

12 Month – 1 Year  
Developmental Questionnaire  
Ages & Stages Questionnaires (2<sup>nd</sup> Edition)

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with assistance from  
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CHILD'S NAME:		CHILD'S BIRTHDATE:
NAME OF PARENT OR PROVIDER:		TODAY'S DATE:
CHILD'S AGE: (TODAY)	WAS YOU CHILD: <input type="checkbox"/> PREMATURE -----LIST # WEEKS EARLY _____ <input type="checkbox"/> TERM (BORN ON TIME) <input type="checkbox"/> POSTMATURE --- LIST # WEEKS OVERDUE _____	
PERSON FILLING OUT THIS QUESTIONNAIRE:		
YOUR RELATIONSHIP TO CHILD:		
LIST ANY OTHER PEOPLE ASSISTING IN QUESTIONNAIRE COMPLETION:		

On these two pages are questions about activities that 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**. Be sure to try each activity with your child before checking the box. Try to make completing this questionnaire a game that is fun for you and your child. Make sure he/she is rested, fed, and ready to play.

COMMUNICATION

Be sure to try each activity with your child.

- |                                                                                                                                                                                      | YES                      | SOMETIMES                | NOT YET                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 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")?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," <i>without</i> your using gestures?                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. When your baby wants something, does she tell you by <i>pointing</i> to it?                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your baby shake his head when he means "no" or "yes"?                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

GROSS MOTOR

Be sure to try each activity with your child.

- |                                                                                                                                                                              | YES                      | SOMETIMES                | NOT YET                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 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?                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. While holding onto furniture, does your baby lower herself with control (without falling or flopping down)?                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your baby walk along furniture while holding on with only one hand?                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. When you hold <i>one hand</i> just to balance her, does your baby take several steps forward? (If your baby already walks alone, check "yes" for this item.)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your baby stand up in the middle of the floor by himself and take several steps forward?"                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FINE MOTOR

Be sure to try each activity with your child.

- |                                                                                                                                                       | YES                      | SOMETIMES                | NOT YET                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 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.)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.)                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your baby help turn the pages of a book? (You may lift a page for her to grasp.)                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PROBLEM SOLVING

Be sure to try each activity with your child.

- |                                                                                                                                                                                                                  | YES                      | SOMETIMES                | NOT YET                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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)?                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.)                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.)                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERSONAL-SOCIAL

Be sure to try each activity with your child.

- |                                                                                                                                                                                                   | YES                      | SOMETIMES                | NOT YET                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 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.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. When you hold out your hand and ask for his toy, does your baby let go of it into your hand?                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. When you dress her, does your baby lift her foot for her shoe, sock, or pant leg?                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does your baby roll or throw a ball back to you so that you can return it to him?                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does your baby play with a doll or stuffed animal by hugging it?                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OVERALL

Parents may use an additional sheet for comments.

- |                                                                                                              | YES                      | NO                       |
|--------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you think your child hears well?<br>If no, explain:                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your baby use both hands equally well?<br>If no, explain:                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. When your baby is standing, are her feet flat on the surface most of the time?<br>If no, explain:         | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does either parent have a family history of childhood deafness or hearing impairment?<br>If yes, explain: | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have concerns about your child's vision?<br>If yes, explain:                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has your child had any medical problems in the last several months?<br>If yes, explain:                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does anything about your child worry you?<br>If yes, explain:                                             | <input type="checkbox"/> | <input type="checkbox"/> |

THIS SECTION IS FOR OFFICE PERSONNEL

SCORING THE QUESTIONNAIRE

- 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*.
- 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
- Add up the item scores for each area, and record these totals in the space provided for area totals.
- 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, check the box below 50 in the first row.

	0	5	10	15	20	25	30	35	40	45	50	55	60
COMMUNICATION													
GROSS MOTOR													
FINE MOTOR													
PROBLEM SOLVING													
PERSONAL-SOCIAL													