### 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

<table>
<thead>
<tr>
<th>Baby's first name</th>
<th>Middle initial</th>
<th>Baby's last name</th>
<th>If baby was born 3 or more weeks prematurely, # of weeks premature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Baby's date of birth: __________________________

Baby's gender: [ ] Male [ ] Female

#### Person filling out questionnaire

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle initial</th>
<th>Last name</th>
<th>Relationship to baby:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Parent [ ] Guardian [ ] Teacher [ ] Other:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Grandparent or other relative [ ] Foster parent</td>
</tr>
</tbody>
</table>

Street address: __________________________

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

<table>
<thead>
<tr>
<th>Baby ID #:</th>
<th>Age at administration in months and days:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program ID #:</th>
<th>If premature, adjusted age in months and days:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Program name: __________________________

---

Ages & Stages Questionnaires®, Third Edition (ASQ-3™), Squires & Bricker © 2009 Paul H. Brookes Publishing Co. All rights reserved.
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 _______________.

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

1. Does your baby make sounds like “da,” “ga,” “ka,” and “ba”?

   YES  |  SOMETIMES  |  NOT YET

2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?

   YES  |  SOMETIMES  |  NOT YET

3. Does your baby make two similar sounds like “ba-ba,” “da-da,” or “ga-ga”? (The sounds do not need to mean anything.)

   YES  |  SOMETIMES  |  NOT YET

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,” “Peeka-boo,” “clap your hands,” “So Big”)?

   YES  |  SOMETIMES  |  NOT YET

5. Does your baby follow one simple command, such as “Come here,” “Give it to me,” or “Put it back,” without using your gestures?

   YES  |  SOMETIMES  |  NOT YET

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.)

   YES  |  SOMETIMES  |  NOT YET

   COMMUNICATION TOTAL

GROSS MOTOR

1. If you hold both hands just to balance your baby, does she support her own weight while standing?

   YES  |  SOMETIMES  |  NOT YET

2. When sitting on the floor, does your baby sit up straight for several minutes without using his hands for support?

   YES  |  SOMETIMES  |  NOT YET
### GROSS MOTOR (continued)

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?  

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?  

5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?  

6. Does your baby walk beside furniture while holding on with only one hand?  

### FINE MOTOR

1. Does your baby pick up a small toy with only one hand?  

2. Does your baby successfully pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)  

3. Does your baby pick up a small toy with the tips of his thumb and fingers? (You should see a space between the toy and his palm.)  

4. 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.)  

5. 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.  

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

---

*If Fine Motor Item 5 is marked “yes” or “sometimes,” mark Fine Motor Item 2 “yes.”

---
PROBLEM SOLVING

1. Does your baby pass a toy back and forth from one hand to the other?

2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?

3. When holding a toy in his hand, does your baby bang it against another toy on the table?

4. While holding a small toy in each hand, does your baby clap the toys together (like “Pat-a-cake”)?

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)?

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.)

PERSONAL-SOCIAL

1. While your baby is on her back, does she put her foot in her mouth?

2. Does your baby drink water, juice, or formula from a cup while you hold it?

3. Does your baby feed himself a cracker or a cookie?

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.)

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?

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

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Cutoff</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>22.87</td>
<td></td>
</tr>
<tr>
<td>Gross Motor</td>
<td>30.07</td>
<td></td>
</tr>
<tr>
<td>Fine Motor</td>
<td>37.97</td>
<td></td>
</tr>
<tr>
<td>Problem Solving</td>
<td>32.51</td>
<td></td>
</tr>
<tr>
<td>Personal-Social</td>
<td>27.25</td>
<td></td>
</tr>
</tbody>
</table>


1. Uses both hands and both legs equally well? Yes NO Comments:

2. Feet are flat on the surface most of the time? Yes NO Comments:

3. Concerns about not making sounds? YES No Comments:

4. Family history of hearing impairment? YES No Comments:

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. Provide learning activities and monitor.

If the baby's total score is in the area, it is close to the cutoff. Further assessment with a professional may be needed.

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).

<table>
<thead>
<tr>
<th>Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Motor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine Motor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Solving</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal-Social</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>