

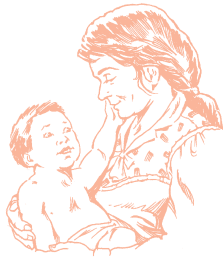
**Ages & Stages Questionnaires®: A Parent-Completed, Child-Monitoring System  
Second Edition**

By Diane Bricker and Jane Squires

with assistance from Linda Mounts, LaWanda Potter, Robert Nickel, Elizabeth Twombly, and Jane Farrell

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# ◆ 10 Month ◆ Questionnaire



On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please check the box that tells whether your child is doing the activity regularly, sometimes, or not yet.

**Important Points to Remember:**

- Be sure to try each activity with your child before checking a box.
- Try to make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested, fed, and ready to play.
- Please return this questionnaire by \_\_\_\_\_.
- If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_.
- Look forward to filling out another questionnaire in \_\_\_\_\_ months.



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# ◆ 10 Month ◆ Questionnaire

Please provide the following information.

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Child's corrected date of birth (if child is premature, add weeks of prematurity to child's date of birth):  
\_\_\_\_\_

Today's date: \_\_\_\_\_

Person filling out this questionnaire: \_\_\_\_\_

What is your relationship to the child? \_\_\_\_\_

Your telephone: \_\_\_\_\_

Your mailing address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

List people assisting in questionnaire completion: \_\_\_\_\_  
\_\_\_\_\_

Administering program or provider: \_\_\_\_\_



YES    SOMETIMES    NOT YET

**COMMUNICATION**





*Be sure to try each activity with your child.*

1. Does your baby make sounds like "da," "ga," "ka," and "ba"?  YES     SOMETIMES     NOT YET     \_\_\_
2. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?  YES     SOMETIMES     NOT YET     \_\_\_
3. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? (He may say these sounds without referring to any particular object or person.)  YES     SOMETIMES     NOT YET     \_\_\_
4. If you ask her to, does your baby play at least one nursery game even if you don't show her the activity yourself (e.g., "bye-bye," "Peekaboo," "clap your hands," "So Big")?  YES     SOMETIMES     NOT YET     \_\_\_
5. Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," *without* your using gestures?  YES     SOMETIMES     NOT YET     \_\_\_
6. Does your baby say one word in addition to "Mama" and "Dada"? (A "word" is a sound or sounds the baby says consistently to mean someone or something, such as "baba" for bottle.)  YES     SOMETIMES     NOT YET     \_\_\_

COMMUNICATION TOTAL  \_\_\_

**GROSS MOTOR**

*Be sure to try each activity with your child.*






1. If you hold both hands just to balance her, does your baby support her own weight while standing?  YES     SOMETIMES     NOT YET     \_\_\_ 
2. When sitting on the floor, does your baby sit up straight for several minutes *without* using his hands for support?  YES     SOMETIMES     NOT YET     \_\_\_ 
3. When you stand her next to furniture or the crib rail, does your baby 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?  YES     SOMETIMES     NOT YET     \_\_\_ 
5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?  YES     SOMETIMES     NOT YET     \_\_\_
6. Does your baby walk along furniture while holding on with only one hand?  YES     SOMETIMES     NOT YET     \_\_\_

GROSS MOTOR TOTAL  \_\_\_

YES    SOMETIMES    NOT YET

**FINE MOTOR**

*Be sure to try each activity with your child.*




1. Does your baby pick up small toys 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 her fingers in a raking motion? (If she already picks up a crumb or Cheerio, check "yes" for this item.)  YES     SOMETIMES     NOT YET     \_\_\_ 
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.)  YES     SOMETIMES     NOT YET     \_\_\_ 
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.)  YES     SOMETIMES     NOT YET     \_\_\_ 
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.  YES     SOMETIMES     NOT YET     \_\_\_ \* 
6. Does your baby set a small toy down, without dropping it, and then take her hand off the toy?  YES     SOMETIMES     NOT YET     \_\_\_

FINE MOTOR TOTAL  \_\_\_

*\*If fine motor item 5 is marked "yes" or "sometimes," mark fine motor item 2 as "yes."*

**PROBLEM SOLVING**

*Be sure to try each activity with your child.*

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?  YES     SOMETIMES     NOT YET     \_\_\_ 
3. When holding a toy in his hand, does your baby bang it against another toy on the table?  YES     SOMETIMES     NOT YET     \_\_\_ 
4. While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?  YES     SOMETIMES     NOT YET     \_\_\_

YES    SOMETIMES    NOT YET

**PROBLEM SOLVING**    *(continued)*

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 he watches 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**    *Be sure to try each activity with your child.*



1. While on her back, does your baby put her foot in her mouth?                \_\_\_\_\_
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, check "yes" for this item.)                \_\_\_\_\_
5. When you dress him, does your baby 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 bottom of the next sheet for additional comments.*

1. Do you think your child hears well?    YES     NO   
If no, explain: \_\_\_\_\_
2. Does your baby use both hands equally well?    YES     NO   
If no, explain: \_\_\_\_\_
3. When you help your baby stand, are his feet flat on the surface most of the time?    YES     NO   
If no, explain: \_\_\_\_\_
4. Does either parent have a family history of childhood deafness or hearing impairment?    YES     NO   
If yes, explain: \_\_\_\_\_

**OVERALL**    *(continued)*

5. Do you have any concerns about your child's vision?    YES     NO   
If yes, explain: \_\_\_\_\_
6. Has your child had any medical problems in the last several months?    YES     NO   
If yes, explain: \_\_\_\_\_
7. Does anything about your child worry you?    YES     NO   
If yes, explain: \_\_\_\_\_