	
Names of people assisting in questionnaire completion:	
PROGI	RAM INFORMATION
Baby ID #:	
	Age at administration, in months and days: M M D D
Program ID #:	
	If premature, adjusted age, in months and days: M M D D
Program name:	1VI 1VI D D



9 Month Questionnaire

9 months 0 days through 9 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.

	lm	portant Points to Remember:	Notes:				
	র্থ	Try each activity with your baby before marking a response.			1)		
	Q	Make completing this questionnaire a game that is fun for you and your baby.					
	Q	Make sure your baby is rested and fed.	-				
	<u>a</u>	Please return this questionnaire by		-			
C	01	MMUNICATION		YES	SOMETIMES	NOT YET	
1.	Do	pes your baby make sounds like "da," "ga," "ka," and "ba"?		\bigcirc	\circ	\bigcirc	
2.		you copy the sounds your baby makes, does your baby repea me sounds back to you?	t the	\circ	0	0	_
3.	Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (The sounds do not need to mean anything.)		0	0	\circ		
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," "Peekaboo," "clap your hands," "So Big")?		0	0	0		
5.		nes your baby follow one simple command, such as "Come h Bive it to me," or "Put it back," without your using gestures?	ere,"	0	0	0	-
6.	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			0	0	\circ	
	m	ean someone or something.)		(COMMUNICATIO	N TOTAL	
G	iRC	OSS MOTOR		YES	SOMETIMES	NOT YET	
1.		you hold both hands just to balance your baby, does e support her own weight while standing?		0	0	0	
2.		hen sitting on the floor, does your baby sit up straight for veral minutes without using his hands for support?		0	0	0	

*If Fine Motor Item 5 is marked "yes" or "sometimes,"

mark Fine Motor Item 2 "yes."

take her hand off the toy?

6. Does your baby put a small toy down, without dropping it, and then

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P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	Does your baby pass a toy back and forth from one hand to the other?	0	\circ	0	
2.	Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?	0	0	0	
3.	When holding a toy in his hand, does your baby bang it against another toy on the table?	0	0	0	
4.	While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?	0	0	\circ	
5.	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)?	\circ	0	0	-
6.	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.)	\circ	0	0	
		P	ROBLEM SOLVIN	NG TOTAL	-
P	ERSONAL-SOCIAL	YES	SOMETIMES	NOT YET	
1.	While your baby is on her back, does she put her foot in her mouth?	\circ	0	\circ	
2.	Does your baby drink water, juice, or formula from a cup while you hold it?	\circ	0	\circ	
3.	Does your baby feed himself a cracker or a cookie?	\bigcirc	\bigcirc	\bigcirc	
4.	When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? (If she already lets go of the toy into your hand, mark "yes" for this item.)	0	0	0	
5.	When you dress your baby, does he push his arm through a sleeve once his arm is started in the hole of the sleeve?	\circ	0	0	-
6.	When you hold out your hand and ask for her toy, does your baby let go of it into your hand?	0	\circ	0	

PERSONAL-SOCIAL TOTAL

6. Has your baby had any medical problems in the last several months? If yes, explain:

O YES

O NO

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OVERALL (continued)			
7. Do you have any concerns about your baby's behavior? If yes, explain:	YES	O NO	
8. Does anything about your baby worry you? If yes, explain:	YES	O NO	
			j