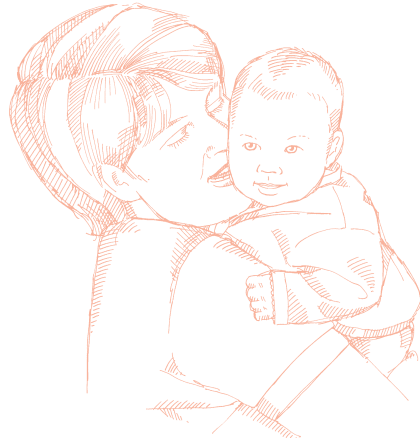




12 Month/1 Year Questionnaire



(For children ages 9 through 14 months)



Important Points to Remember:

- ☒ Please return this questionnaire by _____ .
- ☒ If you have any questions or concerns about your child or about this questionnaire, please call: _____ .
- ☒ Thank you and please look forward to filling out another ASQ:SE questionnaire in _____ months.



12 Month/1 Year ASQ:SE Questionnaire

(For children ages 9 through 14 months)

Please provide the following information.

Child's name: _____

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: _____

Please read each question carefully and

1. Check the box ☐ that best describes your child's behavior *and*
2. Check the circle ☐ if this behavior is a concern

MOST
OF THE
TIME

SOMETIMES

RARELY
OR
NEVER

CHECK IF
THIS IS A
CONCERN

1. Does your baby laugh or smile at you and other family members?



☐ z

☐ v

☐ x

☐

2. Does your baby look for you when a stranger approaches?

☐ z

☐ v

☐ x

☐

3. Does your baby like to play near and be with family members and friends?

☐ z

☐ v

☐ x

☐

4. Does your baby like to be picked up and held?

☐ z

☐ v

☐ x

☐

5. When upset, can your baby calm down within a half hour?

☐ z

☐ v

☐ x

☐

6. Does your baby stiffen and arch her back when picked up?

☐ x

☐ v

☐ z

☐

7. Does your baby like to play games like Peekaboo?



☐ z

☐ v

☐ x

☐

8. Is your baby's body relaxed?

☐ z

☐ v

☐ x

☐

9. Does your baby cry, scream, or have tantrums for long periods of time?

☐ x

☐ v

☐ z

☐

TOTAL POINTS ON PAGE ____

MOST
OF THE
TIME

SOMETIMES

RARELY
OR
NEVER

CHECK IF
THIS IS A
CONCERN

10. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?



☐ z

☐ v

☐ x

☐

11. Is your baby interested in things around her, such as people, toys, and foods?

☐ z

☐ v

☐ x

☐

12. Does it take longer than 30 minutes to feed your baby?

☐ x

☐ v

☐ z

☐

13. Do you and your baby enjoy mealtimes together?

☐ z

☐ v

☐ x

☐

14. Does your baby have any eating problems, such as gagging, vomiting, or _____ ?
(You may write in another problem.)

☐ x

☐ v

☐ z

☐

15. Does your baby have trouble falling asleep at naptime or at night?

☐ x

☐ v

☐ z

☐

16. Does your baby make babbling sounds? For example, does he put sounds together, like "ba-ba-ba-ba" or "na-na-na-na"? (If your child often babbles, mark "most of the time.")

☐ z

☐ v

☐ x

☐

17. Does your baby sleep at least 10 hours in a 24-hour period?



☐ z

☐ v

☐ x

☐

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your baby get constipated or have diarrhea?	☐ x	☐ v	☐ z	☐
19. Does your baby let you know when she is hungry, hurt, or tired?	☐ z	☐ v	☐ x	☐
20. When you talk to your baby, does he turn his head, look, or smile?	☐ z	☐ v	☐ x	☐
21. Does your baby try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ x	☐ v	☐ z	☐
22. Has anyone expressed concerns about your baby's behaviors? If you checked "sometimes" or "most of the time," please explain:	☐ x	☐ v	☐ z	☐
23. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:				
TOTAL POINTS ON PAGE ____				

24. Is there anything that worries you about your baby? If so, please explain:

25. What things do you enjoy most about your baby?
