



ASQ:SE-2™ CD-ROM



Ages & Stages Questionnaires:[®] Social-Emotional

A Parent-Completed
Child Monitoring System
for Social-Emotional Behaviors

SECOND EDITION

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About This CD-ROM



This CD-ROM contains 1) your End User License Agreement (EULA), 2) printable ASQ:SE-2™ PDFs, 3) information about ASQ:SE-2, 4) information about the authors, 5) training information, and 6) an ordering guide. The ASQ:SE-2 PDFs are organized as a single comprehensive set and also within five individual folders to help you easily locate and print the specific materials you need.

FILE ORGANIZATION

The master set (“Master Set.pdf”) includes the following in a single PDF file: ASQ:SE-2 questionnaires, cover sheets that collect basic identifying information about the child and person completing the questionnaire (family information sheets), scoring sheets (Information Summary sheets and Item Response Sheets), Social-Emotional Development Guides and Activities, and supplemental materials. You may print this PDF in its entirety, or you may print specific pages of this PDF by clicking the appropriate bookmark in the PDF, selecting “Print,” and entering the corresponding page number(s) you wish to print.

The materials included in “Master Set.pdf” are also organized in five folders to facilitate your use of ASQ:SE-2. You may print the contents of these folders as needed. The contents of the five folders are as follows:

- *Questionnaires–Set A:* 9 PDFs, one for each questionnaire age interval plus its corresponding standard family information sheet.
- *Questionnaires–Set B:* 9 PDFs, one for each questionnaire age interval plus its corresponding standard family information sheet as well as its Information Summary sheet for scoring.
- *Scoring Sheets:* 18 PDFs; one Information Summary sheet and one Item Response Sheet for each of the nine questionnaire age intervals.
- *Social-Emotional Development Guides and Activities:* 9 PDFs, one for each individual questionnaire age interval, which include a list that provides parents with guidance about what types of behaviors they may expect from their growing children as well as activities that help parents promote their young children’s social-emotional development.
- *Supplemental Materials:* The What Is ASQ:SE-2™? handout for families, a mailing sheet for programs that wish to use the mail-out completion option, the Parent Conference Sheet for organizing conversations with parents about ASQ:SE-2 results and next steps, and the Child Monitoring Sheet to track children’s ASQ:SE-2 screening results over time.

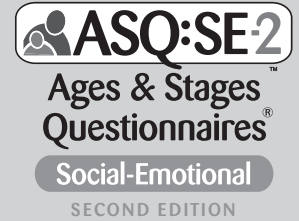
CONTENT USE

You may print and photocopy these PDF documents from a computer located within your own facility at a single physical site in the course of your service provision to children and their families. Printed copies may only be made from this original ASQ:SE-2 CD-ROM. Electronic reproduction is prohibited. These PDFs may also be posted on and printed from a local area network (LAN) provided that all other stipulations of the EULA are met and all employees with access to the PDFs on this CD-ROM work at the same physical site as the purchaser. This CD-ROM cannot be shared among agency sites. See the EULA for further details regarding conditions related to the posting and printing of the files on this CD-ROM.



2 Month Questionnaire

1 month 0 days through 2 months 30 days



Date ASQ:SE-2 completed: _____

Baby's information

Baby's first name: _____ 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:	

2 Month Questionnaire 1 month 0 days through 2 months 30 days



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. Does your baby like to be picked up and held?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
3. Does your baby stiffen and arch her back when picked up?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
4. When you talk to your baby, does he look at you and seem to listen?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
5. Does your baby let you know when she is hungry, tired, or uncomfortable? For example, does she fuss or cry?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. When awake, does your baby seem to enjoy watching or listening to people? For example, does he turn his head to look at someone talking?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
7. Is your baby able to calm herself down (for example, by sucking her hand or pacifier)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
8. Does your baby cry for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____




TOTAL POINTS ON PAGE _____

2 Month Questionnaire



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 baby's body relaxed?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
10. Does your baby have trouble sucking from a breast or bottle?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
11. Does it take longer than 30 minutes to feed your baby?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
12. Do you and your baby enjoy feeding times together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
13. Does your baby have any eating problems, such as gagging, vomiting, or _____? (Please describe.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
14. During the day, does your baby stay awake for an hour or longer at one time?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
15. Does your baby sleep at least 10 hours in a 24-hour period? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
16. Has anyone shared concerns about your baby's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

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

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

19. What do you enjoy about your baby?

2 Month Information Summary 1 month 0 days through 2 months 30 days



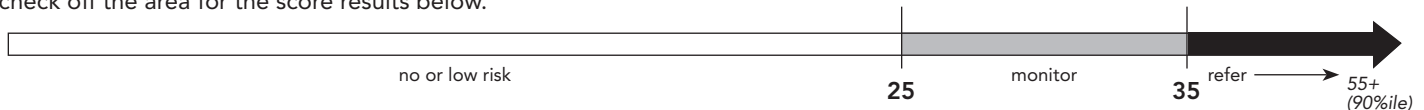
Baby's name: _____ Date ASQ:SE-2 completed: _____
 Baby's ID #: _____ Baby's date of birth: _____
 Person who completed ASQ:SE-2: _____ Baby's age/adjusted age in months and days: _____
 Administering program/provider: _____ Baby's gender: Male Female

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		Cutoff	Total score
TOTAL POINTS ON PAGE 2		35	
Total score			

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.

- 1-16. Any Concerns marked on scored items? **YES** no Comments:
17. Eating/sleeping concerns? **YES** no Comments:
18. 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?)

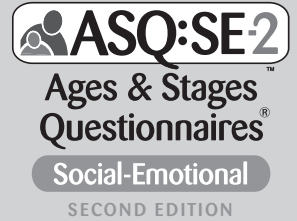
5. FOLLOW-UP ACTION: Check all that apply.

- ___ 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: _____



6 Month Questionnaire

3 months 0 days through 8 months 30 days



Date ASQ:SE-2 completed: _____

Baby's information

Baby's first name: _____ 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:	

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



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. Does your baby smile at you and other family members?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
3. Does your baby like to be picked up and held?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
4. Does your baby stiffen and arch her back when picked up?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
5. When you talk to your baby, does he look at you and seem to listen?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. Does your baby let you know when she is hungry or sick?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____




TOTAL POINTS ON PAGE _____

6 Month Questionnaire



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)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
9. Does your baby cry for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
10. Is your baby's body relaxed?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
11. Does your baby have trouble sucking from a breast or bottle?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
12. Does it take longer than 30 minutes to feed your baby?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
13. Do you and your baby enjoy feeding times together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
14. Does your baby have any eating problems, such as gagging, vomiting, or _____? (Please describe.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

15. During the day, does your baby stay awake for an hour or longer at one time?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
16. Does your baby have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

6 Month Questionnaire



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? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
18. Does your baby get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
19. Does your baby make sounds and look at you while playing with you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
20. Does your baby make sounds or use gestures to get your attention?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
21. When you smile at your baby, does he smile back at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
22. When you talk or make sounds to your baby, does she make sounds back?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
23. Has anyone shared concerns about your baby's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

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

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

26. What do you enjoy about your baby?

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



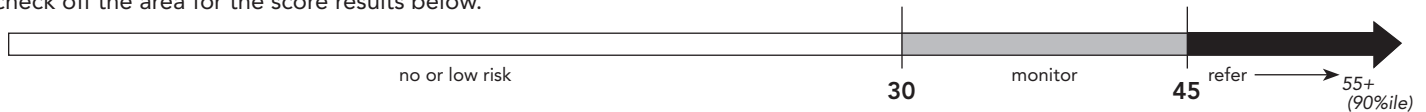
Baby's name: _____ Date ASQ:SE-2 completed: _____
 Baby's ID #: _____ Baby's date of birth: _____
 Person who completed ASQ:SE-2: _____ Baby's age/adjusted age in months and days: _____
 Administering program/provider: _____ Baby's gender: Male Female

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		Cutoff	Total score
TOTAL POINTS ON PAGE 2			
TOTAL POINTS ON PAGE 3			
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?)

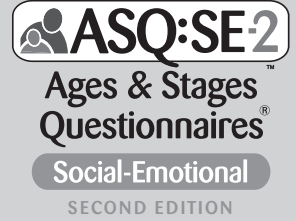
5. FOLLOW-UP ACTION: Check all that apply.

