

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: 06/7/25

Baby's information

Baby's first name: [REDACTED]

Baby's date of birth: 07/23/2024

If baby was born 3
or more weeks
prematurely, # of
weeks premature: _____

Baby's gender:

☐ Male ☒ Female

Person filling out questionnaire

First name: [REDACTED]

Street address: [REDACTED]

Relationship to baby:

☒ Parent ☐ Guardian ☐ Teacher ☐ Child care provider
☐ Grandparent or other relative ☐ Foster parent ☐ Other: _____

City: Georgetown State/Province: KY ZIP/Postal code: 40324

Country: USA Home telephone number: [REDACTED] Other telephone number: _____

E-mail address: [REDACTED]

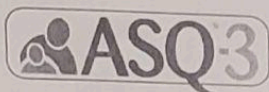
Names of people assisting in questionnaire completion: _____

Program Information

Baby ID #: _____ Age at administration in months and days: 10 months

Program ID #: _____ If premature, adjusted age in months and days: _____

Program name: _____



10 Month Questionnaire

9 months 0 days
through 10 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.

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

	YES	SOMETIMES	NOT YET	
1. Does your baby make sounds like "da," "ga," "ka," and "ba"?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	___
3. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (The sounds do not need to mean anything.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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," "Peek-a-boo," "clap your hands," "So Big")?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," without your using gestures?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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.)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	___

COMMUNICATION TOTAL ___

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. If you hold both hands just to balance your baby, does she support her own weight while standing?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
2. When sitting on the floor, does your baby sit up straight for several minutes without using his hands for support?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				

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?



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?



—

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?



—

GROSS MOTOR TOTAL

—

FINE MOTOR

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 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?



—

FINE MOTOR TOTAL

—

*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?



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?



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.)



PROBLEM SOLVING TOTAL

PERSONAL-SOCIAL

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



YES



SOMETIMES



NOT YET



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?



PERSONAL-SOCIAL TOTAL

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:

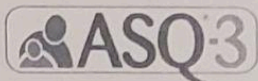
☐ YES

☒ NO

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

☐ YES

☒ NO



10 Month ASQ-3 Information Summary

9 months 0 days through
10 months 30 days

Baby's name:

[REDACTED]

Date ASQ completed:

06/07/2025

Baby's ID #:

Date of birth:

07/22/2024

Administering program/provider:

Nikara Haroldsen

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	22.87	40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gross Motor	30.07	60	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fine Motor	37.97	60	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Problem Solving	32.51	60	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Personal-Social	27.25	60	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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?
Comments:

☒ Yes

NO

5. Concerns about vision?
Comments:

YES

☒ No

2. Feet are flat on the surface most of the time?
Comments:

☒ Yes

NO

6. Any medical problems?
Comments:

YES

☒ No

3. Concerns about not making sounds?
Comments:

YES

☒ No

7. Concerns about behavior?
Comments:

YES

☒ No

4. Family history of hearing impairment?
Comments:

YES

☒ No

8. Other concerns?
Comments:

YES

☒ No

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 2 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).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						



Parent Conference Sheet

Child's name: [REDACTED]
Date of birth: 07/22/2024
Date ASQ completed: 06/07/2025
Child's age at screening (months/days): 10 mo 15 days
ASQ questionnaire administered: 06/07/2025

Date of conference: 06/07/2025
Parent(s) or caregiver(s): _____
Person conducting conference: Nikam Haroldsen
Others at conference: _____

CONFERENCE GOALS: The goal of this conference is to share results of ASQ with you and provide an opportunity to discuss your child's development. Please let us know if you have additional goals for this meeting.

CHILD'S STRENGTHS: We will discuss your child's areas of strength identified through ASQ and shared by you and other team members.

AREAS OF CONCERN: We will discuss areas of concern identified through ASQ, including Overall items, and additional developmental or behavioral concerns that you and other team members may have.

FOLLOW-UP ACTION TAKEN: We will discuss the next steps (marked below) that we are suggesting based on your child's ASQ.

- ☒ Try the developmental activities provided and look forward to receiving another ASQ to complete in 2 months.
- ☐ We will share your child's ASQ results with the primary health care provider.
- ☐ We recommend that your child be referred for (circle all that apply) hearing, vision, and/or behavioral screening.
- ☐ We recommend that your child be referred to the primary health care provider or another community agency for the following reason: _____
- ☐ We recommend that your child be referred to early intervention/early childhood special education for further assessment.
- ☐ No further action is needed at this time.
- ☐ Other: _____

NOTES: • Invited her to try singing songs w/ her daughter, including actions to encourage her to join along and maybe try to mimic words

Learning Activity

I invited the child's caregiver to do more activities singing and doing motions with her child. For example, singing/doing patty cake and encouraging her child to try to do the motions along with her. I also encouraged her to tell more stories to her child and try to be extra animated with her voice and motions.

Parent Letter

Dear _____,

This letter reflects a student's efforts to understand and implement child observation and assessment and is not an official diagnosis of your child's actual development. Please see a licensed professional if you have questions or concerns about your child's development.

Thank you for participating in the questionnaire reviewing parts of your child's development. Through this questionnaire, we learned about many great areas where your daughter is exceeding. As discussed, we have found that your daughter could use some assistance in the communication domain.

Moving forward, I encourage you to read plenty of books with your daughter, sing songs with actions, and repeat words like "mama", "dada", or "papa" regularly.

She is doing so well, and I look forward to hearing about any further progress you may make with her.

Sincerely,

Nikara Haroldsen