

## **6** Month Questionnaire

5 months 0 days through 6 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.

	lm	portant Points to Remember:	Notes:				
		Try each activity with your baby before marking a response.					
	<b>⊴</b>	Make completing this questionnaire a game that is fun for you and your baby.					
		Make sure your baby is rested and fed.					
	<b>⊴</b>	Please return this questionnaire by					
C	01	MMUNICATION		YES	SOMETIMES	NOT YET	
1.	Do	oes your baby make high-pitched squeals?		$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.		hen playing with sounds, does your baby make grunting, grow her deep-toned sounds?	ling, or	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3.		you call your baby when you are out of sight, does she look in tetion of your voice?	he di-	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.		hen a loud noise occurs, does your baby turn to see where the me from?	sound	$\bigcirc$	$\bigcirc$	$\bigcirc$	
5.	Do	pes your baby make sounds like "da," "ga," "ka," and "ba"?		$\bigcirc$	$\bigcirc$	$\bigcirc$	
6.		you copy the sounds your baby makes, does your baby repeat me sounds back to you?	the	$\bigcirc$	$\bigcirc$	$\bigcirc$	
					COMMUNICATIO	N TOTAL	
G	RC	OSS MOTOR		YES	SOMETIMES	NOT YET	
1.		hile your baby is on his back, does your baby lift his legs high e see his feet?	enough	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.		hen your baby is on her tummy, does she straighten both arms sh her whole chest off the bed or floor?	and	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3.		pes your baby roll from his back to his tummy, getting both arm om under him?	ns out	$\bigcirc$	$\bigcirc$	$\bigcirc$	
4.	ha	hen you put your baby on the floor, does she lean on her nds while sitting? (If she already sits up straight without aning on her hands, mark "yes" for this item.)		$\bigcirc$	$\bigcirc$	$\bigcirc$	

G	ROSS MOTOR (continued)	YES	SOMETIMES	NOT YET	
5.	If you hold both hands just to balance your baby, does he support his own weight while standing?	0	0	0	
6.	Does your baby get into a crawling position by getting up on her hands and knees?	0	GROSS MOTO	OR TOTAL	
FI	NE MOTOR	YES	SOMETIMES	NOT YET	
1.	Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	Does your baby reach for or grasp a toy using both hands at once?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3.	Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? (If he already picks up a small object the size of a pea, mark "yes" for this item.)	0	0		
4.	Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it?	0	0	$\bigcirc$	
5.	Does your baby try to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn't able to pick it up? (If he already picks up the crumb or Cheerio, mark "yes" for this item.)	0	0	0	
6.	Does your baby pick up a small toy with only one hand?	$\bigcirc$	$\circ$	$\bigcirc$	
			FINE MOTO	OR TOTAL	
P	ROBLEM SOLVING	YES	SOMETIMES	NOT YET	
1.	When a toy is in front of your baby, does she reach for it with both hands?	$\bigcirc$	$\bigcirc$	$\bigcirc$	
2.	When your baby is on his back, does he turn his head to look for a toy when he drops it? (If he already picks it up, mark "yes" for this item.)	$\bigcirc$	$\bigcirc$	$\bigcirc$	
3.	When your baby is on her back, does she try to get a toy she has dropped if she can see it?	$\bigcirc$	$\bigcirc$	$\bigcirc$	_

PROBLEM SOLVING (continued)	YES	SOMETIMES	NOT YET		
4. Does your baby pick up a toy and put it in his mouth?	$\bigcirc$	0	$\circ$	_	
5. Does your baby pass a toy back and forth from one hand to the other?	$\circ$	$\circ$	$\bigcirc$		
6. Does your baby play by banging a toy up and down on the floor or table?	$\bigcirc$	$\bigcirc$	$\bigcirc$		
	PR	PROBLEM SOLVING TOTAL			
PERSONAL-SOCIAL	YES	SOMETIMES	NOT YET		
1. When in front of a large mirror, does your baby smile or coo at herself?  2. **Journal of the state of th	$\bigcirc$	0	$\circ$	_	
<ol> <li>Does your baby act differently toward strangers than he does with you and other familiar people? (Reactions to strangers may include staring, frowning, withdrawing, or crying.)</li> </ol>	$\bigcirc$	$\bigcirc$	$\circ$	_	
3. While lying on her back, does your baby play by grabbing her foot?	$\bigcirc$	$\bigcirc$	$\bigcirc$		
4. When in front of a large mirror, does your baby reach out to pat the mirror?	0	0	0		
5. While your baby is on his back, does he put his foot in his mouth?	$\bigcirc$	0	$\bigcirc$		
6. Does your baby try to get a toy that is out of reach? (She may roll, pivot on her tummy, or crawl to get it.)	$\circ$	$\bigcirc$	$\circ$		
-	PE	ERSONAL-SOCI	AL TOTAL		



