Case Studies and Scoring Exercises

Ages & Stages Questionnaires® (ASQ-3™) and Ages & Stages Questionnaires®: Social-Emotional 2 (ASQ:SE 2)

Infant Mental Health Promotion

IMHP

8 Month Old – Emma

Emma is an 8 month old baby girl who lives with her mother in a small rural community. Emma's mother receives social assistance and cares for Emma. Emma is the first child for her mother and her father is not involved in their lives. Emma's mother is often exhausted from caring for Emma by herself as Emma is fussy and has difficulty settling to sleep. When it is time to take a nap or go to bed for the night, Emma's mother puts Emma down in her crib and exits the room.

Emma becomes upset and cries when her mother leaves and is left to soothe herself. Emma's mother worries that if she gives Emma attention every time she cries, Emma will become spoiled. Emma's mother loves going for walks with Emma around the community whenever she feels overwhelmed or stressed. Emma usually falls asleep during their walks and does not display the same enjoyment as her mother during these outings.

The family's home visitor notices that Emma does not move around the way other babies do. She stays in one place and waits for adults to offer her toys. It was also noted that mom is often seen to be on her phone texting or watching the television but not very engaged with Emma.

When Emma cries, Mom responds telling her not to cry and to play. When asked how mom learned about the home visiting program, Mom says a friend recommended getting a home visitor so they could receive gift cards and clothing donations from the program. Mom indicated she feels overwhelmed by Emma and was hoping that the home visitor would give her a much needed break from Emma but was disappointed as the home visitor still expects her to play with Emma.

A developmental screen on Emma found that Emma is at risk for a social emotional delay and a gross motor delay. She is unable to support her weight when supported by her caregiver and is unable to pull herself upright or stand with support. She also has difficulty calming herself when she is upset suggesting a social emotional delay.

6 Month Questionnaire

3 months 0 days through 8 months 30 days

ASQ:SE-2 Ages & Stages Questionnaires® Social-Emotional SECOND EDITION

Date ASQ:SE-2 completed: _____

Baby's information

Baby's first name: Emma | Baby's middle initial: | Baby's last name:

Baby's date of birth: | If baby was born 3 or more weeks premature, please enter the number of weeks:

Baby's gender: ◯ Male ◯ Female

Person filling out questionnaire

First name: | Middle initial: | Last name:

Street address:

City: | State/province: | ZIP/postal code:

Country: | Home telephone number: | Other telephone number:

E-mail address:

Relationship to baby: ◯ Parent ◯ Guardian ◯ Teacher ◯ Other: _____ ◯ Grandparent/other relative ◯ Foster parent ◯ Child care provider

People assisting in questionnaire completion:

Program information

(For program use only.)

Baby's ID #: | Age at administration in months and days:

Program ID #: | If premature, adjusted age in months and days:

Program name:

P201060000

6 Month Questionnaire *3 months 0 days through 8 months 30 days*

ASQ:SE-2

Questions about behaviors babies may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your baby's behavior. Also, check the circle ◉ if the behavior is a concern.

Important Points to Remember:

- ☐ Answer questions based on what you know about your baby's behavior.
- ☐ Answer questions based on your baby's *usual* behavior, not behavior when your baby is sick, very tired, or hungry.
- ☐ Caregivers who know the baby well and spend more than 15–20 hours per week with the baby should complete ASQ:SE-2.
- ☐ Please return this questionnaire by: _____
- ☐ If you have any questions or concerns about your baby or about this questionnaire, contact: _____
- ☐ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. When upset, can your baby calm down within a half hour?	☐ z	☐ v	☑ x	◯ v	_____
2. Does your baby smile at you and other family members? 	☑ z	☐ v	☐ x	◯ v	_____
3. Does your baby like to be picked up and held?	☑ z	☐ v	☐ x	◯ v	_____
4. Does your baby stiffen and arch her back when picked up?	☐ x	☐ v	☑ z	◯ v	_____
5. When you talk to your baby, does he look at you and seem to listen?	☑ z	☐ v	☐ x	◯ v	_____
6. Does your baby let you know when she is hungry or sick?	☑ z	☐ v	☐ x	◯ v	_____
7. Does your baby seem to enjoy watching or listening to people? For example, does he turn his head to look at someone talking?	☑ z	☐ v	☐ x	◯ v	_____

TOTAL POINTS ON PAGE _____

6 Month Questionnaire

ASQ:SE-2 Check the box ☑ that best describes your child's behavior. Also, check the circle ✓ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
8. Is your baby able to calm herself down (for example, by sucking her hand or pacifier)? 	☐ z	☐ v	☑ x	○ v	____
9. Does your baby cry for long periods of time?	☑ x	☐ v	☐ z	○ v	____
10. Is your baby's body relaxed?	☑ z	☐ v	☐ x	○ v	____
11. Does your baby have trouble sucking from a breast or bottle?	☐ x	☐ v	☑ z	○ v	____
12. Does it take longer than 30 minutes to feed your baby?	☐ x	☑ v	☐ z	○ v	____
13. Do you and your baby enjoy feeding times together?	☑ z	☐ v	☐ x	○ v	____
14. Does your baby have any eating problems, such as gagging, vomiting, or _____? (Please describe.) _____ _____	☐ x	☐ v	☑ z	○ v	____
15. During the day, does your baby stay awake for an hour or longer at one time?	☑ z	☐ v	☐ x	○ v	____
16. Does your baby have trouble falling asleep at naptime or at night?	☑ x	☐ v	☐ z	✓ v	____

TOTAL POINTS ON PAGE ____

P201060200

6 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior. Also, check the circle ◉ if the behavior is a concern.

	OFTEN OR ALWAYS	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
17. Does your baby sleep at least 10 hours in a 24-hour period? 	☐ z	☑ v	☐ x	○ v	____
18. Does your baby get constipated or have diarrhea?	☐ x	☐ v	☑ z	○ v	____
19. Does your baby make sounds and look at you while playing with you?	☑ z	☐ v	☐ x	○ v	____
20. Does your baby make sounds or use gestures to get your attention?	☑ z	☐ v	☐ x	◉ v	____
21. When you smile at your baby, does he smile back at you?	☑ z	☐ v	☐ x	○ v	____
22. When you talk or make sounds to your baby, does she make sounds back?	☑ z	☐ v	☐ x	○ v	____
23. Has anyone shared concerns about your baby's behaviors? If "sometimes" or "often or always," please explain: HAVE NOT HEARD FROM HER DOCTOR	☐ x	☐ v	☑ z	○ v	____

TOTAL POINTS ON PAGE ____

OVERALL Use the space below for additional comments.

24. Do you have concerns about your baby's eating or sleeping behaviors? If yes, please explain: ☑ YES ○ NO

DOES NOT FALL ASLEEP ON HER OWN

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

CRIES WHENEVER I AM NOT IN HER SIGHT.

26. What do you enjoy about your baby?

I LOVE SPENDING TIME WITH HER.

6 Month Information Summary *3 months 0 days through 8 months 30 days*

ASQ:SE-2

Baby's name: _____ Date ASQ:SE-2 completed: _____

Baby's ID #: _____ Baby's date of birth: _____

Person who completed ASQ:SE-2: _____ Baby's age/adjusted age in months and days: _____

Administering program/provider: _____ Baby's gender: ◯ Male ◯ Female

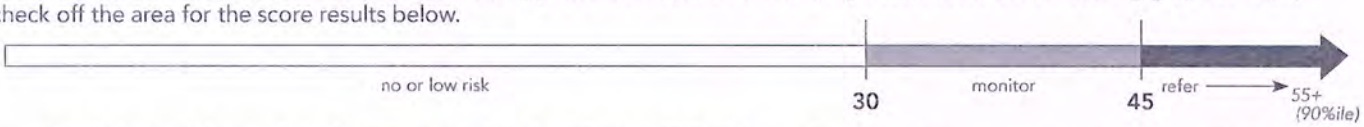
1. ASQ:SE-2 SCORING CHART:

- Score items (*Z* = 0, *V* = 5, *X* = 10, *Concern* = 5).
- Transfer the page totals and add them for the total score.
- Record the baby's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
TOTAL POINTS ON PAGE 3	
Total score	

Cutoff	Total score
45	

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the baby's total score on the scoring graphic. Then, check off the area for the score results below.



____ The baby's total score is in the ▭ area. It is below the cutoff. Social-emotional development appears to be on schedule.

____ The baby's total score is in the ▭ area. It is close to the cutoff. Review behaviors of concern and monitor.

____ The baby's total score is in the ▭ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–23. Any Concerns marked on scored items? **YES** no Comments:

24. Eating/sleeping concerns? **YES** no Comments:

25. Other worries? **YES** no Comments:

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide*.

____ **Setting/time factors** (e.g., Is the baby's behavior the same at home as at school?)

____ **Developmental factors** (e.g., Is the baby's behavior related to a developmental stage or delay?)

____ **Health factors** (e.g., Is the baby's behavior related to health or biological factors?)

____ **Family/cultural factors** (e.g., Is the baby's behavior acceptable given the baby's cultural or family context? Have there been any stressful events in the baby's life recently?)

____ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the baby's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

____ Provide activities and rescreen in ____ months.

____ Share results with primary health care provider.

____ Provide parent education materials.

____ Provide information about available parenting classes or support groups.

____ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____

____ Administer developmental screening (e.g., ASQ-3).

____ Refer to early intervention/early childhood special education.

____ Refer for social-emotional, behavioral, or mental health evaluation.

____ Other: _____

P201060500

ASQ-3 Ages & Stages Questionnaires®

7 months 0 days through 8 months 30 days

8 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Baby's information

Baby's first name: Emma Middle initial: _____ Baby's last name: _____

Baby's date of birth: _____

If baby was born 3 or more weeks prematurely, # of weeks premature: _____

Baby's gender: ◯ Male ◯ Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____

Relationship to baby: ◯ Parent ◯ Guardian ◯ Teacher ◯ Child care provider ◯ Grandparent or other relative ◯ Foster parent ◯ Other: _____

City: _____ State/ Province: _____ ZIP/ Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Baby ID #: _____ Age at administration in months and days: _____

Program ID #: _____ If premature, adjusted age in months and days: _____

Program name: _____

P101080100

ASQ-3

8 Month Questionnaire

7 months 0 days through 8 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.

