

Note: Validation (for research purposes) and development of a scoring system for the AHMED-IS is currently in progress. However, the instrument in its current form is quite useful for individual home assessment.



INFANT SCALE
Questionnaire
(3 – 18 months)

Dear Parents (Guardians),

This questionnaire has been developed to evaluate the opportunities for motor development (movement and play) that your family and home environment make available for your baby. Because you know your baby very well, you are the best person to provide this kind of information.

It is important that you fill out the questionnaire as accurately as possible, thinking about what you have available, such as toys, or what happens in your home to encourage your baby’s movement and play. We hope that information from this questionnaire helps you learn to stimulate the development of your baby.

The questionnaire is composed of an initial section with questions about your baby and your family, followed by three sections that address: Physical Space in the Home, Daily Activities, and Play Materials.

Code	
Date	

Child Characteristics

Child’s name: _____ Parent/Guardian’s name: _____					
Male <input type="checkbox"/>		Birth Date: ___/___/___		Premature: Yes ___ No ___	
Female <input type="checkbox"/>		Birth weight: _____ lbs		If possible, gestational age: _____ weeks	
How long has your child attended childcare?	Never <input type="checkbox"/>	Less than 3 months <input type="checkbox"/>	3 - 6 months <input type="checkbox"/>	7 - 12 months <input type="checkbox"/>	More than 12 months <input type="checkbox"/>
Ethnicity:	White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Hispanic or Latin <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/>				

Family Characteristics

What is your housing type?	Condominium <input type="checkbox"/>	Apartment <input type="checkbox"/>		House <input type="checkbox"/>		Other <input type="checkbox"/>
How many adults live in the house or apartment?		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 or more <input type="checkbox"/>
How many children live in the house or apartment?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 or more <input type="checkbox"/>
How many bedrooms do you have? (please do not count bathrooms, kitchen or living room)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 or more <input type="checkbox"/>
How long has your family lived at this house?	Less than 3 months <input type="checkbox"/>	3 - 6 months <input type="checkbox"/>		7 – 12 months <input type="checkbox"/>		More than 12 months <input type="checkbox"/>
What is the father’s education?	Some high school or less <input type="checkbox"/>	High school Graduate <input type="checkbox"/>	Some college or trade school <input type="checkbox"/>		College Graduate <input type="checkbox"/>	Post Graduate Degree <input type="checkbox"/>
What is the mother’s education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Read each question carefully and mark the box that best reflects your answer:

I. PHYSICAL SPACE OUTSIDE AND INSIDE

		YES	NO
1.	OUTSIDE your home is there a <i>safe, adequate, and large</i> space for your child to play and move freely (crawl, walk, roll)? (<i>backyard, front yard, garden, playground, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** please proceed with the next set of questions, if you answered **NO**, go to question number 6.

In this **OUTSIDE SPACE**, is there...

		YES	NO
2.	More than one type of ground texture? (<i>grass, dirt, concrete, wood, sand, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
3.	One or more sloped surfaces? (<i>varied degrees and types of inclines or gradual slopes, i.e. ramps, angles, slides</i>)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Any type of equipment in which your child can pull herself/himself up to a standing position and/or walk? (<i>gate/fence, tables, bench/chairs, blocks, cubby house, toddler plastic steps, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Steps or stairs? (<i>e.g. steps to front or back door, steps up a slide</i>)	<input type="checkbox"/>	<input type="checkbox"/>

In your home's **INSIDE SPACE**, is there...