## **OVERALL**

arents and providers may use the space below for additional comments.		
Does your baby use both hands and both legs equally well? If no, explain:	YES	O NO
When you help your baby stand, are his feet flat on the surface most of the time? If no, explain:	YES	O NO
Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain:	YES	О NO
Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:	YES	O NO
Do you have concerns about your baby's vision? If yes, explain:	YES	O NO

	RASQ3	6 Month Questionnaire page				
6.	Has your baby had any medical problems in the last several months? If yes, explain:	YES	O NO			
7.	Do you have any concerns about your baby's behavior? If yes, explain:	YES	О NO			
8.	Does anything about your baby worry you? If yes, explain:	YES	О NO			
				/		



## **6** Month ASQ-3 Information Summary

5 months 0 days through 6 months 30 days

Baby's name:								D											
Baby's ID #:							D												
	Administering program/provider:																		
									MES =	SQ-3 User's Guide for details, including how to adjust scores if item ES = 5, NOT YET = 0). Add item scores, and record each area total.									
		Area	Cutoff	Total Score	0	5	10	15	20	25	5 30	35 40	45	50	0	55		60	
	Comr	nunication	29.65									0 0	$\bigcirc$		$\overline{)}$	$\bigcirc$	(	$\overline{\bigcirc}$	
	Gı	ross Motor	22.25									0 0	$\bigcirc$		$\overline{}$	0	(	$\overline{\bigcirc}$	
	F	ine Motor	25.14									0 0	$\bigcirc$		$\overline{}$	0	(	$\overline{\bigcirc}$	
	Proble	em Solving	27.72									0 0	$\bigcirc$		$\overline{}$	0	(	$\overline{\bigcirc}$	
	Perso	onal-Social	25.34									0 0	$\bigcirc$		)	$\overline{\bigcirc}$	(	$\overline{\bigcirc}$	
2.	TR	ANSFER (	OVERAL	L RESPO	ONSES:	Bolded	dupper	case res	ponses	reauir	e follow-up.	See ASQ-3 Use	er's Gu	ıide.	Char	oter 6	١.		
	Uses both hands and both legs equally well?     Comments:					Yes	NO		Concerns al	bout vision?		,			ES	No			
	2.	Feet are flat on the surface most of the time? Comments:			Yes	NO	NO 6. Any medical problems? Comments:							YES 1					
	3.		ncerns about not making sounds? mments:				YES	No	7.	Concerns al	bout behavior?				Y	ES	No		
	4.	Family h	-	hearing	impairm	nent?		YES	No	8.	Other conce Comments:					Y	ES	No	
3.	<ol> <li>ASQ SCORE INTERPRETATION AND RECOI responses, and other considerations, such as</li> </ol>														s, ove	erall			
	If the baby's total score is in the area, it is above the cutoff, and the baby If the baby's total score is in the area, it is close to the cutoff. Provide lead If the baby's total score is in the area, it is below the cutoff. Further asses								e learning ac	tivities and mo	nitor.				•				
4.	FO	FOLLOW-UP ACTION TAKEN: Check all that apply.							5. OPTION	AL: Tr	ansfe	er ite	m res	spons	ses				
	Provide activities and rescreen in months.										(Y = YES, S = X = response	SOM	ETIM						
		Share re	sults wit	h primar	y health	care p	rovider.					X = response	1	T			Е	,	
		Refer fo	r (circle	all that a <sub>l</sub>	pply) he	earing, v	vision, a	nd/or b	ehavior	al scre	ening.	Communication	1	2	3	4	5	6	
									ommunity agency (specify			Gross Moto	-						
												Fine Moto	+						
			-	terventio	-		od spe	cial edu	cation.			Problem Solving	+			$\vdash$			
		No furth	ner actio	n taken a	at this tii	me							-	1	-	$\longrightarrow$		<del></del>	

Personal-Social

Other (specify):