Important Points to Remember:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your baby.
- ☑ Make sure your baby is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. If you call to your baby when you are out of sight, does she look in the direction of your voice?	✓	○	○	____
2. When a loud noise occurs, does your baby turn to see where the sound came from?	✓	○	○	____
3. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	○	✓	○	____
4. Does your baby make sounds like "da," "ga," "ka," and "ba"?	✓	○	○	____
5. Does your baby respond to the tone of your voice and stop his activity at least briefly when you say "no-no" to him?	✓	○	○	____
6. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? *(The sounds do not need to mean anything.)*	✓	○	○	____

COMMUNICATION TOTAL ____

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. When you put your baby on the floor, does she lean on her hands while sitting? *(If she already sits up straight without leaning on her hands, mark "yes" for this item.)* 	✓	○	○	____
2. Does your baby roll from his back to his tummy, getting both arms out from under him?	✓	○	○	____

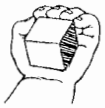
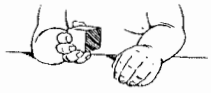
GROSS MOTOR *(continued)*

		YES	SOMETIMES	NOT YET	
3. Does your baby get into a crawling position by getting up on her hands and knees?		✓	○	○	___
4. If you hold both hands just to balance your baby, does he support his own weight while standing?		○	○	✓	___
5. When sitting on the floor, does your baby sit up straight for several minutes *without* using her hands for support?		✓	○	○	___*
6. When you stand your baby next to furniture or the crib rail, does he hold on without leaning his chest against the furniture for support?		○	○	✓	___

GROSS MOTOR TOTAL ___

**If Gross Motor Item 5 is marked "yes" or "sometimes," mark Gross Motor Item 1 "yes."*

FINE MOTOR

		YES	SOMETIMES	NOT YET	
1. Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? *(If she already picks up a small object, mark "yes" for this item.)*		○	✓	○	___
2. Does your baby pick up a small toy, holding it in the center of his hand with his fingers around it?		✓	○	○	___
3. Does your baby *try* to pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion, even if she isn't able to pick it up? *(If she already picks up a crumb or Cheerio, mark "yes" for this item.)*		✓	○	○	___
4. Does your baby pick up a small toy with only one hand?		✓	○	○	___

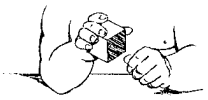
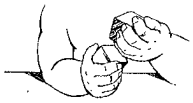
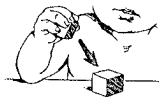
FINE MOTOR *(continued)*

		YES	SOMETIMES	NOT YET	
5.	Does your baby *successfully* pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion? *(If he already picks up a crumb or Cheerio, mark "yes" for this item.)* 	✓	○	○	____
6.	Does your baby pick up a small toy with the *tips* of her thumb and fingers? *(You should see a space between the toy and her palm.)* 	○	✓	○	____ *

FINE MOTOR TOTAL ____

**If Fine Motor Item 6 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."*

PROBLEM SOLVING

		YES	SOMETIMES	NOT YET	
1.	Does your baby pick up a toy and put it in his mouth? 	✓	○	○	____
2.	When your baby is on her back, does she try to get a toy she has dropped if she can see it?	○	✓	○	____
3.	Does your baby play by banging a toy up and down on the floor or table? 	✓	○	○	____
4.	Does your baby pass a toy back and forth from one hand to the other? 	✓	○	○	____
5.	Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute? 	○	✓	○	____
6.	When holding a toy in his hand, does your baby bang it against another toy on the table? 	✓	○	○	____

PROBLEM SOLVING TOTAL ____

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. When lying on her back, does your baby play by grabbing her foot? 	○	✓	○	___
2. When in front of a large mirror, does your baby reach out to pat the mirror? 	✓	○	○	___
3. Does your baby try to get a toy that is out of reach? *(He may roll, pivot on his tummy, or crawl to get it.)*	✓	○	○	___
4. While your baby is on her back, does she put her foot in her mouth? 	○	○	✓	___
5. Does your baby drink water, juice, or formula from a cup while you hold it?	✓	○	○	___
6. Does your baby feed himself a cracker or a cookie?	○	○	✓	___

PERSONAL-SOCIAL TOTAL ___

OVERALL

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain: ✓ YES ○ NO

2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain: ✓ YES ○ NO

Only if I am there to support her.

OVERALL *(continued)*

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain: ○ YES ✓ NO

4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ○ YES ✓ NO

5. Do you have concerns about your baby's vision? If yes, explain: ○ YES ✓ NO

6. Has your baby had any medical problems in the last several months? If yes, explain: ○ YES ○ NO

Had a fever / flu 2 month ago

7. Do you have any concerns about your baby's behavior? If yes, explain: ✓ YES ○ NO

Always cries to get my attention

8. Does anything about your baby worry you? If yes, explain: ✓ YES ○ NO

seems to need me there to always fall asleep.

ASQ-3 — 8 Month ASQ-3 Information Summary

7 months 0 days through 8 months 30 days

Baby's name: Emma

Date ASQ completed: _____

Baby's ID #: _____

Date of birth: _____

Administering program/provider: _____

Was age adjusted for prematurity when selecting questionnaire? ◯ Yes ◯ No

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	33.06		●	●	●	●	●	●	●	◯	◯	◯	◯	◯	◯
Gross Motor	30.61		●	●	●	●	●	●	●	◯	◯	◯	◯	◯	◯
Fine Motor	40.15		●	●	●	●	●	●	●	●	◯	◯	◯	◯	◯
Problem Solving	36.17		●	●	●	●	●	●	●	●	◯	◯	◯	◯	◯
Personal-Social	35.84		●	●	●	●	●	●	●	●	◯	◯	◯	◯	◯

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide*, Chapter 6.

1.	Uses both hands and both legs equally well? Comments:	Yes	**NO**	5.	Concerns about vision? Comments:	**YES**	No
2.	Feet are flat on the surface most of the time? Comments:	Yes	**NO**	6.	Any medical problems? Comments:	**YES**	No
3.	Concerns about not making sounds? Comments:	**YES**	No	7.	Concerns about behavior? Comments:	**YES**	No
4.	Family history of hearing impairment? Comments:	**YES**	No	8.	Other concerns? Comments:	**YES**	No

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the ▭ area, it is above the cutoff, and the baby's development appears to be on schedule.
If the baby's total score is in the ▭ area, it is close to the cutoff. Provide learning activities and monitor.
If the baby's total score is in the ▭ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

_____ Provide activities and rescreen in _____ months.

_____ Share results with primary health care provider.

_____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.

_____ Refer to primary health care provider or other community agency (specify reason): _____.

_____ Refer to early intervention/early childhood special education.

_____ No further action taken at this time

_____ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

P101080700

10 Month Old – Adam

Adam is a 10 month old boy who lives with his mother and his extended family. Adam's family moved from a small northern reserve before he was born. Until two months ago, Adam's grandparents took care of him during the day while Adam's mother was at work. Neither of Adam's grandparents speaks English as a first language and Adam's mother has asked that they not speak to him in their home language because she wants him to learn English first. Adam's mother works long shifts at restaurant to provide for her family, and when she gets home she is tired and lets Adam watch TV until bed time. Adam's cousin grew tired of caring or Adam during the day because he frequently cried and threw tantrums; therefore Adam has been enrolled in Aboriginal Head Start. After two months, the Head Start staff have not heard Adam make any sounds and have difficulty reading his cues. He does not maintain eye contact when spoken to or respond when his name is called.

Observation of Adam at Head Start found that he does not engage in any back and forth games such as peek-a-boo. He does not cue his caregivers who have found he goes from being okay to being very upset and it happens very suddenly. When they call his name he does not respond although a hearing test has confirmed that his hearing is fine. When staff try to console him he does not respond and usually cries himself to sleep.

A developmental screen suggest that Adam is at risk for a social emotional delay. He does not show much emotion except when he is upset or angry. When he is upset he is unable to calm himself down. It was also found that his communication domain is at risk of a delay – he makes very few sounds, does not point at things he wants or follow simple commands such as "come here". His problem solving skills are also at risk for a delay. Adam does not show any interest in new toys and gives up on things the Head Start staff feel he should be doing.

12 Month Questionnaire

9 months 0 days through 14 months 30 days

ASQ:SE-2 Ages & Stages Questionnaires® Social-Emotional SECOND EDITION

Date ASQ:SE-2 completed: _____

Baby's information

Baby's first name: Adam | Baby's middle initial: | Baby's last name:

Baby's date of birth: | If baby was born 3 or more weeks premature, please enter the number of weeks:

Baby's gender: ◯ Male ◯ Female

Person filling out questionnaire

First name: | Middle initial: | Last name:

Street address:

City: | State/province: | ZIP/postal code:

Country: | Home telephone number: | Other telephone number:

E-mail address:

Relationship to baby: ◯ Parent ◯ Guardian ◯ Teacher ◯ Other: _____
◯ Grandparent/other relative ◯ Foster parent ◯ Child care provider

People assisting in questionnaire completion:

Program information

(For program use only.)

Baby's ID #: | Age at administration in months and days:

Program ID #: | If premature, adjusted age in months and days:

Program name:

P201120000

12 Month Questionnaire *9 months 0 days through 14 months 30 days*

ASQ:SE-2

Questions about behaviors babies may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your baby's behavior. Also, check the circle ⊘ if the behavior is a concern.

Important Points to Remember:

- ☐ Answer questions based on what you know about your baby's behavior.
- ☐ Answer questions based on your baby's *usual* behavior, not behavior when your baby is sick, very tired, or hungry.
- ☐ Caregivers who know the baby well and spend more than 15–20 hours per week with the baby should complete ASQ:SE-2.
- ☐ Please return this questionnaire by: _____
- ☐ If you have any questions or concerns about your baby or about this questionnaire, contact: _____
- ☐ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

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

TOTAL POINTS ON PAGE ____

12 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior.
Also, check the circle ✓ if the behavior is a concern.