		YES	NO
6.	Enough space for your child to play or move around freely?	<input type="checkbox"/>	<input type="checkbox"/>
7.	More than one type of floor texture? (<i>carpet, wood, tile, linoleum, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
8.	Any furniture or equipment for your child to pull up to a standing position and/or walk? (<i>table, chair, couch, objects, etc.</i>)	<input type="checkbox"/>	<input type="checkbox"/>
9.	Steps or stairs?	<input type="checkbox"/>	<input type="checkbox"/>
10.	A special place for toys where your child can choose what to play with and get it without help? (<i>toy bins, drawers, boxes, shelves</i>)	<input type="checkbox"/>	<input type="checkbox"/>

II. DAILY ACTIVITIES

During the day - but ONLY referring to the time spent in your home:

		YES	NO
11.	My/Our child regularly (at least twice a week) plays with other children.	<input type="checkbox"/>	<input type="checkbox"/>
12.	I/We usually have a daily time for playing (interacting) with our child.	<input type="checkbox"/>	<input type="checkbox"/>
13.	My/Our child regularly (at least twice a week) plays (interacts) with adults, other than the parent(s).	<input type="checkbox"/>	<input type="checkbox"/>
14.	I/We regularly (at least twice a week) play games with my/our child to practice learning about body parts. (<i>e.g., where is your hand?</i>)	<input type="checkbox"/>	<input type="checkbox"/>
15.	I/We regularly (at least twice a week) play games with my/our child to practice movements, such as "clap hands", "wave", "crawl", "walk", etc.	<input type="checkbox"/>	<input type="checkbox"/>

On a typical day, how would you describe the amount of AWAKE time your child spends in each of the situations below?

16. Carried in adult arms, attached to caregiver's body or in some carrying device (*baby bag, sling, cradleboard, etc.*)

Never Sometimes Almost Always Always

17. In a seating device (*high chair, stroller, car seat, or any other type of seating device*).

Never Sometimes Almost Always Always

18. In a walking device (*walker, exersaucer, or any other type of device that provides help for the child to walk and/or support while standing up*).

Never Sometimes Almost Always Always

19. In a Playpen, or other similar equipment, bed or crib.

Never Sometimes Almost Always Always

20. In tummy time play.

Never Sometimes Almost Always Always

21. Free to move in any space of the house.

Never Sometimes Almost Always Always

III. PLAY MATERIALS

Instructions:

With each toy group listed below, please check the box for the number of equal or SIMILAR toys you use in your house to play with your baby.

Please read each group's general description carefully before deciding if you have this type of toy.

FIGURES ARE ONLY EXAMPLES to help you better understand the description. You do not need to have the exact way represented to count it in the group. **SIMILAR** toys of the same **TYPE** should be counted.

22. Toys suspended above or to the side of the baby, mobiles, ornaments.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

23. Hand (graspable) toys: simple rattles, mouthable toys (teethers), graspable mirrors.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

24. Plush music box animals, stuffed toys, squeeze-squeak toys, cloth toys, water (floating, sponges) toys.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

25. Infant swings, exersaucers, johnny jumpers.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

26. Trains, cars, animals, or other toys that can be pulled and pushed.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

27. Roly-poly, pop-up, spinning toys.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

28. Blocks (plastic, sponge, cloth, cardboard, wooden, rubber).

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

29. Books for babies (cloth, cardboard or plastic).

Examples are:



How many of these toys do you use to read and play with your baby at home?

- None One - two Three - four Five or more

30. Balls of different sizes, textures, colors and shapes.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

31. Materials that stimulate locomotion (walkers, mats, climbing equipment).

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

32. Musical materials: instruments, music boxes hand-cranked by the child.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

ATTENTION:

- If your baby's age is between 03 and 11 MONTHS, STOP here and do not answer additional questions. The following toys are not recommended for infants YOUNGER than 12 MONTHS OF AGE.
- If your baby is 12 months of age or older please CONTINUE answering the questionnaire.

33. Shape sorters.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

34. Soft hand or finger puppets.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

35. Dolls and other play figures with accessories.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

36. Home activity toys: telephone, kitchen utensil sets, tool sets.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

37. Stacking (rings, cones) and nesting toys.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

38. Puzzles (2-6 pieces).

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

39. Materials that stimulate locomotion: Pull or Push toys.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

40. Multi-activity tables.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

41. Outdoor type baby swings, rocking toys, baby tricycles.

Examples are:



How many of these toys do you use to play with your baby at home?

- None One - two Three - four Five or more

Additional Comments:
