

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

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# ◆ 4 Month ◆ **Questionnaire**

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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.



## ACTIVITIES FOR INFANTS 4-8 MONTHS OLD

<p>Put a windup toy beside or behind your baby. Watch to see if your baby searches for the sound.</p>	<p>Give your baby a spoon to grasp and chew on. It's easy to hold and feels good in the mouth. It's also great for banging, swiping, and droppings.</p>	<p>While sitting on the floor, place your baby in a sitting position inside your legs. Use your legs and chest to provide only as much support as your baby needs. This allows you to play with your baby while encouraging independent sitting.</p>	<p>Gently rub your baby with a soft cloth, a paper towel, or nylon. Talk about how things feel (soft, rough, slippery). Lotion feels good, too.</p>	<p>Let your baby see him- or herself in a mirror. Place an unbreakable mirror on the side of your baby's crib or changing table so he or she can watch. Look in the mirror with your baby, too. Smile and wave at your baby.</p>
<p>Make your own crib gym. Attach kitchen tools (measuring spoons and cups, potato masher or whips, shaker cup with a bell inside) to yarn tied across your baby's crib. Place the crib gym where your baby can kick it. <i>Take it down when your baby is not playing.</i> Always supervise.</p>	<p>Play voice games. Talk with a high or low voice. Click your tongue. Whisper. Take turns with your baby. Repeat any sounds made by him or her. Place your baby so you are face to face—your baby will watch as you make sounds.</p>	<p>Fill a small plastic bottle (medicine bottle with child-proof cap) with beans or rice. Let your baby shake it to make noise.</p>	<p>Make another shaker using bells. Encourage your baby to hold one in each hand and shake them both. Watch to see if your baby likes one sound better than another.</p>	<p>Place your baby on his or her tummy with favorite toys or objects around but just slightly out of reach. Encourage him or her to reach out for toys and move toward them.</p>
<p>Fill an empty tissue box with strips of paper. Your baby will love pulling them out. (Do not use colored newsprint or magazines; they are toxic. Never use plastic bags or wrap.)</p>	<p>Safely attach a favorite toy to a side of your baby's crib, swing, or cradle chair for her or him to reach and grasp. Change toys frequently to give her or him new things to see and do.</p>	<p>Place your baby in a chair or carseat, or prop him or her up with pillows. Bounce and play with a flowing scarf or a large bouncing ball. Move it slowly up, then down or to the side, so your baby can follow movement with his or her eyes.</p>	<p>With your baby lying on his or her back, place a toy within sight but out of reach, or move a toy across your baby's visual range. Encourage him or her to roll to get the toy.</p>	<p>Play Peekaboo with hands, cloth, or a diaper. Put the cloth over your face first. Then let your baby hide. Pull the cloth off if your baby can't. Encourage her or him to play. Take turns.</p>
<p>Place your baby in a chair or carseat to watch everyday activities. Tell your baby what you are doing. Let your baby see, hear, and touch common objects. You can give your baby attention while getting things done.</p>	<p>Place your baby on your knee facing you. Bounce her or him to the rhythm of a nursery rhyme. Sing and rock with the rhythm. Help your baby bring his or her hands together to clap to the rhythm.</p>	<p>Your baby will like to throw toys to the floor. Take a little time to play this "go and fetch" game. It helps your baby to learn to release objects. Give baby a box or pan to practice dropping toys into.</p>	<p>Once your baby starts rolling or crawling on his or her tummy, play "come and get me." Let your baby move, then chase after her and hug her when you catch her.</p>	<p>Place your baby facing you. Your baby can watch you change facial expressions (big smile, poking out tongue, widening eyes, raising eyebrows, puffing or blowing). Give your baby a turn. Do what your baby does.</p>



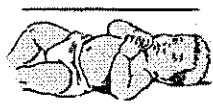
YES      SOMETIMES      NOT YET

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

- |   |                          |                          |                          |     |
|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your baby chuckle softly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. After you have been out of sight, does your baby stop crying when he sees you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. Does your baby stop crying when she hears a voice other than yours?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. Does your baby make high-pitched squeals?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. Does your baby laugh?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. Does your baby make sounds when looking at toys or people?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |