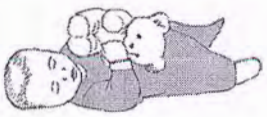
	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
8. Is your baby's body relaxed?	☑ z	☐ v	☐ x	○ v	____
9. Does your baby cry, scream, or have tantrums for long periods of time?	☑ x	☐ v	☐ z	✓ v	____
10. Is your baby able to calm himself down (for example, by sucking his hand or pacifier)? 	☐ z	☑ v	☐ x	○ v	____
11. Is your baby interested in things around her, such as people, toys, and foods?	☑ z	☐ v	☐ x	○ v	____
12. Does it take longer than 30 minutes to feed your baby?	☐ x	☑ v	☐ z	○ v	____
13. Do you and your baby enjoy mealtimes together?	☐ z	☐ v	☑ x	○ v	____
14. Does your baby have any eating problems, such as gagging, vomiting, or _____? (Please describe.) _____ _____	☐ x	☐ v	☑ z	○ v	____
15. Does your baby have trouble falling asleep at naptime or at night?	☐ x	☑ v	☐ z	○ 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?"	☐ z	☐ v	☑ x	✓ v	____

TOTAL POINTS ON PAGE ____

12 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior. Also, check the circle ◉ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
17. Does your baby sleep at least 10 hours in a 24-hour period? 	☐ z	☑ v	☐ x	◯ v	____
18. Does your baby get constipated or have diarrhea?	☐ x	☐ v	☑ z	◯ v	____
19. Does your baby let you know when she is hungry, hurt, or tired?	☐ z	☑ v	☐ x	◯ v	____
20. When you talk to your baby, does he turn his head, look, or smile?	☐ z	☑ v	☐ x	◯ v	____
21. Does your baby try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ x	☐ v	☑ z	◯ v	____
22. Does your baby try to show you things? For example, does she hold out a toy and look at you?	☐ z	☑ v	☐ x	◯ v	____
23. Does your baby respond to his name when you call him? For example, does he turn his head and look at you?	☐ z	[	☑ x	◉ v	____
24. When you point at something, does your baby look in the direction you are pointing?	☐ z	☑ v	☐ x	◯ v	____
25. Does your baby make sounds or use gestures to let you know she wants something (for example, by reaching)?	☐ z	[v	☑ x	◉ v	____
26. When you copy sounds your baby makes, does your baby repeat the same sounds back to you?	☐ z	v	☑ x	◉ v	____
27. Has anyone shared concerns about your baby's behaviors? If "sometimes" or "often or always," please explain: Adam's teacher told me that he is more quiet than most of the other babies, and that he does not play often.	☐ x	☑ v	☐ z	◯ v	____

TOTAL POINTS ON PAGE ____

P201120300

OVERALL Use the space below for additional comments.

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

SOMETIMES ADAM HAS TROUBLE FALLING ASLEEP AND WILL CRY UNTIL I LET HIM WATCH HIS FAVOURATE TV SHOW.

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

30. What do you enjoy about your baby?

I LIKE THAT ADAM CALMS DOWN WHEN I TURN ON THE TV BECAUSE IT LETS ME HAVE SOME DOWN TIME.

12 Month Information Summary *9 months 0 days through 14 months 30 days*

ASQ:SE-2

Baby's name: _____ Date ASQ:SE-2 completed: _____

Baby's ID #: _____ Baby's date of birth: _____

Person who completed ASQ:SE-2: _____ Baby's age/adjusted age in months and days: _____

Administering program/provider: _____ Baby's gender: ◯ Male ◯ Female

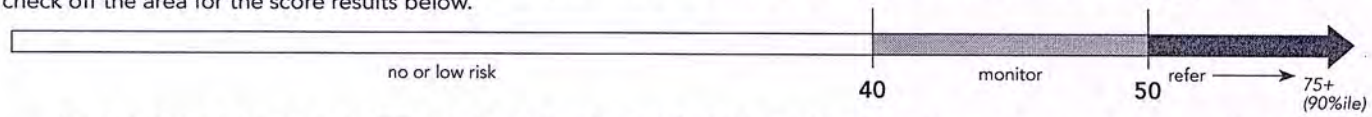
1. ASQ:SE-2 SCORING CHART:

- Score items (*Z* = 0, *V* = 5, *X* = 10, *Concern* = 5).
- Transfer the page totals and add them for the total score.
- Record the baby's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
TOTAL POINTS ON PAGE 3	
Total score	

Cutoff	**Total score**
50	

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the baby's total score on the scoring graphic. Then, check off the area for the score results below.



____ The baby's total score is in the ▭ area. It is below the cutoff. Social-emotional development appears to be on schedule.

____ The baby's total score is in the ▭ area. It is close to the cutoff. Review behaviors of concern and monitor.

____ The baby's total score is in the ▭ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–27. Any Concerns marked on scored items? **YES** no Comments:

28. Eating/sleeping concerns? **YES** no Comments:

29. Other worries? **YES** no Comments:

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide*.

____ **Setting/time factors** (e.g., Is the baby's behavior the same at home as at school?)

____ **Developmental factors** (e.g., Is the baby's behavior related to a developmental stage or delay?)

____ **Health factors** (e.g., Is the baby's behavior related to health or biological factors?)

____ **Family/cultural factors** (e.g., Is the baby's behavior acceptable given the baby's cultural or family context? Have there been any stressful events in the baby's life recently?)

____ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the baby's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

____ Provide activities and rescreen in ____ months.

____ Share results with primary health care provider.

____ Provide parent education materials.

____ Provide information about available parenting classes or support groups.

____ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____

____ Administer developmental screening (e.g., ASQ-3).

____ Refer to early intervention/early childhood special education.

____ Refer for social-emotional, behavioral, or mental health evaluation.

____ Other: _____

P201120500

ASQ-3 Ages & Stages Questionnaires®

9 months 0 days through 10 months 30 days

10 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Baby's information

Baby's first name: Adam Middle initial: _____ Baby's last name: _____

Baby's date of birth: _____

If baby was born 3 or more weeks prematurely, # of weeks premature: _____

Baby's gender: ◯ Male ◯ Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____

Relationship to baby: ◯ Parent ◯ Guardian ◯ Teacher ◯ Child care provider ◯ Grandparent or other relative ◯ Foster parent ◯ Other: _____

City: _____ State/ Province: _____ ZIP/ Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Baby ID #: _____ Age at administration in months and days: _____

Program ID #: _____ If premature, adjusted age in months and days: _____

Program name: _____

P101100100

ASQ-3

10 Month Questionnaire

9 months 0 days through 10 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.

Important Points to Remember:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your baby.
- ☑ Make sure your baby is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

		YES	SOMETIMES	NOT YET	
1.	Does your baby make sounds like "da," "ga," "ka," and "ba"?	✓	○	○	___
2.	If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	○	✓	○	___
3.	Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga"? *(The sounds do not need to mean anything.)*	○	✓	○	___
4.	If you ask your baby to, does he play at least one nursery game even if you don't show him the activity yourself (such as "bye-bye," "Peeka-boo," "clap your hands," "So Big")?	○	○	✓	___
5.	Does your baby follow one simple command, such as "Come here," "Give it to me," or "Put it back," *without* your using gestures?	○	○	✓	___
6.	Does your baby say three words, such as "Mama," "Dada," and "Baba"? *(A "word" is a sound or sounds your baby says consistently to mean someone or something.)*	○	○	✓	___

COMMUNICATION TOTAL ___

GROSS MOTOR

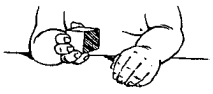
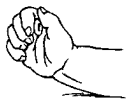
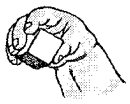
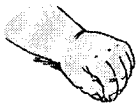
		YES	SOMETIMES	NOT YET	
1.	If you hold both hands just to balance your baby, does she support her own weight while standing? 	✓	○	○	___
2.	When sitting on the floor, does your baby sit up straight for several minutes *without* using his hands for support? 	✓	○	○	___

GROSS MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
3. When you stand your baby next to furniture or the crib rail, does she hold on without leaning her chest against the furniture for support? 	☑	○	○	___
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? 	○	☑	○	___
5. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?	○	☑	○	___
6. Does your baby walk beside furniture while holding on with only one hand?	○	○	☑	___

GROSS MOTOR TOTAL ___

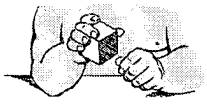
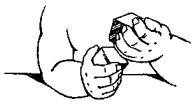
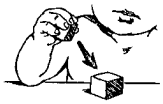
FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your baby pick up a small toy with only one hand? 	☑	○	○	___
2. Does your baby *successfully* pick up a crumb or Cheerio by using her thumb and all of her fingers in a raking motion? *(If she already picks up a crumb or Cheerio, mark "yes" for this item.)* 	☑	○	○	___
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.)* 	☑	○	○	___
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.)* 	☑	○	○	___
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. 	☑	○	○	___ *
6. Does your baby put a small toy down, without dropping it, and then take her hand off the toy?	○	☑	○	___

FINE MOTOR TOTAL ___

**If Fine Motor Item 5 is marked "yes" or "sometimes," mark Fine Motor Item 2 "yes."*

PROBLEM SOLVING

		YES	SOMETIMES	NOT YET	
1.	Does your baby pass a toy back and forth from one hand to the other? 	✓	○	○	___
2.	Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute? 	✓	○	○	___
3.	When holding a toy in his hand, does your baby bang it against another toy on the table? 	○	✓	○	___
4.	While holding a small toy in each hand, does your baby clap the toys together (like "Pat-a-cake")?	○	✓	○	___
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 watching 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

		YES	SOMETIMES	NOT YET	
1.	While your baby is on her back, does she 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, mark "yes" for this item.)*	○	○	✓	___
5.	When you dress your baby, does he 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 space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain: ☑ YES ○ NO

2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain: ☑ YES ○ NO

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain: ☑ YES ○ NO

Adam's daycare teachers have told me that he is more quiet than the other babies.

4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ○ YES ☑ NO

5. Do you have concerns about your baby's vision? If yes, explain: ○ YES ☑ NO

6. Has your baby had any medical problems in the last several months? If yes, explain: ○ YES ☑ NO

E101100500

OVERALL *(continued)*

7. Do you have any concerns about your baby's behavior? If yes, explain: ☑ YES ○ NO

I am worried because Adam cries all of the time and I can't get him to stop crying unless I turn on his favourite TV show.

8. Does anything about your baby worry you? If yes, explain: ○ YES ☑ NO

ASQ-3 10 Month ASQ-3 Information Summary

9 months 0 days through 10 months 30 days

Baby's name: _____ Date ASQ completed: _____

Baby's ID #: _____ Date of birth: _____

Administering program/provider: _____ Was age adjusted for prematurity when selecting questionnaire? ◯ Yes ◯ No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	22.87		●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯	◯
Gross Motor	30.07		●	●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯
Fine Motor	37.97		●	●	●	●	●	●	●	●	◯	◯	◯	◯	◯
Problem Solving	32.51		●	●	●	●	●	●	●	◯	◯	◯	◯	◯	◯
Personal-Social	27.25		●	●	●	●	●	●	◯	◯	◯	◯	◯	◯	◯

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide*, Chapter 6.

