



Ages & Stages Questionnaires®

9 Month Questionnaire

9 months 0 days through 9 months 30 days



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

Date ASQ completed: _____

Baby's information

Baby's first name: _____ Middle initial: _____ Baby's last name: _____

Baby's date of birth: _____ If baby was born 3 or more weeks prematurely, # of weeks premature: _____ Baby's gender: Male Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____ Relationship to baby: Parent Guardian Teacher Child care provider
 Grandparent or other relative Foster parent Other: _____

City: _____ State/Province: _____ ZIP/Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

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

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

Program name: _____

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 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 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 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 her the activity yourself (such as "bye-bye," "Peek-a-boo," "clap your hands," "So Big")?	<input 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," <i>without</i> your using gestures?	<input 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 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
2. When sitting on the floor, does your baby sit up straight for several minutes <i>without</i> using his hands for support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. Does your baby pass a toy back and forth from one hand to the other?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
3. When holding a toy in his hand, does your baby bang it against another toy on the table?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
4. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
PROBLEM SOLVING TOTAL				___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. While your baby is on her back, does she put her foot in her mouth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
2. Does your baby drink water, juice, or formula from a cup while you hold it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby feed himself a cracker or a cookie?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
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



9 Month ASQ-3 Information Summary

9 months 0 days through
9 months 30 days

Baby's name: _____ Date ASQ completed: _____

Baby's ID #: _____ 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?
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 _____ 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						

Ht:

Date:

Wt:

Head:

9 Month Visit

Your 9-month-old should be full of energy and curiosity. He should be sitting up and very engaging with you, though maybe timid with others. Hard to believe that you almost have a one-year-old!

Development

1. Your child may be able to understand a few words, babble like crazy, and say “mama, dada, gaga, baba.”
2. To encourage speech development it is important to talk to your baby. Use proper pronunciation, avoiding “baby talk”. Name common objects and point out body parts, frequently repeating the words. Toddler books are important as they have colorful pictures and simple words. Reading and singing to your child reinforces language skills more than anything else you can do, so put down the smart phone and talk with your very smart baby instead.
3. She may be able to pull to a stand but certainly will be an expert sitter. She is very good at manipulating toys and is able to control her fingers, picking up small objects, so be ever vigilant for choking hazards.
4. Socially, your baby may begin to develop separation anxiety and “stranger” anxiety. Remind distraught grandparents that this is a sign of healthy maturation rather than their relegation to “stranger” status.
5. Many 9 month olds will still wake once to feed at night, but that should end by the one-year-old visit. 10-12 hours of uninterrupted sleep are in your near future!

Injury Prevention

1. Continue to keep the car seat rear facing. If you purchase a new car seat, make sure the weight goes up to 60-80 lbs as it will hopefully be the last car seat you buy. Be sure to get it inspected.
2. You may feel that your baby is cramped in the rear-facing seat, but this is by far the safest position for her in the event of an accident. Keep her rear facing until age 2.
3. Climbing becomes a safety issue for many nine month olds, so be careful in identifying dangerous climbing points in and around your home. Lower that crib mattress to the lowest point. Also be wary of stairs, a favorite spot to explore.
4. As the ability to move becomes more a part of your baby’s life, the risk for water related injuries rises dramatically. Refer to the hand out for some good tips.

Nutrition

1. Most infants at this age will begin transitioning from baby mush to table food. Most will also continue to eat more and more solids and even start drinking less. But remember that the transition from drinking all calories to eating all calories is usually a slow process, occurring over many months.
2. Avoid all choking hazards such as nuts and popcorn. Use caution with raisins and craisins, quartered hot dogs and grapes.
3. More highly allergenic foods will enter your baby’s diet. Having diphenhydramine (Benadryl) on hand in your home is a good idea. Exposing your baby to these foods is best done under controlled circumstances: at home in the middle of the day.

Next Visit

We will see you again for the 12 Month Visit. You now have a big One-Year old! There will be a few more vaccines and another finger prick. Remember, most 12 month olds are not walking nor talking. That generally occurs by 15 months.

Your Home Doesn't Come with a Lifeguard



Staying safe around water is more than staying near the lifeguard at the pool. Every year many children drown in residential swimming pools, bath tubs, buckets of water and other containers of water. Anywhere there is water there is risk for drowning. Do not leave a young child unattended near any source of water, not even for a moment.

Remove the risk and prevent access.

- Use physical barriers to prevent children from accessing any source of water.
- Use safety locks on toilets and keep bathroom doors closed and toilet-bowl covers down if there are small children in the home.
- Empty cleaning buckets immediately after use.
- Empty kiddie pools immediately after use.
- Install barriers around your home pool. Pool alarms and covers provide additional layers of protection.
- Know the water hazards in your community and make sure children stay away. These hazards could include—
 - Drainage ditches.
 - Garden ponds.
 - Creeks and streams.
 - Wells and cisterns.
 - Canals.
- When visiting another home, check the site for potential water hazards and always supervise children.

Practice water safety.

- Teach children to always ask permission to go near water.
- Never leave a young child unattended in a bath tub and do not trust a child's life to another child or to aids that help a child sit upright in the tub.
- Have young children or inexperienced swimmers wear a U.S. Coast Guard-approved life jacket around water.
- When swimming, set specific rules for each individual based on swimming ability.
- Designate a person to watch over children whenever they are in, on or around any body of water.

Know how to respond to an aquatic emergency.

- If a child is missing, check the water first. Seconds count in preventing death or disability.
- Know how and when to call 9-1-1 or the local emergency number.
- Enroll in Red Cross water safety, first aid and CPR courses to learn what to do.
- Have appropriate equipment, such as reaching or throwing equipment, a cell phone, life jackets and a first aid kit.

For more information or to enroll in Swimming and Water Safety courses, contact your local Red Cross chapter.

