



Ages & Stages Questionnaires®

13 months 0 days to 14 months 30 days (inclusive)

14 Month Questionnaire

Baby's name: _____

Baby's date of birth: _____ Boy Girl

If baby was born 3 or more weeks prematurely, please indicate the number of weeks premature: _____

Date ASQ-3 completed by parent/caregiver: _____

Date of review with health professional: _____

Baby's home address: _____

Town: _____ Postcode: _____

Person completing the questionnaire: _____

Relationship to baby: _____

Home tel: _____ Mobile no: _____

Email address: _____

All babies develop at different rates and in different ways. Please do not worry if your baby is not doing all or any of the activities mentioned in the questionnaire. It is not a test. The activities are simply one way of understanding how your baby is progressing.

Possible answers:

Yes = your baby does this activity (or has done it and has now progressed, e.g., crawling, but is now walking)

Sometimes = your baby is just beginning to do this activity (but does not do it regularly)

Not Yet = your baby has not yet started doing this

Please leave **blank** any activities your baby has not been able to try with you.

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 (yes), 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 not tired or hungry.
- Please bring this questionnaire with you to your baby's health and development review.

Notes:

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your baby more than one time. If possible, try the activities when your baby is cooperative. If your baby can do the activity but refuses, mark "yes" for the item.

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. 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"/>	___
2. When your baby wants something, does she tell you by <i>pointing</i> to it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
3. Does your baby shake his head when he means either "no" or "yes"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your baby point to, pat, or try to pick up pictures in a book?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your baby say four or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. When you ask her to, does your baby go into another room to find a familiar toy or object? (You might ask, "Where is your ball?" or say, "Bring me your coat," or "Go and get your blanket.")	<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 he take several steps without tripping or falling? (If your baby already walks alone, mark "yes" for this item.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
2. When you hold <i>one hand</i> just to balance your baby, does she take several steps forward? (If your baby already walks alone, mark "yes" for this item.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___

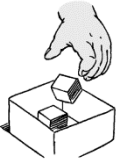
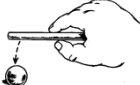
GROSS MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
3. Does your baby stand up in the middle of the floor by himself and take several steps forward?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your baby climb onto furniture or other large objects, such as large climbing blocks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your baby bend over or squat to pick up an object from the floor and then stand up again without any support?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
6. Does your baby move around by walking, rather than by crawling on his hands and knees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
GROSS MOTOR TOTAL				___

FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Without resting her arm or hand on the table, does your baby pick up a small cube of bread with the <i>tips</i> of her thumb and a finger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
2. Does your baby throw a small ball with a forward arm motion? <i>(If he simply drops the ball, mark "not yet" for this item.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
3. Does your baby help turn the pages of a book? <i>(You may lift a page for her to grasp.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
4. Does your baby stack a small block or toy on top of another one? <i>(You could also use cotton reels, small boxes, or toys that are about 1 inch in size.)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
5. Does your baby make a mark on the paper with the <i>tip</i> of a crayon (or pencil or pen) when trying to draw?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
				
6. Does your baby stack three small blocks or toys on top of each other by herself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	___
FINE MOTOR TOTAL				___

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-------|
| 1. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although he may not let go of it? <i>(If he already lets go of the toy into a bowl or box, mark "yes" for this item.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your baby drop two small toys, one after the other, into a container like a bowl or box? <i>(You may show her how to do it.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ * |
|  | | | | |
| 3. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? <i>(If he already scribbles on his own, mark "yes" for this item.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Can your baby drop a raisin into a clear plastic bottle (such as a small water bottle or baby bottle)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby drop several small toys, one after another, into a container like a bowl or a box? <i>(You can show her how to do it.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. After you have shown your baby how, does he try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
|  | | | | |

PROBLEM SOLVING TOTAL

* If Problem Solving Item 2 is marked "yes" or "sometimes," mark Problem Solving Item 1 as "yes."

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-----|
| 1. When you dress your baby, does she lift her foot for her shoe, sock, or trouser leg? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 2. Does your baby roll or throw a ball back to you so that you can return it to him? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 3. Does your baby play with a doll or soft toy by hugging it? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 4. Does your baby feed herself with a spoon and fork, even though she may spill some food? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 5. Does your baby help undress himself by taking off clothes like socks, hat, shoes, or mittens? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | ___ |
| 6. Does your baby get your attention or try to show you something by pulling on your hand or clothes? | <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. Does your baby play with sounds or seem to make words? If no, explain: YES NO

3. When your baby is standing, are her feet flat on the surface most of the time? If no, explain: YES NO

4. Do you have concerns that your baby is too quiet or does not make sounds like other babies do? If yes, explain: YES NO

5. Does either parent have a family history of childhood deafness or hearing problems? If yes, explain: YES NO

OVERALL *(continued)*

6. Do you have concerns about your baby's eyesight? If yes, explain:

 YES NO

7. Has your baby had any medical or health-related problems in the last few months?
If yes, explain:

 YES NO

8. Do you have any concerns about your baby's behaviour? If yes, explain:

 YES NO

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

 YES NO