1. Uses both hands and both legs equally well? Yes **NO**
   Comments:
2. Feet are flat on the surface most of the time? Yes **NO**
   Comments:
3. Concerns about not making sounds? **YES** No
   Comments:
4. Family history of hearing impairment? **YES** No
   Comments:
5. Concerns about vision? **YES** No
   Comments:
6. Any medical problems? **YES** No
   Comments:
7. Concerns about behavior? **YES** No
   Comments:
8. Other concerns? **YES** No
   Comments:

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the baby's total score is in the ▭ area, it is above the cutoff, and the baby's development appears to be on schedule.
If the baby's total score is in the ▨ area, it is close to the cutoff. Provide learning activities and monitor.
If the baby's total score is in the ■ area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

_____ Provide activities and rescreen in _____ months.

_____ Share results with primary health care provider.

_____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.

_____ Refer to primary health care provider or other community agency (specify reason): _____.

_____ Refer to early intervention/early childhood special education.

_____ No further action taken at this time

_____ Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

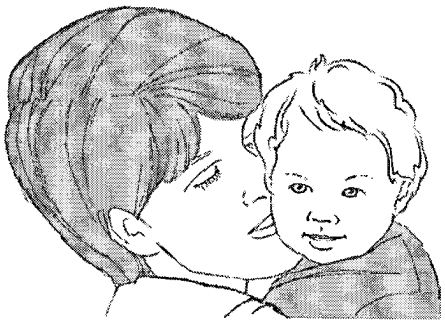
P101100700

24 Month Old – Darcey

Darcey is a 24 month old girl who lives with her mother and father in a small apartment. Darcey's father works as an electrician and her mother is a stay-at-home parent taking postsecondary education online from home. Darcey's mother is very busy throughout the day, preparing food for the family, doing all of the household chores, and completing her coursework. Darcey's mother keeps Darcey in a playpen for most of the day because she is concerned about her daughter creating a mess in the apartment. Darcey often cries for prolonged periods until exhausted in her playpen. Darcey wants to help her mom with different activities but her mom worries about tidying up any mess and taking too much time out of the day. Darcey's father gets home late at night but he does enjoy bringing Darcey outside to the playground or going for walks when possible.

Mom is thinking about going back to work or going to school and has started to transition Darcy into Aboriginal Head Start. The staff have now had several opportunities to observe Darcey in the toddler program. Even when mom is present and holding her, Darcey cries and is unable to calm down. Mom has mentioned several times that Darcey has not spent time with other children in a group at all. Even Mom seems somewhat overwhelmed by all the activity. Mom is repeatedly asking if she can just leave Darcey as she finds it quite distressing to see her upset. She feels sneaking out would force Darcey to rely on the Head Start staff. Darcey does at times seem curious about what the other kids are doing but then gets upset and starts to cry. Mom has yet to put Darcey on the floor and play with her so staff are unsure about her development.

During her fourth visit, the staff decide to do a developmental screen on Darcey. The score suggests that Darcey is at risk for a social emotional delay. Darcey tantrums sometimes and Mom finds this hard. She says Darcey gets very stiff and arches her back and then has a very hard time calming down. Even getting her to nap or sleep at night can sometimes be a challenge. Based on the screen, Darcey may be at risk for a gross motor delay and problem solving delay. Darcy does not engage in any pretend play. She also seems content to just sit and not explore her surroundings or the toys near her.



24 Month Questionnaire

21 months 0 days through 26 months 30 days

ASQ:SE-2 Ages & Stages Questionnaires® Social-Emotional SECOND EDITION

Date ASQ:SE-2 completed: _____

Child's information

Child's first name: Darcy Child's middle initial: Child's last name:

Child's date of birth:

Child's gender: ◯ Male ☑ Female

Person filling out questionnaire

First name: Middle initial: Last name:

Street address:

City: State/ province: ZIP/postal code:

Country: Home telephone number: Other telephone number:

E-mail address:

Relationship to child: ◯ Parent ◯ Guardian ◯ Teacher ◯ Other: _____
◯ Grandparent/ other relative ◯ Foster parent ◯ Child care provider

People assisting in questionnaire completion:

Program information

(For program use only.)

Child's ID #: Age at administration in months and days:

Program ID #:

Program name:

P201240000

24 Month QUESTIONNAIRE *21 months 0 days through 26 months 30 days*

ASQ:SE-2

Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your child's behavior. Also, check the circle ◎ if the behavior is a concern.

Important Points to Remember:

- ☐ Answer questions based on what you know about your child's behavior.
- ☐ Answer questions based on your child's *usual* behavior, not behavior when your child is sick, very tired, or hungry.
- ☐ Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- ☐ Please return this questionnaire by: _____
- ☐ If you have any questions or concerns about your child or about this questionnaire, contact: _____
- ☐ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to him?	☑ z	☐ v	☐ x	◎ v	____
2. Does your child seem too friendly with strangers?	☐ x	☐ v	☑ z	◎ v	____
3. Does your child laugh or smile when you play with her?	☑ z	☐ v	☐ x	◎ v	____
4. Is your child's body relaxed?	☑ z	☐ v	☐ x	◎ v	____
5. When you leave, does your child stay upset and cry for more than an hour?	☑ x	☐ v	☐ z	◎ v	____
6. Does your child greet or say hello to familiar adults?	☐ z	☑ v	☐ x	◎ v	____
7. Does your child like to be hugged or cuddled?	☑ z	☐ v	☐ x	◎ v	____
8. When upset, can your child calm down within 15 minutes?	☐ z	☐ v	☑ x	◎ v	____

TOTAL POINTS ON PAGE ____

24 Month Questionnaire

ASQ:SE-2™

Check the box ☑ that best describes your child's behavior. Also, check the circle ◉ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
9. Does your child stiffen and arch his back when picked up?	☐ x	☑ v	☐ z	◯ v	____
10. Is your child interested in things around her, such as people, toys, and foods? 	☑ z	☐ v	☐ x	◯ v	____
11. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	☑ v	☐ z	◯ v	____
12. Do you and your child enjoy mealtimes together?	☑ z	☐ v	☐ x	◯ v	____
13. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	☐ x	☐ v	☑ z	◯ v	____
14. Does your child sleep at least 10 hours in a 24-hour period?	☑ z	☐ v	☐ x	◯ v	____
15. When you point at something, does your child look in the direction you are pointing?	☑ z	☐ v	☐ x	◯ v	____
16. Does your child have trouble falling asleep at naptime or at night?	☐ x	☑ v	☐ z	◯ v	____
17. Does your child get constipated or have diarrhea?	☐ x	☐ v	☑ z	◯ v	____

TOTAL POINTS ON PAGE ____

24 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior.
Also, check the circle ✓ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
18. Does your child follow simple directions? For example, does she sit down when asked?	☑ z	☐ v	☐ x	○ v	_____
19. Does your child let you know how he is feeling with words or gestures? For example, does he let you know when he is hungry, hurt, or tired?	☐ z	☑ v	☐ x	○ v	_____
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	☐ z	☑ v	☐ x	○ v	_____
21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or _____? (Please describe.) _____ _____	☑ x	☐ v	☐ z	○ v	_____
22. Does your child like to hear stories or sing songs? 	☑ z	☐ v	☐ x	○ v	_____
23. Does your child hurt himself on purpose?	☐ x	☐ v	☑ z	○ v	_____
24. Does your child like to be around other children? For example, does she move close to or look at other children? 	☑ z	☐ v	☐ x	○ v	_____
25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ x	☐ v	☑ z	○ v	_____
26. Does your child try to show you things by pointing at them and looking back at you?	☑ z	☐ v	☐ x	○ v	_____

TOTAL POINTS ON PAGE _____

P201240300

24 Month Questionnaire

ASQ:SE-2™

Check the box ☑ that best describes your child's behavior. Also, check the circle ◎ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
27. Does your child play with objects by pretending? For example, does your child pretend to talk on the phone, feed a doll, or fly a toy airplane?	☐ z	☑ v	☐ x	◯ v	_____
28. Does your child wake three or more times during the night?	☐ x	☐ v	☑ z	◯ v	_____
29. Does your child respond to his name when you call him? For example, does he turn his head and look at you?	☑ z	☐ v	☐ x	◯ v	_____
30. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	☐ x	☐ v	☑ z	◯ v	_____
31. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	☐ x	☐ v	☑ z	◯ v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

32. Do you have concerns about your child's eating or sleeping behaviors? If yes, please explain: ○ YES ✓ NO

33. Does anything about your child worry you? If yes, please explain: ○ YES ○ NO

She can't climb stairs
Wish she was more independent

34. What do you enjoy about your child?

I love her laugh and her reaction when I walk in

24 Month Information Summary 21 months 0 days through 26 months 30 days

ASQ:SE-2

Child's name: Darcey

Child's ID #: _____

Person who completed ASQ:SE-2: _____

Administering program/provider: _____

Date ASQ:SE-2 completed: _____

Child's date of birth: _____

Child's age in months and days: _____

Child's gender: ◯ Male ◯ Female

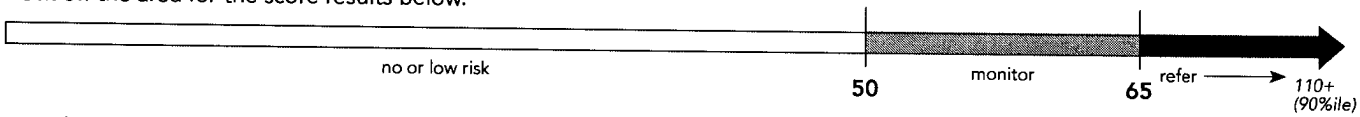
1. ASQ:SE-2 SCORING CHART:

- Score items (*Z* = 0, *V* = 5, *X* = 10, *Concern* = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
TOTAL POINTS ON PAGE 3	
TOTAL POINTS ON PAGE 4	
Total score	

Cutoff	**Total score**
65	

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.



____ The child's total score is in the ☐ area. It is below the cutoff. Social-emotional development appears to be on schedule.

____ The child's total score is in the ▒ area. It is close to the cutoff. Review behaviors of concern and monitor.

____ The child's total score is in the ■ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–31.	Any Concerns marked on scored items?	**YES**	no	Comments:
32.	Eating/sleeping concerns?	**YES**	no	Comments:
33.	Other worries?	**YES**	no	Comments:

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide*.