COMMUNICATION TOTAL      \_\_\_

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

- |   |   |                          |                          |     |
|---|---|--------------------------|--------------------------|-----|
| 1. While on his back, does your baby move his head from side to side?   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. After holding her head up while on her tummy, does your baby lay her head back down on the floor, rather than let it drop or fall forward? | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 3. When he is on his tummy, does your baby hold his head up so that his chin is about 3 inches from the floor for at least 15 seconds?        |  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 4. When she is on her tummy, does your baby hold her head straight up, looking around? (She can rest on her arms while doing this.)           |  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 5. When you hold him in a sitting position, does your baby hold his head steady?  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 6. While on her back, does your baby bring her hands together over her chest, touching her fingers?   |  | <input type="checkbox"/> | <input type="checkbox"/> | ___ |

GROSS MOTOR TOTAL      \_\_\_

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

- |  |   |                          |                          |                          |     |
|--|---|--------------------------|--------------------------|--------------------------|-----|
| 1. Does your baby hold his hands open or partly open (rather than in fists, as they were when he was a newborn)? |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ___ |
| 2. When you put a toy in her hand, does your baby wave it about, at least briefly?                               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | ___                      |     |
| 3. Does your baby grab or scratch at his clothes?  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | ___                      |     |

YES      SOMETIMES      NOT YET

**FINE MOTOR**      *(continued)*

- |   |                          |                          |                          |       |
|---|--------------------------|--------------------------|--------------------------|-------|
| 4. When you put a toy in her hand, does your baby hold onto it for about 1 minute while looking at it, waving it about, or trying to chew it?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Does your baby grab or scratch his fingers on a surface in front of him, either while being held in a sitting position or when he is on his tummy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. When you hold her in a sitting position, does your baby reach for a toy on a table close by, even though her hand may not touch it?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>FINE MOTOR TOTAL</b>   |                          |                          |                          | _____ |

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

- |   |                          |                          |                          |       |
|---|--------------------------|--------------------------|--------------------------|-------|
| 1. When you move a toy slowly from side to side in front of his face (about 10 inches away), does your baby follow the toy with his eyes, sometimes turning his head? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. When you move a small toy up and down slowly in front of her face (about 10 inches away), does your baby follow the toy with her eyes?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. When you hold him in a sitting position, does your baby look at a toy (about the size of a cup or rattle) that you place on the table or floor in front of him?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. When you put a toy in her hand, does your baby look at it?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. When you put a toy in his hand, does your baby put the toy in his mouth?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. When you dangle a toy above her while she is lying on her back, does your baby wave her arms toward the toy?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>PROBLEM SOLVING TOTAL</b>  |                          |                          |                          | _____ |



**PERSONAL-SOCIAL**      *Be sure to try each activity with your child.*

- |   |                          |                          |                          |       |
|---|--------------------------|--------------------------|--------------------------|-------|
| 1. Does your baby watch his hands?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. When she has her hands together, does your baby play with her fingers?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. When he sees the breast or bottle, does your baby know he is about to be fed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Does your baby help hold the bottle with both hands at once, or when nursing, does she hold the breast with her free hand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |



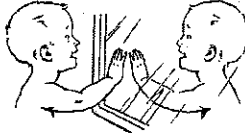
YES      SOMETIMES      NOT YET

**PERSONAL-SOCIAL**      *(continued)*

5. Before you smile or talk to him, does your baby smile when he sees you nearby?

                 \_\_\_\_\_

6. When in front of a large mirror, does your baby smile or coo at herself?



                 \_\_\_\_\_

PERSONAL-SOCIAL TOTAL \_\_\_\_\_

**OVERALL**      *Parents and providers may use the space below or the back of this 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: \_\_\_\_\_

5. Do you have 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: \_\_\_\_\_