

Greater Meridian Health Clinic, Inc.

Kemper Family Medical Clinic • Shuqualak-Noxubee Health Center • Winston County Family Medical Center • Oktibbeha Family Medical Center •
Scooba Family Medical Clinic • West End TJ Harris • Meridian High SBC



9 Month Questionnaire

Today's Date: _____

Patient First Name: _____

Patient Last Name: _____

Date of Birth: _____

If more born than 3 weeks prematurely,
number of weeks early: _____

Baby's Gender Male Female

Baby ID #: _____

Program ID #: _____

Age at Administration (months/days): _____ / _____

If premature, adjusted age (months/days): _____ / _____

Program Name: _____

Form Completed By: _____

Relation to Child: _____

Address: _____

City: _____ ST: _____ Zip Code: _____

Home Telephone: _____

Other Telephone: _____

Email: _____

Names of people assisting with questionnaire:

ASQ-3

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 box 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 the questionnaire by: _____

COMMUNICATION

COMMUNICATION TOTAL _____

- | | | | |
|---|------------------------------|------------------------------------|----------------------------------|
| 1. Does your baby make sounds like "da," "ga," "ka," and "ba"? | Yes <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Not Yet <input type="checkbox"/> |
| 2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you? | Yes <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Not Yet <input type="checkbox"/> |
| 3. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (<i>Sounds do not need to mean anything.</i>) | Yes <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Not Yet <input type="checkbox"/> |
| 4. If you ask your baby to, do they play at least one nursery game even if you don't show them the activity yourself (such as "bye-bye," "peek-a-boo," "clap your hands," or "So Big")? | Yes <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Not Yet <input type="checkbox"/> |
| 5. 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? | Yes <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Not Yet <input type="checkbox"/> |
| 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 <input type="checkbox"/> | Sometimes <input type="checkbox"/> | Not Yet <input type="checkbox"/> |

9 Month Questionnaire - continued

GROSS MOTOR FUNCTION

GROSS MOTOR TOTAL ____

- 1. If you hold both hands just to balance your baby, do they support their 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 their hands for support? Yes Sometimes Not Yet
- 3. When you stand your baby next to furniture or the crib rail, do they hold on without leaning their chest against the furniture for support? Yes Sometimes Not Yet
- 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? Yes Sometimes Not Yet
- 5. While holding onto furniture, does your baby lower themselves with control (without falling or flopping down)? Yes Sometimes Not Yet
- 6. Does your baby walk beside furniture while holding on with only one hand? Yes Sometimes Not Yet

FINE MOTOR FUNCTION

FINE MOTOR TOTAL ____

- 1. Does your baby pick up a small toy with only one hand? Yes Sometimes Not Yet
- 2. Does your baby *successfully* pick up a crumb or Cheerio by using their thumb and all of their fingers in a raking motion? (*If they already pick up a crumb or Cheerio, mark "yes" for this item.*) Yes Sometimes Not Yet
- 3. Does your baby pick up a small toy with the tips of their thumb and fingers? (*You should see a space between the toy and their palm.*) Yes Sometimes Not Yet
- 4. After one or two tries, does your baby pick up a piece of string with their first finger and thumb? (*The string may be attached to a toy.*) Yes Sometimes Not Yet
- 5. Does your baby pick up a crumb or Cheerio with the tips of their thumb and a finger? They may rest their arm or hand on the table while doing it. Yes Sometimes Not Yet
- 6. Does your baby put a small toy down, without dropping it, and then take their hand off the toy? Yes Sometimes Not Yet

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

PROBLEM SOLVING

PROBLEM SOLVING TOTAL ____

- 1. Does your baby pass a toy back and forth from one hand to the other? Yes Sometimes Not Yet
- 2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute? Yes Sometimes Not Yet
- 3. When holding a toy in their hand, does your baby bang it against another toy on the table? Yes Sometimes Not Yet
- 4. While holding a toy in their hand, does your baby clap the toys together (like "Pat-a-cake")? Yes Sometimes Not Yet
- 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)? Yes Sometimes Not Yet
- 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.) Yes Sometimes Not Yet



9 Month Questionnaire - continued

PERSONAL-SOCIAL

PERSONAL-SOCIAL TOTAL _____

- 1. While your baby is on their back, do they put their foot in their mouth? Yes Sometimes Not Yet
- 2. Does your baby drink water, juice, or formula from a cup while you hold it? Yes Sometimes Not Yet
- 3. Does your baby feed themselves a cracker or cookie? Yes Sometimes Not Yet
- 4. When you hold out your hand and ask for their toy, does your baby offer it to you even if they don't let go of it? (If they have already let go of the toy into your hand, mark "yes" for this item.) Yes Sometimes Not Yet
- 5. When you dress your baby, do they push their arm through a sleeve once their arm is started in the hole of the sleeve? Yes Sometimes Not Yet
- 6. When you hold out your hand and ask for their toy, does your baby let go of it into your hand? Yes Sometimes Not Yet

Overall

- 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 their 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

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9 Month Questionnaire - continued

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

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9 Month Questionnaire - Summary

Baby First Name: _____

Date ASQ completed: _____

Baby Last Name: _____

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	13.97		●	●	●	○	○	○	○	○	○	○	○	○	○
Gross Motor	17.82		●	●	●	●	○	○	○	○	○	○	○	○	○
Fine Motor	31.32		●	●	●	●	●	●	●	○	○	○	○	○	○
Problem Solving	28.72		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	18.91		●	●	●	●	○	○	○	○	○	○	○	○	○

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? Yes <input type="checkbox"/> NO <input type="checkbox"/> | 5. Concerns about vision? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |
| 2. Feet are flat on the surface most of the time? Yes <input type="checkbox"/> NO <input type="checkbox"/> | 6. Any medical problems? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |
| 3. Concerns about not making sounds? YES <input type="checkbox"/> No <input type="checkbox"/> | 7. Concerns about behavior? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | Comments: _____ |
| 4. Family history of hearing impairment? YES <input type="checkbox"/> No <input type="checkbox"/> | 8. Other concerns? YES <input type="checkbox"/> No <input type="checkbox"/> |
| Comments: _____ | 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.
- 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 care provider.
- Refer for hearing, vision, and/or behavioral screening.
- Refer to primary 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						