____ **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)

____ **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)

____ **Health factors** (e.g., Is the child's behavior related to health or biological factors?)

____ **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)

____ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

____ Provide activities and rescreen in ____ months.

____ Share results with primary health care provider.

____ Provide parent education materials.

____ Provide information about available parenting classes or support groups.

____ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____

____ Administer developmental screening (e.g., ASQ-3).

____ Refer to early intervention/early childhood special education.

____ Refer for social-emotional, behavioral, or mental health evaluation.

____ Other: _____

P201240600

ASQ-3 Ages & Stages Questionnaires®

23 months 0 days through 25 months 15 days

24 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Child's information

Child's first name: Darcey Middle initial: _____ Child's last name: _____

Child's gender: ◯ Male ◯ Female

Child's date of birth: _____

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Relationship to child: ◯ Parent ◯ Guardian ◯ Teacher ◯ Child care provider ◯ Grandparent or other relative ◯ Foster parent ◯ Other: _____

Street address: _____

City: _____ State/ Province: _____ ZIP/ Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: _____

Program ID #: _____

Program name: _____

P101240100

ASQ-3

24 Month Questionnaire

23 months 0 days through 25 months 15 days

On the following pages are questions about activities children may 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 fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your child before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your child.
- ☑ Make sure your child is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Without your showing him, does your child *point* to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?" *(She needs to identify only one picture correctly.)*	☑	○	○	___
2. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does your child say both words back to you? *(Mark "yes" even if her words are difficult to understand.)*	☑	○	○	___
3. Without your giving him clues by pointing or using gestures, can your child carry out at least *three* of these kinds of directions?	☑	○	○	___
☑ a. "Put the toy on the table." ☑ d. "Find your coat."				
○ b. "Close the door." ☑ e. "Take my hand."				
○ c. "Bring me a towel." ☑ f. "Get your book."				
4. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly *name* at least one picture?	☑	○	○	___
5. Does your child say two or three words that represent different ideas together, such as "See dog," "Mommy come home," or "Kitty gone"? *(Don't count word combinations that express one idea, such as "bye-bye," "all gone," "all right," and "What's that?")* Please give an example of your child's word combinations:	○	☑	○	___

"Daddy home"

COMMUNICATION *(continued)*

	YES	SOMETIMES	NOT YET	
6. Does your child correctly use at least two words like "me," "I," "mine," and "you"?	○	○	✓	___

COMMUNICATION TOTAL ___

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child walk down stairs if you hold onto one of her hands? She may also hold onto the railing or wall. *(You can look for this at a store, on a playground, or at home.)*	○	✓	○	___
2. When you show your child how to kick a large ball, does he try to kick the ball by moving his leg forward or by walking into it? *(If your child already kicks a ball, mark "yes" for this item.)* 	○	✓	○	___
3. Does your child walk either up or down at least two steps by herself? She may hold onto the railing or wall. 	○	○	✓	___
4. Does your child run fairly well, stopping herself without bumping into things or falling? 	○	○	✓	___
5. Does your child jump with both feet leaving the floor at the same time? 	○	✓	○	___
6. Without holding onto anything for support, does your child kick a ball by swinging his leg forward? 	○	✓	○	___ *

GROSS MOTOR TOTAL ___

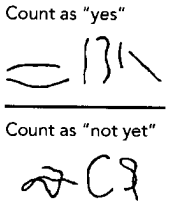
**If Gross Motor Item 6 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."*

FINE MOTOR

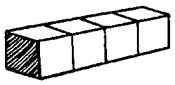
	YES	SOMETIMES	NOT YET	
1. Does your child get a spoon into his mouth right side up so that the food usually doesn't spill?	✓	○	○	___
2. Does your child turn the pages of a book by herself? *(She may turn more than one page at a time.)*	✓	○	○	___
3. Does your child use a turning motion with his hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars?	○	✓	○	___
4. Does your child flip switches off and on?	✓	○	○	___
5. Does your child stack seven small blocks or toys on top of each other by herself? *(You could also use spools of thread, small boxes, or toys that are about 1 inch in size.)*	○	✓	○	___
6. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace? 	○	○	✓	___

FINE MOTOR TOTAL ___

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. After watching you draw a line from the top of the paper to the bottom with a crayon (or pencil or pen), does your child copy you by drawing a single line on the paper in *any direction*? *(Mark "not yet" if your child scribbles back and forth.)*  Count as "yes" / Count as "not yet"	✓	○	○	___
2. After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? *(Do not show him how.) (You can use a soda-pop bottle or baby bottle.)*	✓	○	○	___
3. Does your child pretend objects are something else? For example, does your child hold a cup to her ear, pretending it is a telephone? Does she put a box on her head, pretending it is a hat? Does she use a block or small toy to stir food?	○	✓	○	___
4. Does your child put things away where they belong? For example, does he know his toys belong on the toy shelf, his blanket goes on his bed, and dishes go in the kitchen?	○	✓	○	___
5. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	○	○	✓	___

PROBLEM SOLVING *(continued)*

	YES	SOMETIMES	NOT YET	
6. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? *(You can also use spools of thread, small boxes, or other toys.)* 	○	✓	○	___

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child drink from a cup or glass, putting it down again with little spilling?	✓	○	○	___
2. Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?	✓	○	○	___
3. Does your child eat with a fork?	✓	○	○	___
4. When playing with either a stuffed animal or a doll, does your child pretend to rock it, feed it, change its diapers, put it to bed, and so forth?	✓	○	○	___
5. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if he cannot turn?	○	○	✓	___
6. Does your child call herself "I" or "me" more often than her own name? For example, "I do it," more often than "Juanita do it."	○	○	✓	___

PERSONAL-SOCIAL TOTAL ___

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain: ✓ YES ○ NO

2. Do you think your child talks like other toddlers her age? If no, explain: ✓ YES ○ NO

E101240500

OVERALL *(continued)*

3. Can you understand most of what your child says? If no, explain: ☑ YES ○ NO

4. Do you think your child walks, runs, and climbs like other toddlers his age? If no, explain: ○ YES ☑ NO

My brother has a daughter who is younger than Darcey who can climb stairs and kick balls without falling. I am sure Darcey will catch up in time.

5. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ○ YES ☑ NO

6. Do you have any concerns about your child's vision? If yes, explain: ○ YES ☑ NO

7. Has your child had any medical problems in the last several months? If yes, explain: ○ YES ☑ NO

OVERALL *(continued)*

8. Do you have any concerns about your child's behavior? If yes, explain: ○ YES ☑ NO

9. Does anything about your child worry you? If yes, explain: ○ YES ☑ NO

ASQ-3 — 24 Month ASQ-3 Information Summary

23 months 0 days through 25 months 15 days

Child's name: _____ Date ASQ completed: _____

Child's ID #: _____ Date of birth: _____

Administering program/provider: _____

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	25.17		●	●	●	●	●	●	○	○	○	○	○	○	○
Gross Motor	38.07		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	35.16		●	●	●	●	●	●	●	●	○	○	○	○	○
Problem Solving	29.78		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	31.54		●	●	●	●	●	●	●	○	○	○	○	○	○

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide*, Chapter 6.

1. Hears well? Yes **NO**
   Comments:
2. Talks like other toddlers his age? Yes **NO**
   Comments:
3. Understand most of what your child says? Yes **NO**
   Comments:
4. Walks, runs, and climbs like other toddlers? Yes **NO**
   Comments:
5. Family history of hearing impairment? **YES** No
   Comments:
6. Concerns about vision? **YES** No
   Comments:
7. Any medical problems? **YES** No
   Comments:
8. Concerns about behavior? **YES** No
   Comments:
9. Other concerns? **YES** No
   Comments:

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ▭ area, it is above the cutoff, and the child's development appears to be on schedule.
If the child's total score is in the ▭ area, it is close to the cutoff. Provide learning activities and monitor.
If the child's total score is in the ■ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

_____ Provide activities and rescreen in _____ months.
_____ Share results with primary health care provider.
_____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
_____ Refer to primary health care provider or other community agency (specify reason): _____.
_____ Refer to early intervention/early childhood special education.
_____ No further action taken at this time
_____ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

P101240800

36 Month Old - Logan

Logan is a 36 month old boy who has just started child care. His mother and father previously cared for him at home until his mother decided she wanted to introduce him to other children his age. When Logan gets dropped off at the child care centre every morning by his mother, he throws a tantrum and hangs onto her until she is able to sneak out the door. Logan plays cooperatively with the other children and is always engaged in the different activities. He doesn't initiate play but will engage with the other children if approached. He loves playing in the block area and building towers. However, whenever it is time to tidy up for lunch, Logan has a difficult time ending his activity. When nap time is over, it is always a challenge to wake Logan up without Logan getting upset. In fact, almost every transition poses a challenge and Logan requires extra time settling down and adjusting to the new task at hand. Finally at the end of the day, Logan is always excited to see his mother at pick up time.

Observations of Logan have found that he struggles with transitions and will sometimes have explosive outbursts when told he needs to tidy up. Mom and Dad have said this happens at home also and that they just ignore his behavior. Staff also note that following directions can be a challenge for him but they see this as part of the difficulty he has with transitions. When staff give him a warning or try to help him, he gets very upset and has at times thrown toys.

A developmental screen has found that Logan may be at risk of a delay in the social emotional domain. Managing his emotions when transitioning seems to be the biggest challenge for him and can lead to very aggressive behavior that the child care staff find challenging. Other domains are largely progressing as we would expect.

36 Month Questionnaire

33 months 0 days through 41 months 30 days

ASQ:SE-2 Ages & Stages Questionnaires® Social-Emotional SECOND EDITION

Date ASQ:SE-2 completed: _____

Child's information

Child's first name: Logan Child's middle initial: Child's last name:

Child's date of birth:

Child's gender: ◯ Male ◯ Female

Person filling out questionnaire

First name: Middle initial: Last name:

Street address:

City: State/ province: ZIP/postal code:

Country: Home telephone number: Other telephone number:

E-mail address:

Relationship to child: ◯ Parent ◯ Guardian ◯ Teacher ◯ Other: _____
◯ Grandparent/ other relative ◯ Foster parent ◯ Child care provider

People assisting in questionnaire completion:

Program information

(For program use only.)

Child's ID #: Age at administration in months and days:

Program ID #:

Program name:

P201360000

36 Month Questionnaire *33 months 0 days through 41 months 30 days*

ASQ:SE-2

Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your child's behavior. Also, check the circle ⊘ if the behavior is a concern.

