ASQ3 Ages & Stages Questionnaires®

8 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:								
	M	М	D	D	Υ	Y	Y	Υ



Baby ID #: PROGRAM INFORMATION Age at administration, in months and days: M M D D	M M D D Y Y Y	
Baby's bat on of birth: Baby's bat on of birth:	Baby's information	
Boby's date of birth: Boby's date of birth:	Baby's first name:	Middle initial: Bahv's last name:
Person filling out questionnaire Middle Initials Last name:		
Person filling out questionnaire First name: Middle Initial Last name:	/	Baby's gender:
First name: Middle Initial: Last name:	prematurely, # of weeks premature:	
Street address: Relationship to baby: Parent Guardian Teacher Child care provider Grandparent or other: Foster Ot	Person filling out questionnaire	
Street address: Relationship to baby: Parent Guardian Teacher Child care provider or other parent Other relative State/Province: ZIP/Postal code: Country: Home telephone number: Cher telaphone number: Cher telaphone number: PROGRAM INFORMATION Baby ID #: PROGRAM INFORMATION Age at administration, in months and days: M M D D	First name:	
Parent Guardian Teacher Child care provider		Titles Lost Harries
Parent Guardian Teacher Child care provider		
Grandparent or other: Other: State/Province: ZIP/Postal code: City: State/Province: ZIP/Postal code: Country: Home telephone number: Other telephone number: E-mail address: PROGRAM INFORMATION Age at administration, in months and days: Program ID #: Program ID #:	Street address:	
Country: State/Province: ZIP/Postal code: Country: Home telephone number: Other telephone number: E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION Age at administration, in months and days: Program ID #: M M D D		provider
State/Province: ZIP/Postal code: Country: Home telephone number: Other telephone number: E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION Age at administration, in months and days: Program ID #: M. M. D. D.		Grandparent Foster Other:
Baby ID #: PROGRAM INFORMATION Age at administration, in months and days: M M D D	City:	State/Province: ZIP/Postal code:
Baby ID #: PROGRAM INFORMATION Age at administration, in months and days: M M D D		
E-mail address: Names of people assisting in questionnaire completion: PROGRAM INFORMATION Age at administration, in months and days: M M D D	Country:	ome telephone number: Other telephone number:
Names of people assisting in questionnaire completion: PROGRAM INFORMATION Age at administration, in months and days: M M D D		
Names of people assisting in questionnaire completion: PROGRAM INFORMATION Age at administration, in months and days: M M D D	F-mail address:	
Baby ID #: PROGRAM INFORMATION Age at administration, in months and days: M M C D		
Baby ID #: PROGRAM INFORMATION Age at administration, in months and days: Program ID #: M M C D		
Age at administration, in months and days: Program ID #: M M D D	Names of people assisting in questionnaire completion:	
Age at administration, in months and days: Program ID #: M M D D		
Age at administration, in months and days: Program ID #: M M D D	Baby ID #: PROGRA	AM INFORMATION
Program D #:		
If premature, adjusted age in months and dave:	Frogram (D. #:	
La		If premature, adjusted age, in months and days:
Program name:	Program name:	M M D D



