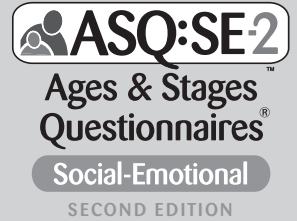




# 12 Month Questionnaire

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



Date ASQ:SE-2 completed: \_\_\_\_\_

Baby's name: \_\_\_\_\_

Baby's date of birth: \_\_\_\_\_ Boy  Girl

If born 3 or more weeks prematurely, please indicate the number of weeks premature: \_\_\_\_\_

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: \_\_\_\_\_

### Possible answers:

*Often or always* = your baby behaves in this way often or always—it is regular behaviour

*Sometimes* = your baby occasionally behaves like this, but not regularly

*Rarely or never* = your baby does not behave, or rarely behaves, in this way



# 12 Month Questionnaire 9 months 0 days to 14 months 30 days (inclusive)



Questions about the ways in which babies may behave are listed on the following pages. Please read each question and tick the box  that best describes your baby's behaviour. Also, tick the circle  if the behaviour is of concern to you.

### Important Points to Remember:

- Answer questions based on what you know about your baby's behaviour.
- Please bring this questionnaire along with you to your baby's health and development review.
- Answer questions based on your baby's *usual* behaviour, not behaviour when your baby is not feeling well, very tired, or hungry.
- If you have any questions or concerns about your baby or this questionnaire you can ask your health visitor at the review.
- Parents or caregivers should fill in this questionnaire. Caregivers should know the baby well and spend more than 15 hours per week with him or her.


	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	TICK IF THIS IS A CONCERN	
1. Does your baby laugh or smile at you and other family members?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
2. Does your baby look for you when a stranger comes near?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
3. Does your baby like to play near or be with family and friends?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
4. Does your baby like to be picked up and held?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
5. When upset, can your baby calm down within a half hour?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. Does your baby stiffen and arch her back when picked up?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
7. Does your baby like to play games such as Peekaboo?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					

TOTAL POINTS ON PAGE \_\_\_\_\_

# 12 Month Questionnaire



Tick the box  that best describes your child's behaviour. Also, tick the circle  if the behaviour is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	TICK IF THIS IS A CONCERN	
8. Is your baby's body relaxed?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
9. Does your baby cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
10. Is your baby able to calm himself down (for example, by sucking his hand or dummy)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
11. Is your baby interested in things around her, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
12. Does it take longer than 30 minutes to feed your baby?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
13. Do you and your baby enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
14. Does your baby have any eating problems, such as gagging, vomiting, or _____? (Please describe.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
					_____
15. Does your baby have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
16. Does your baby make babbling sounds? For example, does he put sounds together such as "ba-ba-ba-ba" or "na-na-na-na"?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE \_\_\_\_\_

# 12 Month Questionnaire



Tick the box  that best describes your child's behaviour. Also, tick the circle  if the behaviour is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	TICK IF THIS IS A CONCERN	
17. Does your baby sleep at least 10 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
18. Does your baby get constipated or have diarrhoea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
19. Does your baby let you know when she is hungry, hurt, or tired?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
20. When you talk to your baby, does he turn his head, look, or smile?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
21. Does your baby try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
22. Does your baby try to show you things? For example, does she hold out a toy and look at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
23. Does your baby respond to his name when you call him? For example, does he turn his head and look at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
24. When you point at something, does your baby look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
25. Does your baby make sounds or use gestures to let you know she wants something (for example, by reaching)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
26. When you copy sounds your baby makes, does your baby repeat the same sounds back to you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
27. Has anyone shared concerns about your baby's behaviour? If "sometimes" or "often or always," please explain:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
					_____
					_____
					_____



TOTAL POINTS ON PAGE \_\_\_\_\_

**OVERALL** Use the space below for additional comments.

28. Do you have concerns about your baby's eating or sleeping behaviours? If yes, please explain:  YES  NO

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29. Does anything about your baby worry you? If yes, please explain:  YES  NO

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30. What do you enjoy about your baby?

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