Important Points to Remember:

- ☐ Answer questions based on what you know about your child's behavior.
- ☐ Answer questions based on your child's *usual* behavior, not behavior when your child is sick, very tired, or hungry.
- ☐ Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- ☐ Please return this questionnaire by: _____
- ☐ If you have any questions or concerns about your child or about this questionnaire, contact: _____
- ☐ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to her?	☑ z	☐ v	☐ x	◯ v	____
2. Does your child like to be hugged or cuddled? 	☑ z	☐ v	☐ x	◯ v	____
3. Does your child talk or play with adults he knows well?	☐ z	☑ v	☐ x	◯ v	____
4. Does your child cling to you more than you expect? 	☑ x	☐ v	☐ z	◯ v	____
5. When upset, can your child calm down within 15 minutes?	☐ z	☑ v	☐ x	◯ v	____
6. Does your child seem too friendly with strangers?	☐ x	☐ v	☑ z	◯ v	____
7. Does your child settle herself down after exciting activities?	☐ z	☐ v	☑ x	⊘ v	____

TOTAL POINTS ON PAGE ____

P201360100

36 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior. Also, check the circle ◉ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
8. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	☐ z	☐ v	☑ x	◉ v	____
9. Does your child seem happy?	☑ z	☐ v	☐ x	○ v	____
10. Is your child interested in things around him, such as people, toys, and foods?	☑ z	☐ v	☐ x	○ v	____
11. Does your child do what you ask her to do?	☑ z	☐ v	☐ x	○ v	____
12. Does your child seem more active than other children his age? 	☑ x	☐ v	☐ z	○ v	____
13. Does your child stay with activities she enjoys for at least 5 minutes (other than watching shows or videos, or playing with electronics)?	☑ z	☐ v	☐ x	○ v	____
14. Do you and your child enjoy mealtimes together?	☑ z	☐ v	☐ x	○ v	____
15. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	☑ x	☐ v	☐ z	○ v	____
16. Does your child sleep at least 8 hours in a 24-hour period?	☑ z	☐ v	☐ x	○ v	____
17. Does your child use words to tell you what she wants or needs?	☐ z	☑ v	☐ x	○ v	____

TOTAL POINTS ON PAGE ____

36 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior. Also, check the circle ⊘ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
18. Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked?	☐ z	☐ y	☑ x	⊘ v	____
19. Does your child cry, scream, or have tantrums for long periods of time?	☑ x	☐ v	☐ z	○ v	____
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home? 	☑ z	☐ v	☐ x	○ v	____
21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or _____? (Please describe.) _____ _____	☑ x	☐ v	☐ z	○ v	____
22. Does your child hurt himself on purpose?	☐ x	☐ v	☑ z	○ v	____
23. Does your child stay away from dangerous things, such as fire and moving cars?	☑ z	☐ v	☐ x	○ v	____
24. Does your child destroy or damage things on purpose?	☐ x	☑ v	☐ z	○ v	____
25. Does your child use words to describe her feelings and the feelings of others? For example, does she say, "I'm happy," "I don't like that," or "She's sad"?	☑ z	☐ v	☐ x	○ v	____
26. Can your child name a friend?	☑ z	☐ v	☐ x	○ v	____

TOTAL POINTS ON PAGE ____

P201360300

36 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior.
Also, check the circle ◯ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
27. Do *other* children like to play with your child?	☑ z	☐ v	☐ x	◯ v	____
28. Does *your child* like to play with other children? 	☑ z	☐ v	☐ x	◯ v	____
29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ x	☐ v	☑ z	◯ v	____
30. Does your child show an unusual interest in or knowledge of sexual language and activity?	☐ x	☑ v	☐ z	◯ v	____
31. Does your child try to show you things by pointing at them and looking back at you?	☐ z	☑ v	☐ x	◯ v	____
32. Does your child pretend objects are something else? For example, does he pretend a banana is a phone?	☐ z	☑ v	☐ x	◯ v	____
33. Does your child wake three or more times during the night?	☐ x	☐ v	☑ z	◯ v	____
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	☐ x	☐ v	☑ z	◯ v	____
35. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: Childcare staff worried about his transition between activities	☐ x	☑ v	☐ z	◯ v	____

TOTAL POINTS ON PAGE ____

OVERALL Use the space below for additional comments.

36. Do you have concerns about your child's eating, sleeping, or toileting habits? If yes, please explain: (✓) YES ( ) NO

Childcare staff have difficulty waking him up from nap

37. Does anything about your child worry you? If yes, please explain: ( ) YES (✓) NO

38. What do you enjoy about your child?

He is a happy child at home with me.

36 Month Information Summary *33 months 0 days through 41 months 30 days*

ASQ:SE-2

Child's name: _____ Date ASQ:SE-2 completed: _____

Child's ID #: _____ Child's date of birth: _____

Person who completed ASQ:SE-2: _____ Child's age in months and days: _____

Administering program/provider: _____ Child's gender: ◯ Male ◯ Female

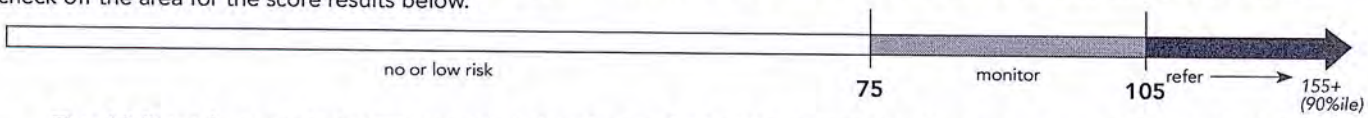
1. ASQ:SE-2 SCORING CHART:

- Score items (*Z* = 0, *V* = 5, *X* = 10, *Concern* = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
TOTAL POINTS ON PAGE 3	
TOTAL POINTS ON PAGE 4	
Total score	

Cutoff	**Total score**
105	

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.



____ The child's total score is in the ▭ area. It is below the cutoff. Social-emotional development appears to be on schedule.

____ The child's total score is in the ▭ area. It is close to the cutoff. Review behaviors of concern and monitor.

____ The child's total score is in the ▭ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–35. Any Concerns marked on scored items? **YES** no Comments:

36. Eating/sleeping/toileting concerns? **YES** no Comments:

37. Other worries? **YES** no Comments:

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide*.

____ **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)

____ **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)

____ **Health factors** (e.g., Is the child's behavior related to health or biological factors?)

____ **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)

____ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

____ Provide activities and rescreen in ____ months.

____ Share results with primary health care provider.

____ Provide parent education materials.

____ Provide information about available parenting classes or support groups.

____ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____

____ Administer developmental screening (e.g., ASQ-3).

____ Refer to early intervention/early childhood special education.

____ Refer for social-emotional, behavioral, or mental health evaluation.

____ Follow up with items of concern.

____ Other: _____

P201360600

ASQ-3 Ages & Stages Questionnaires®

34 months 16 days through 38 months 30 days

36 Month Questionnaire

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Child's information

Child's first name: Logan Middle initial: Child's last name: _____

Child's gender:
◯ Male ◯ Female

Child's date of birth: _____

Person filling out questionnaire

First name: _____ Middle initial: Last name: [illegible]

Relationship to child:
◯ Parent ◯ Guardian ◯ Teacher ◯ Child care provider
◯ Grandparent or other relative ◯ Foster parent ◯ Other: _____

Street address: _____

City: _____ State/ Province: ZIP/ Postal code:

Country: _____ Home telephone number: Other telephone number:

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: _____

Program ID #: _____

Program name: _____

P101360100

ASQ-3

36 Month Questionnaire

34 months 16 days through 38 months 30 days

On the following pages are questions about activities children may 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 fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your child before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your child.
- ☑ Make sure your child is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least *seven* body parts? *(She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.)*	○	✓	○	____
2. Does your child make sentences that are three or four words long? Please give an example: "I want mommy"	✓	○	○	____
3. Without giving your child help by pointing or using gestures, ask him to "put the book *on* the table" and "put the shoe *under* the chair." Does your child carry out both of these directions correctly?	○	✓	○	____
4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"	✓	○	○	____
5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle and ask your child to move the zipper *down*. Return the zipper to the middle and ask your child to move the zipper *up*. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"?	✓	○	○	____
6. When you ask, "What is your name?" does your child say both her first and last names?	○	○	✓	____
			COMMUNICATION TOTAL	____

GROSS MOTOR

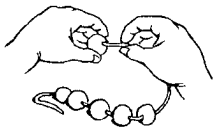
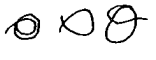
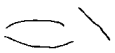
		YES	SOMETIMES	NOT YET	
1. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?		✓	○	○	___
2. Does your child jump with both feet leaving the floor at the same time?		✓	○	○	___
3. Does your child walk up stairs, using only one foot on each stair? *(The left foot is on one step, and the right foot is on the next.)* She may hold onto the railing or wall. *(You can look for this at a store, on a playground, or at home.)*		✓	○	○	___
4. Does your child stand on one foot for about 1 second without holding onto anything?		✓	○	○	___
5. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? *(Dropping the ball or throwing the ball underhand should be scored as "not yet.")*		○	✓	○	___
6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?		✓	○	○	___

GROSS MOTOR TOTAL ___

FINE MOTOR

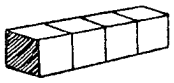
		YES	SOMETIMES	NOT YET	
1. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?	Count as "yes" 11 / Count as "not yet" 8	○	○	✓	___

FINE MOTOR *(continued)*

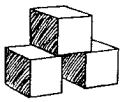
	YES	SOMETIMES	NOT YET	
2. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace? 	○	○	✓	___
3. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? Count as "yes"  Count as "not yet" 	○	○	✓	___
4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction? Count as "yes"  Count as "not yet" 	○	✓	○	___
5. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. *(You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)* 	✓	○	○	___
6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?	✓	○	○	___

FINE MOTOR TOTAL ___

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? *(You can also use spools of thread, small boxes, or other toys.)* 	✓	○	○	___
2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)?	○	✓	○	___

PROBLEM SOLVING *(continued)*

	YES	SOMETIMES	NOT YET	
3. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? *(Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.")* Please write your child's response here: 	✓	○	○	___
4. When you say, "Say 'seven three,'" does your child repeat *just* the two numbers in the same order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say 'eight two.'" *(Your child must repeat just one series of two numbers for you to answer "yes" to this question.)*	✓	○	○	___
5. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it? 	✓	○	○	___
6. When you say, "Say 'five eight three,'" does your child repeat *just* the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" *(Your child must repeat just one series of three numbers for you to answer "yes" to this question.)*	✓	○	○	___
			PROBLEM SOLVING TOTAL	___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child use a spoon to feed herself with little spilling?	○	✓	○	___
2. Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?	✓	○	○	___
3. When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?	✓	○	○	___
4. Does your child put on a coat, jacket, or shirt by himself?	○	○	✓	___
5. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?	✓	○	○	___
6. Does your child take turns by waiting while another child or adult takes a turn?	✓	○	○	___
			PERSONAL-SOCIAL TOTAL	___

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain: ☑ YES ○ NO

2. Do you think your child talks like other children her age? If no, explain: ☑ YES ○ NO

3. Can you understand most of what your child says? If no, explain: ☑ YES ○ NO

4. Can other people understand most of what your child says? If no, explain: ○ YES ☑ NO

uses pointing or gestures to thing he wants, hard to interpret for others

5. Do you think your child walks, runs, and climbs like other children his age? If no, explain: ☑ YES ○ NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ○ YES ☑ NO

E101360600

OVERALL *(continued)*

7. Do you have any concerns about your child's vision? If yes, explain: ○ YES ✓ NO

8. Has your child had any medical problems in the last several months? If yes, explain: ○ YES ✓ NO

9. Do you have any concerns about your child's behavior? If yes, explain: ○ YES ✓ NO

10. Does anything about your child worry you? If yes, explain: ○ YES ✓ NO

ASQ-3 36 Month ASQ-3 Information Summary

34 months 16 days through 38 months 30 days

Child's name: _____ Date ASQ completed: _____

Child's ID #: _____ Date of birth: _____

Administering program/provider: _____

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.99		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	36.99		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	18.07		●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	30.29		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	35.33		●	●	●	●	●	●	●	●	○	○	○	○	○

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide*, Chapter 6.