8 Month Questionnaire

7 months 0 days through 8 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:	Notes:		38 (4 17 17 17 14 14 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	And the section of th	
ary and the second second	Try each activity with your baby before marking a respon-	se.				
	Make completing this questionnaire a game that is fun fo you and your baby.	r				
***************************************	☑ Make sure your baby is rested and fed,			<u> </u>		
The same of the sa	Please return this questionnaire by					
		Н. Афтик (1985) Б. Афтик (1985)	recognision de la francisco de la frança de l	et til de statistiske forske forsk	300 consideration of consideration of the considera	maries occurrentel de la company de la compa
C	OMMUNICATION		YES	SOMETIMES	NOT YET	
1.	If you call to your baby when you are out of sight, does she ladirection of your voice?	ook in the	0	0	\circ	WHICE AND CONTROL OF CASES
2.	When a loud noise occurs, does your baby turn to see where came from?	the sound	\circ	\circ	0	eller central constant statemen
3.	If you copy the sounds your baby makes, does your baby rep same sounds back to you?	eat the	0	\bigcirc	\circ	MODEL STATEMENT AND A STATEMEN
4.	Does your baby make sounds like "da," "ga," "ka," and "ba"	?	\bigcirc	\bigcirc	\circ	Million on 2500
5.	Does your baby respond to the tone of your voice and stop hat least briefly when you say "no-no" to him?	is activity	\bigcirc	0	\circ	entropolation control y
6.	 Does your baby make two similar sounds like "ba-ba," "da-da," "ga-ga"? (The sounds do not need to mean anything.) 		\bigcirc	\circ	\circ	hallenstern Startagense
			C	OMMUNICATIO	N TOTAL	4. Oberzonewsky zy
G	ROSS MOTOR		YES	SOMETIMES	NOT YET	
1.	When you put your baby on the floor, does she lean on her hands while sitting? (If she already sits up straight without leaning on her hands, mark "yes" for this item.)		0	0		Ministracycolomyw
2.	Does your baby roll from his back to his tummy, getting both a from under him?	arms out	\circ	\circ	0	dight areas and property as

5	4ASQ3	8 Month Questionnaire page 3 of 6							
(GROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	Miller III III. MICHELLE PROPERTY (Charmer Index) dels pro-				
3.	Does your baby get into a crawling position by get- ting up on her hands and knees?	0	0	\circ	Sindermount of the Control of the Co				
4.	If you hold both hands just to balance your baby, does he support his own weight while standing?	0	0	0	Motorabuseur Angele.				
5.	When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support?	0		0	######################################				
6.	When you stand your baby next to furniture or the crib rail, does he hold on without leaning his chest against the furniture for support?	0	GROSS MOTO *If Gross Motor Item "yes" or "somet Gross Motor It	5 is marked imes, " mark	Miles newspiece				
FI	NE MOTOR	YES	SOMETIMES	NOT YET					
1.	Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? (If she already picks up a small object, mark "yes" for this item.)	0	0		PROPERTY CONTRACTOR				
2.	Does your baby pick up a small toy, holding it in the center of his hand with his fingers around it?	0	0	0	39-19 <u>0</u> 00042/misseaer				
3.	Does your baby try to pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion, even if she isn't able to pick it up? (If she already picks up a crumb or Cheerio, mark "yes" for this item.)	0	0		Можновочностью				
! .	Does your baby pick up a small toy with only one hand?	0	0	\circ	4-ад-таша чегуылунд				

AASQ:			8 Month Questionnaire						
FINE M	NOTOR (continued)	YES	SOMETIMES	NOT YET	nameny (do nemá terminário) efeculo ne p _{eri}				
Cheeric raking r	our baby successfully pick up a crumb or by using his thumb and all of his fingers in a motion? (If he already picks up a crumb or Cheerio, yes" for this item.)	0		0	**************************************				
thumb a	b. Does your baby pick up a small toy with the tips of her thumb and fingers? (You should see a space between the toy and her palm.)		0	0	# ####################################				
	('		FINE MOTO	OR TOTAL					
			"If Fine Motor Item "yes" or "some	n 6 is marked					
PROBLI	EM SOLVING	YF.S	SOMETIMES	NOT YET					
1. Does yo	ur baby pick up a toy and put it in his mouth?		\circ	\circ	eternional () commu				
2. When yo dropped	our baby is on her back, does she try to get a toy she has if she can see it?	0	0	\circ	#4800000 Summer				
3. Does you floor or t	ur baby play by banging a toy up and down on the able?	0	O .	0	*92 FFFFM Feb. source				
4. Does you hand to t	or baby pass a toy back and forth from one he other?	\bigcirc		0	enterprocessor in the contract of				
Does you hand, and	r baby pick up two small toys, one in each hold onto them for about 1 minute?	0	O	()	Andrew William St. States				
. When holi against an	ding a toy in his hand, does your baby bang it other toy on the table?	\circ	0	0	THANMING A VI LIV				
	•	PR	OBLEM SOLVING	G TOTAL					

