### HOW YOUR FAMILY IS DOING
- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Keep in touch with friends and family.
- Invite friends over or join a parent group.
- Take time for yourself and with your partner.

### FEEDING YOUR BABY
- Be patient with your baby as he learns to eat without help.
- Know that messy eating is normal.
- Emphasize healthy foods for your baby. Give him 3 meals and 2 to 3 snacks each day.
- Start giving more table foods. No foods need to be withheld except for raw honey and large chunks that can cause choking.
- Vary the thickness and lumpiness of your baby’s food.
- Don’t give your baby soft drinks, tea, coffee, and flavored drinks.
- Avoid feeding your baby too much. Let him decide when he is full and wants to stop eating.
- Keep trying new foods. Babies may say no to a food 10 to 15 times before they try it.
- Help your baby learn to use a cup.
- Continue to breastfeed as long as you can and your baby wishes. Talk with us if you have concerns about weaning.
- Continue to offer breast milk or iron-fortified formula until 1 year of age. Don’t switch to cow’s milk until then.

### YOUR CHANGING AND DEVELOPING BABY
- Keep daily routines for your baby.
- Let your baby explore inside and outside the home. Be with her to keep her safe and feeling secure.
- Be realistic about her abilities at this age.
- Recognize that your baby is eager to interact with other people but will also be anxious when separated from you. Crying when you leave is normal. Stay calm.
- Support your baby’s learning by giving her baby balls, toys that roll, blocks, and containers to play with.
- Help your baby when she needs it.
- Talk, sing, and read daily.
- Don’t allow your baby to watch TV or use computers, tablets, or smartphones.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

### DISCIPLINE
- Tell your baby in a nice way what to do ("Time to eat"), rather than what not to do.
- Be consistent.
- Use distraction at this age. Sometimes you can change what your baby is doing by offering something else such as a favorite toy.
- Do things the way you want your baby to do them—you are your baby’s role model.
- Use “No!” only when your baby is going to get hurt or hurt others.
WHAT TO EXPECT AT YOUR CHILD’S 12 MONTH VISIT

We will talk about
▪ Caring for your child, your family, and yourself
▪ Creating daily routines
▪ Feeding your child
▪ Caring for your child’s teeth
▪ Keeping your child safe at home, outside, and in the car

SAFETY

▪ Use a rear-facing—only car safety seat in the back seat of all vehicles.
▪ Have your baby’s car safety seat rear facing until she reaches the highest weight or height allowed by the car safety seat’s manufacturer. In most cases, this will be well past the second birthday.
▪ Never put your baby in the front seat of a vehicle that has a passenger airbag.
▪ Your baby’s safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
▪ Never leave your baby alone in the car. Start habits that prevent you from ever forgetting your baby in the car, such as putting your cell phone in the back seat.
▪ If it is necessary to keep a gun in your home, store it unloaded and locked with the ammunition locked separately.
▪ Place gates at the top and bottom of stairs.
▪ Don’t leave heavy or hot things on tablecloths that your baby could pull over.
▪ Put barriers around space heaters and keep electrical cords out of your baby’s reach.
▪ Never leave your baby alone in or near water, even in a bath seat or ring. Be within arm’s reach at all times.
▪ Keep poisons, medications, and cleaning supplies locked up and out of your baby’s sight and reach.
▪ Put the Poison Help line number into all phones, including cell phones. Call if you are worried your baby has swallowed something harmful.
▪ Install operable window guards on windows at the second story and higher. Operable means that, in an emergency, an adult can open the window.
▪ Keep furniture away from windows.
▪ Keep your baby in a high chair or playpen when in the kitchen.

Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition
For more information, go to https://brightfutures.aap.org.
Baby's information

Baby's first name: ____________________________  Middle initial: ________  Baby's last name: ____________________________  If baby was born 3 or more weeks prematurely, if of weeks premature: __________

Baby's date of birth: __________

Baby's gender:  
- Male  
- Female

Person filling out questionnaire

First name: ____________________________  Middle initial: ________  Last name: ____________________________  Relationship to baby:  
- Parent  
- Guardian  
- Foster parent  
- Grandparent or other relative  
- Other: ____________________________

Street address: ____________________________  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**

1. Does your baby make sounds like “da,” “ga,” “ka,” and “ba”?

2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?

3. Does your baby make two similar sounds like “ba-ba,” “da-da,” or “ga-ga”? (The sounds do not need to mean anything.)

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,” “Peekaboo,” “clap your hands,” “‘So Big’”)?

5. Does your baby follow one simple command, such as “Come here,” “Give it to me,” or “Put it back,” without your using gestures?

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.)

**GROSS MOTOR**

1. If you hold both hands just to balance your baby, does she support her own weight while standing?

2. When sitting on the floor, does your baby sit up straight for several minutes without using his hands for support?

**COMMUNICATION TOTAL**

**GROSS MOTOR**

**Ages & Stages Questionnaires®, Third Edition (ASQ-3®), Squires & Bricker © 2009 Paul H. Brookes Publishing Co. All rights reserved.**
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?

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?

FINE MOTOR

1. Does your baby pick up a small toy with only one hand?

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?

GROSS MOTOR TOTAL

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: 0  
   - Sometimes: 0  
   - Not Yet: 0

2. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?  
   - Yes: 0  
   - Sometimes: 0  
   - Not Yet: 0

3. When holding a toy in his hand, does your baby bang it against another toy on the table?  
   - Yes: 0  
   - Sometimes: 0  
   - Not Yet: 0

4. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?  
   - Yes: 0  
   - Sometimes: 0  
   - Not Yet: 0

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: 0  
   - Sometimes: 0  
   - Not Yet: 0

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: 0  
   - Sometimes: 0  
   - Not Yet: 0

**PROBLEM SOLVING TOTAL**  

### PERSONAL-SOCIAL

1. While your baby is on her back, does she put her foot in her mouth?  
   - Yes: 0  
   - Sometimes: 0  
   - Not Yet: 0

2. Does your baby drink water, juice, or formula from a cup while you hold it?  
   - Yes: 0  
   - Sometimes: 0  
   - Not Yet: 0

3. Does your baby feed himself a cracker or a cookie?  
   - Yes: 0  
   - Sometimes: 0  
   - Not Yet: 0

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.)  
   - Yes: 0  
   - Sometimes: 0  
   - Not Yet: 0

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?  
   - Yes: 0  
   - Sometimes: 0  
   - Not Yet: 0

6. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?  
   - Yes: 0  
   - Sometimes: 0  
   - Not Yet: 0

**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
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.

<table>
<thead>
<tr>
<th>Area</th>
<th>Total Score</th>
<th>0</th>
<th>5</th>
<th>10</th>
<th>15</th>
<th>20</th>
<th>25</th>
<th>30</th>
<th>35</th>
<th>40</th>
<th>45</th>
<th>50</th>
<th>55</th>
<th>60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>13.97</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Motor</td>
<td>17.82</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine Motor</td>
<td>31.32</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Solving</td>
<td>28.72</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal-Social</td>
<td>18.91</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


1. Uses both hands and both legs equally well? Yes NO 5. Concerns about vision? Comments: YES No

2. Feet are flat on the surface most of the time? Yes NO 6. Any medical problems? Comments: YES No

3. Concerns about not making sounds? YES No 7. Concerns about behavior? 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)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross Motor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine Motor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Solving</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal-Social</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>