1. Hears well? Yes **NO** Comments:
2. Talks like other children his age? Yes **NO** Comments:
3. Understand most of what your child says? Yes **NO** Comments:
4. Others understand most of what your child says? Yes **NO** Comments:
5. Walks, runs, and climbs like other children? Yes **NO** Comments:
6. Family history of hearing impairment? **YES** No Comments:
7. Concerns about vision? **YES** No Comments:
8. Any medical problems? **YES** No Comments:
9. Concerns about behavior? **YES** No Comments:
10. Other concerns? **YES** No Comments:

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ▭ area, it is above the cutoff, and the child's development appears to be on schedule.
If the child's total score is in the ▭ area, it is close to the cutoff. Provide learning activities and monitor.
If the child's total score is in the ▭ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

_____ Provide activities and rescreen in _____ months.
_____ Share results with primary health care provider.
_____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
_____ Refer to primary health care provider or other community agency (specify reason): _____.
_____ Refer to early intervention/early childhood special education.
_____ No further action taken at this time
_____ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

P101360800

48 Month Old - Devon

Devon is a 48 month old boy who has just started Kindergarten. Devon lives in a house with his mother and father in a large it . Before starting Kindergarten, Devon stayed at home with the family's bab itter. Devon's parents are both very concerned about school readiness and hope for their son to be ahead of the game. Therefore, Devon has always been provided with the latest educational toys, videos, and tablet/computer games. Devon's parents are confident that their son's exposure to these technologies will better prepare him for school and work in our technology-centered society. Devon's parents also believe that discipline is the best way to instill good manners and values in their son; therefore Devon is given time outs or spankings when he misbehaves. Prior to starting Kindergarten, Devon attended a weekly drop-in program to interact with children his age. He typically played by himself. The Kindergarten teacher has noted that when he does play with other children, he is very aggressive and hits other kids when things do not go his way.

At school, Devon's teacher has expressed concern about his ability to manage his behavior. He is very aggressive (kicking and hitting other children) and has difficulty staying on a task. Even when playing with other children, the teacher feels he can be a bully, which often results in children not wanting to play with him. Initially his parents were sending e on to hool ith his iPad and it a er hallenging to e plain to e on and hi parent that hi a not per itted While mom and dad see his independent play as a strength, the teacher sees it as a concern as he is becoming more and more isolated.

A developmental screen completed by his parents shows that Devon is at risk for a social emotional delay. Aside from his aggression and inability to play with other children, there is a serious concern by both home and school about some interest in sexual behavior and use of sexual language by Devon. Mom and Dad cannot explain where this is coming from. Devon's fine motor skills are also at risk for delay as he struggles to use any kind of pencil or crayon or scissors.

48 Month Questionnaire

42 months 0 days through 53 months 30 days

ASQ:SE-2
Ages & Stages Questionnaires®
Social-Emotional
SECOND EDITION

Date ASQ:SE-2 completed: _____

Child's information

Child's first name: Devon Child's middle initial: Child's last name:

Child's date of birth:

Child's gender: ◯ Male ◯ Female

Person filling out questionnaire

First name: Middle initial: Last name:

Street address:

City: State/ province: ZIP/postal code:

Country: Home telephone number: Other telephone number:

E-mail address:

Relationship to child: ◯ Parent ◯ Guardian ◯ Teacher ◯ Other: _____
◯ Grandparent/ other relative ◯ Foster parent ◯ Child care provider

People assisting in questionnaire completion:

Program information

(For program use only.)

Child's ID #: Age at administration in months and days:

Program ID #:

Program name:

P201480000

48 Month Questionnaire *42 months 0 days through 53 months 30 days*

ASQ:SE-2

Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your child's behavior. Also, check the circle ◎ if the behavior is a concern.

Important Points to Remember:

- ☐ Answer questions based on what you know about your child's behavior.
- ☐ Answer questions based on your child's *usual* behavior, not behavior when your child is sick, very tired, or hungry.
- ☐ Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- ☐ Please return this questionnaire by: _____
- ☐ If you have any questions or concerns about your child or about this questionnaire, contact: _____
- ☐ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to him?	☑ z	☐ v	☐ x	◎ v	____
2. Does your child cling to you more than you expect? 	☐ x	☑ v	☐ z	◎ v	____
3. Does your child talk or play with adults she knows well?	☐ z	☑ v	☐ x	◎ v	____
4. When upset, can your child calm down within 15 minutes?	☐ z	☑ v	☐ x	◎ v	____
5. Does your child like to be hugged or cuddled? 	☑ z	☐ v	☐ x	◎ v	____
6. Does your child seem too friendly with strangers?	☐ x	☐ v	☑ z	◎ v	____
7. Does your child settle himself down after exciting activities?	☐ z	☑ v	☐ x	◎ v	____
8. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	☑ v	☐ z	◎ v	____

TOTAL POINTS ON PAGE _____

48 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior.
Also, check the circle ⊘ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
9. Is your child interested in things around her, such as people, toys, and foods? 	☑ z	☐ v	☐ x	○ v	____
10. Does your child stay dry during the day?	☐ z	☑ v	☐ x	○ v	____
11. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	☐ x	☐ v	☑ z	○ v	____
12. Do you and your child enjoy mealtimes together?	☑ z	☐ v	☐ x	○ v	____
13. Does your child do what you ask her to do?	☐ z	☐ v	☑ x	⊘ v	____
14. Does your child seem happy?	☐ z	☑ v	☐ x	○ v	____
15. Does your child sleep at least 8 hours in a 24-hour period?	☑ z	☐ v	☐ x	○ v	____
16. Does your child seem more active than other children his age?	☐ x	☐ v	☑ z	○ v	____
17. Does your child use words to tell you what she wants or needs?	☐ z	☑ v	☐ x	○ v	____
18. Does your child stay with activities he enjoys for at least 10 minutes (other than watching shows or videos, or playing with electronics)?	☐ z	☐ v	☑ x	○ v	____
19. Does your child use words to describe her feelings and the feelings of others? For example, does she say, "I'm happy," "I don't like that," or "She's sad?"	☐ z	☑ v	☐ x	○ v	____

TOTAL POINTS ON PAGE ____

48 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior.
Also, check the circle ◉ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
20. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	☐ z	☑ v	☐ x	◯ v	
21. Does your child explore new places, such as a park or a friend's home?	☑ z	☐ v	☐ x	◯ v	
22. Does your child do things over and over and get upset when you try to stop him? For example, does he rock, flap his hands, spin, or _____? (Please describe.) _____ _____	☐ x	☐ v	☑ z	◯ v	
23. Does your child hurt herself on purpose?	☐ x	☐ v	☑ z	◯ v	
24. Does your child follow rules at home or at child care?	☐ z	☐ v	☑ x	◉ v	
25. Does your child destroy or damage things on purpose?	☐ x	☐ v	☐ z	◯ v	
26. Does your child stay away from dangerous things, such as fire and moving cars?	☑ z	☐ v	☐ x	◯ v	
27. Can your child name a friend?	☑ z	☐ v	☐ x	◯ v	
28. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt? 	☐ z	☑ v	☐ x	◯ v	
29. Do *other* children like to play with your child?	☐ z	☑ v	☐ x	◯ v	

TOTAL POINTS ON PAGE _____

P201480300

48 Month Questionnaire

ASQ:SE-2

Check the box ☑ that best describes your child's behavior. Also, check the circle ◯ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
30. Does *your child* like to play with other children? 	☐ z	☑ v	☐ x	◯ v	____
31. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	☑ x	☐ v	☐	◯ v	____
32. Does your child show an unusual interest in or knowledge of sexual language and activity?	☐ x	☑ v	☐ z	◯ v	____
33. Does your child wake three or more times during the night?	☐ x	☐ v	☑ z	◯ v	____
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	☐ x	☐ v	☑ z	◯ v	____
35. Does your child have simple back-and-forth conversations with you? For example, Parent: "It's raining!" Child: "And cold outside." Parent: "Let's get your coat." Child: "I got it!"	☐ z	☑ v	☐ x	◯ v	____
36. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: Since Devon started kindergarten his teachers have mentioned that he doesn't always listen to them or follow rules. He is the same way at home.	☐ x	☑ v	☐ z	◯ v	____

TOTAL POINTS ON PAGE ____

OVERALL Use the space below for additional comments.

37. Do you have concerns about your child's eating, sleeping, or toileting habits?
If yes, please explain:

○ YES ✓ NO

38. Does anything about your child worry you? If yes, please explain:

✓ YES ○ NO

I just wish he would follow directions and rules.

39. What do you enjoy about your child?

Devon is fairly independent and I like that he can play on his own. I like that he still likes to be hugged or cuddled because I love being close to him.

48 Month Information Summary *42 months 0 days through 53 months 30 days*

ASQ:SE-2

Child's name: _____ Date ASQ:SE-2 completed: _____

Child's ID #: _____ Child's date of birth: _____

Person who completed ASQ:SE-2: _____ Child's age in months and days: _____

Administering program/provider: _____ Child's gender: ◯ Male ◯ Female

1. ASQ:SE-2 SCORING CHART:

- Score items (*Z* = 0, *V* = 5, *X* = 10, *Concern* = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
TOTAL POINTS ON PAGE 3	
TOTAL POINTS ON PAGE 4	
Total score	

Cutoff	**Total score**
85	

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.