ASQ3	8 Month Questionnaire page 6						
OVERALL (continued)	УУСТ болом октород обобрабава и токо откороду се един и стоточно особрој <mark>а обишнита о</mark> бронича	namundifti dan mangrapidi serra-fid di su mangrapi u masa-ayadiga dalaksa-ay					
3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:	O YES	· O NO					
 Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: 	YES	О по					
5. Do you have concerns about your baby's vision? If yes, explain:	C yes	• О мо					
. Has your baby had any medical problems in the last several months? If yes, explain:	YES	O NO					
)					
. Do you have any concerns about your baby's behavior? If yes, explain:	O YES	О NO					
Does anything about your baby worry you? If yes, explain:	○ YES	O NO					
)					



8 Month ASQ-3 Information Summary U Months Struggs

7 months 0 days through 8 months 30 days

В	Baby's name:								Date	ASO) comple	eted:								
В									Date of birth: Was age adjusted for prematurity when selecting questionnaire? Yes No.											
																				_
1.	 SCORE AND TRANSFER TOTALS TO CHART BELL responses are missing. Score each item (YES = 10.9 						OW: See ASQ-3 User's Guide for details, including how to adjust SOMETIMES = 5, NOT YET = 0). Add item scores, and record ea in the circles corresponding with the total scores.												if iter	sm rj
	Area	Cutoff	Total Score	0	5	10	15	20		25	30									
	Communication	33.06									30	35	40	45		50		5	60	_
	Gross Motor	30.61								_			$-\lambda$			읒-			$\frac{Q}{Q}$	_
	Fine Motor	40.15				Ō	Ĭ			_			-			<u>Q</u>			$\frac{\circ}{\circ}$	4
	Problem Solving	36.17			•			Ť				ŏ		X		<u>Q</u> _			0	4
	Personal-Social	35.84									Ť	Ħ		X		$\frac{O}{O}$		<u> </u>	0	\dashv
2.	TRANSFER (OVERAL	L RESPO	NSES.	Bolded i	Innore	200 100					_		<u> </u>		<u> </u>		<u> </u>	<u> </u>	اً
 TRANSFER OVERALL RESPONSES: Bolded uppercase responses response							Со	ollow-up oncerns omments	about		ser's (Guide	, Chi		· 6. YES	No)			
						Yes	NO	O 6. Any medical problems? Comments:							YES		No			
	3. Concerns Commen	about n ts:	ot makin	g sound	ds?		YES	No	7.		ncerns a mments	ns about behavior?						YES	No	
	4. Family his Comment		of hearing impairment? YES No 8. Other cor Comment														No			
3.	ASQ SCORE responses, and If the baby's tilf th	otal scor	e is in the	e 🗀 ai	rea itis:	pporti	the cu	toff on	lice sk	UIIS, 1	to deter	mine a	appropria	ite fol	LOW-L	ın				
	If the baby's to If the baby's to	otal scor otal scor	e is in the e is in the	e 📖 ar e 🕶 ar	rea, it is d rea, it is b	close t pelow	the cut	utoff. P toff. Fur	rovide ther a	e lea asses	rning ac ssment v	opme tivitie: with a	nt appea s and mo professio	rs to t nitor. nal m	oe on ay be	sche nee	edule ded.	Э,		
4. FOLLOW-UP ACTION TAKEN: Check all that apply.																				
Provide activities and rescreen in months,									 OPTIONAL: Transfer item responses Y = YES, S = SOMETIMES, N = NOT YET, 											
	Share resu											X =	response	missi	ng).				,	
Refer for (circle all that apply) hearing, vision, and/or behavio						haviora	Scree	- n inc	1			1	2	3	4	5	6			
Refer to primary health care provider or other commreason):					mmunit	tv anon	/ agency (chacify			<u> </u>	nmunication 	₩-								
	Refer to ea	arly inter	vention/e	early ch	ildhood s	specia	Leduca	ation.		_	-·		Fine Motor	1						
						,						Prob	lem Solving						-+	
	No further action taken at this time Other (specify):											Per	sonal-Social				-+	 		