____ The child's total score is in the ☐ area. It is below the cutoff. Social-emotional development appears to be on schedule.

____ The child's total score is in the ▒ area. It is close to the cutoff. Review behaviors of concern and monitor.

____ The child's total score is in the ■ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–36. Any Concerns marked on scored items? **YES** no Comments:

37. Eating/sleeping/toileting concerns? **YES** no Comments:

38. Other worries? **YES** no Comments:

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide*.

____ **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)

____ **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)

____ **Health factors** (e.g., Is the child's behavior related to health or biological factors?)

____ **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)

____ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

____ Provide activities and rescreen in ____ months.

____ Share results with primary health care provider.

____ Provide parent education materials.

____ Provide information about available parenting classes or support groups.

____ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____

____ Administer developmental screening (e.g., ASQ-3).

____ Refer to early intervention/early childhood special education.

____ Refer for social-emotional, behavioral, or mental health evaluation.

____ Other: _____

P201480600

ASQ-3 Ages & Stages Questionnaires®

48 Month Questionnaire

45 months 0 days through 50 months 30 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Child's information

Child's first name: Devon Middle initial: _____ Child's last name: _____

Child's gender: ◯ Male ◯ Female

Child's date of birth: _____

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Relationship to child: ◯ Parent ◯ Guardian ◯ Teacher ◯ Child care provider ◯ Grandparent or other relative ◯ Foster parent ◯ Other: _____

Street address: _____

City: _____ State/ Province: _____ ZIP/ Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

Program Information

Child ID #: _____

Program ID #: _____

Program name: _____

P101480100

ASQ-3™

48 Month Questionnaire

45 months 0 days through 50 months 30 days

On the following pages are questions about activities children may 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 fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your child before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your child.
- ☑ Make sure your child is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your child name at least three items from a common category? For example, if you say to your child, "Tell me some things that you can eat," does your child answer with something like "cookies, eggs, and cereal"? Or if you say, "Tell me the names of some animals," does your child answer with something like "cow, dog, and elephant"?	☑	○	○	___
2. Does your child answer the following questions? *(Mark "sometimes" if your child answers only one question.)*	☑	○	○	___

"What do you do when you are hungry?" *(Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.")* Please write your child's response:

eat lunch

"What do you do when you are tired?" *(Acceptable answers include "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.")* Please write your child's response:

have a nap

3. Does your child tell you at least two things about common objects? For example, if you say to your child, "Tell me about your ball," does she say something like, "It's round. I throw it. It's big"?	☑	○	○	___
4. Does your child use endings of words, such as "-s," "-ed," and "-ing"? For example, does your child say things like, "I see two cats," "I am playing," or "I kicked the ball"?	☑	○	○	___

COMMUNICATION *(continued)*

	YES	SOMETIMES	NOT YET	
5. Without your giving help by pointing or repeating, does your child follow three directions that are *unrelated* to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	○	✓	○	___
6. Does your child use all of the words in a sentence (for example, "a," "the," "am," "is," and "are") to make complete sentences, such as "I *am* going to *the* park," or "*Is* there *a* toy to play with?" or "*Are* you coming, too?"	○	○	✓	___
			COMMUNICATION TOTAL	___

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child catch a large ball with both hands? *(You should stand about 5 feet away and give your child two or three tries before you mark the answer.)* 	✓	○	○	___
2. Does your child climb the rungs of a ladder of a playground slide and slide down without help?	✓	○	○	___
3. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. *(Dropping the ball or throwing the ball underhand should be scored as "not yet.")* 	○	✓	○	___
4. Does your child hop up and down on either the right or left foot at least one time without losing her balance or falling?	○	✓	○	___
5. Does your child jump forward a distance of 20 inches from a standing position, starting with his feet together?	○	✓	○	___
6. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? *(You may give your child two or three tries before you mark the answer.)* 	○	✓	○	___
			GROSS MOTOR TOTAL	___

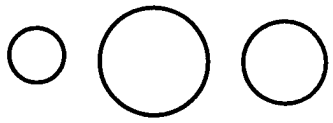
FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child put together a five- to seven-piece interlocking puzzle? *(If one is not available, take a full-page picture from a magazine or catalog and cut it into six pieces. Does your child put it back together correctly?)*	○	✓	○	___

FINE MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
2. Using child-safe scissors, does your child cut a paper in half on a more or less straight line, making the blades go up and down? *(Carefully watch your child's use of scissors for safety reasons.)* 	○	✓	○	___
3. Using the shapes below to look at, does your child copy at least three shapes onto a large piece of paper using a pencil, crayon, or pen, without tracing? *(Your child's drawings should look similar to the design of the shapes below, but they may be different in size.)* 	○	✓	○	___
4. Does your child unbutton one or more buttons? *(Your child may use his own clothing or a doll's clothing.)*	○	✓	○	___
5. Does your child draw pictures of people that have at least three of the following features: head, eyes, nose, mouth, neck, hair, trunk, arms, hands, legs, or feet?	○	○	✓	___
6. Does your child color mostly within the lines in a coloring book or within the lines of a 2-inch circle that you draw? *(Your child should not go more than 1/4 inch outside the lines on most of the picture.)*	○	○	✓	___
		FINE MOTOR TOTAL		___

PROBLEM SOLVING

	YES	SOMETIMES	NOT YET	
1. When you say, "Say 'five eight three,'" does your child repeat *just* the three numbers in the same order? *Do not repeat the numbers.* If necessary, try another series of numbers and say, "Say 'six nine two.'" *(Your child must repeat just one series of three numbers to answer "yes" to this question.)*	✓	○	○	___
2. When asked, "Which circle is the smallest?" does your child point to the smallest circle? *(Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)* 	○	✓	○	___
3. Without your giving help by pointing, does your child follow three different directions using the words "under," "between," and "middle"? For example, ask your child to put the shoe "*under* the couch." Then ask her to put the ball "*between* the chairs" and the book "in the *middle* of the table."	○	✓	○	___
4. When shown objects and asked, "What color is this?" does your child name five different colors, like red, blue, yellow, orange, black, white, or pink? *(Mark "yes" only if your child answers the question correctly using five colors.)*	✓	○	○	___

PROBLEM SOLVING *(continued)*

	YES	SOMETIMES	NOT YET	
5. Does your child dress up and "play-act," pretending to be someone or something else? For example, your child may dress up in different clothes and pretend to be a mommy, daddy, brother, or sister, or an imaginary animal or figure.	○	○	☑	___
6. If you place five objects in front of your child, can he count them by saying, "one, two, three, four, five," in order? *(Ask this question without providing help by pointing, gesturing, or naming.)*	○	☑	○	___

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl?	○	○	○	___
2. Does your child tell you at least four of the following? Please mark the items your child knows.	☑	○	○	___
☑ a. First name ☑ d. Last name				
☑ b. Age ☑ e. Boy or girl				
☑ c. City she lives in ○ f. Telephone number				
3. Does your child wash his hands using soap and water and dry off with a towel without help?	○	☑	○	___
4. Does your child tell you the names of two or more playmates, not including brothers and sisters? *(Ask this question without providing help by suggesting names of playmates or friends.)*	☑	○	○	___
5. Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all of her teeth without help? *(You may still need to check and rebrush your child's teeth.)*	○	☑	○	___
6. Does your child dress or undress himself without help (except for snaps, buttons, and zippers)?	○	☑	○	___

PERSONAL-SOCIAL TOTAL ___

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:	☑ YES	○ NO

OVERALL *(continued)*

2. Do you think your child talks like other children her age? If no, explain: ☑ YES ○ NO

3. Can you understand most of what your child says? If no, explain: ☑ YES ○ NO

4. Can other people understand most of what your child says? If no, explain: ☑ YES ○ NO

5. Do you think your child walks, runs, and climbs like other children his age? If no, explain: ☑ YES ○ NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ○ YES ☑ NO

7. Do you have any concerns about your child's vision? If yes, explain: ○ YES ☑ NO

OVERALL *(continued)*

8. Has your child had any medical problems in the last several months? If yes, explain: ○ YES ☑ NO

9. Do you have any concerns about your child's behavior? If yes, explain: ☑ YES ○ NO

Sometimes Devon doesn't listen to me when I ask him to tidy up, get to sleep or get ready.

10. Does anything about your child worry you? If yes, explain: ○ YES ☑ NO

ASQ-3 48 Month ASQ-3 Information Summary

45 months 0 days through 50 months 30 days

Child's name: _____ Date ASQ completed: _____

Child's ID #: _____ Date of birth: _____

Administering program/provider: _____

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	30.72		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	32.78		●	●	●	●	●	●	●	○	○	○	○	○	○
Fine Motor	15.81		●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	31.30		●	●	●	●	●	●	●	○	○	○	○	○	○
Personal-Social	26.60		●	●	●	●	●	●	○	○	○	○	○	○	○

2. **TRANSFER OVERALL RESPONSES:** Bolded uppercase responses require follow-up. See *ASQ-3 User's Guide*, Chapter 6.

1.	Hears well? Comments:	Yes	**NO**	6.	Family history of hearing impairment? Comments:	**YES**	No
2.	Talks like other children his age? Comments:	Yes	**NO**	7.	Concerns about vision? Comments:	**YES**	No
3.	Understand most of what your child says? Comments:	Yes	**NO**	8.	Any medical problems? Comments:	**YES**	No
4.	Others understand most of what your child says? Comments:	Yes	**NO**	9.	Concerns about behavior? Comments:	**YES**	No
5.	Walks, runs, and climbs like other children? Comments:	Yes	**NO**	10.	Other concerns? Comments:	**YES**	No

3. **ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP:** You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the ☐ area, it is above the cutoff, and the child's development appears to be on schedule.
If the child's total score is in the ▒ area, it is close to the cutoff. Provide learning activities and monitor.
If the child's total score is in the ■ area, it is below the cutoff. Further assessment with a professional may be needed.

4. **FOLLOW-UP ACTION TAKEN:** Check all that apply.

_____ Provide activities and rescreen in _____ months.

_____ Share results with primary health care provider.

_____ Refer for (circle all that apply) hearing, vision, and/or behavioral screening.

_____ Refer to primary health care provider or other community agency (specify reason): _____.

_____ Refer to early intervention/early childhood special education.

_____ No further action taken at this time

_____ Other (specify): _____

5. **OPTIONAL:** Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

P101480800