- ___ 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: _____



12 Month Questionnaire

9 months 0 days through 14 months 30 days



Date ASQ:SE-2 completed: _____

Baby's information

Baby's first name: _____ 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:	



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



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
2. Does your baby look for you when a stranger comes near?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
3. Does your baby like to play near or be with family and friends?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
4. Does your baby like to be picked up and held?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
5. When upset, can your baby calm down within a half hour?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. Does your baby stiffen and arch her back when picked up?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
7. Does your baby like to play games such as Peekaboo?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					

TOTAL POINTS ON PAGE _____

12 Month Questionnaire



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
9. Does your baby cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
10. Is your baby able to calm himself down (for example, by sucking his hand or pacifier)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
11. Is your baby interested in things around her, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
12. Does it take longer than 30 minutes to feed your baby?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
13. Do you and your baby enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
14. Does your baby have any eating problems, such as gagging, vomiting, or _____? (Please describe.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____


15. Does your baby have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
16. Does your baby make babbling sounds? For example, does he put sounds together such as "ba-ba-ba-ba" or "na-na-na-na"?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

12 Month Questionnaire



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
18. Does your baby get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
19. Does your baby let you know when she is hungry, hurt, or tired?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
20. When you talk to your baby, does he turn his head, look, or smile?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
21. Does your baby try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
22. Does your baby try to show you things? For example, does she hold out a toy and look at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
23. Does your baby respond to his name when you call him? For example, does he turn his head and look at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
24. When you point at something, does your baby look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
25. Does your baby make sounds or use gestures to let you know she wants something (for example, by reaching)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
26. When you copy sounds your baby makes, does your baby repeat the same sounds back to you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
27. Has anyone shared concerns about your baby's behaviors? If "sometimes" or "often or always," please explain:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

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

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

30. What do you enjoy about your baby?

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



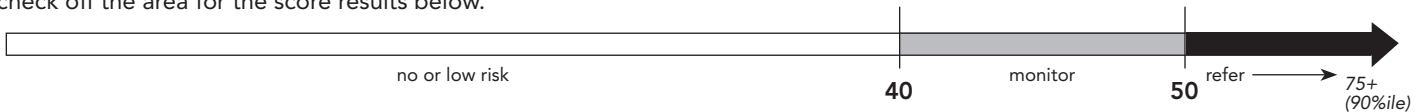
Baby's name: _____ Date ASQ:SE-2 completed: _____
 Baby's ID #: _____ Baby's date of birth: _____
 Person who completed ASQ:SE-2: _____ Baby's age/adjusted age in months and days: _____
 Administering program/provider: _____ Baby's gender: Male Female

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		Cutoff	Total score
TOTAL POINTS ON PAGE 2			
TOTAL POINTS ON PAGE 3			
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?)

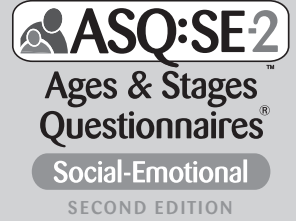
5. FOLLOW-UP ACTION: Check all that apply.

- ___ 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: _____



18 Month Questionnaire

15 months 0 days through 20 months 30 days



Date ASQ:SE-2 completed: _____

Child's information

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

Child's date of birth: _____ If child was born 3 or more weeks premature, please enter the number of weeks: _____

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


18 Month Questionnaire 15 months 0 days through 20 months 30 days



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. When you leave, does your child stay upset and cry for more than an hour?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
3. Does your child laugh or smile when you play with her?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
4. Does your child look for you when a stranger comes near?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
5. Is your child's body relaxed?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. Does your child like to be hugged or cuddled?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
7. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

18 Month Questionnaire



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 stiffen and arch his back when picked up?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
9. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
10. Is your child interested in things around her, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
11. 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.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
12. Does your child have eating problems? For example, does she stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
13. Does your child have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
14. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
15. Does your child sleep at least 10 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
16. When you point at something, does your child look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

18 Month Questionnaire



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 child get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
18. Does your child let you know how he is feeling with gestures or words? For example, does he let you know when he is hungry, hurt, or tired?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
19. Does your child follow simple directions? For example, does she sit down when asked?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
20. Does your child like to play near or be with family and friends?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
21. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
22. Does your child like to hear stories or sing songs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
23. Does your child hurt himself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
24. Does your child like to be around other children? For example, does she move close to or look at other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

18 Month Questionnaire



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	
26. Does your child try to show you things by pointing at them and looking back at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
27. Does your child make sounds or use words or gestures to let you know he wants something (for example, by reaching)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
28. 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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
29. Does your child wake three or more times during the night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
30. Does your child respond to her name when you call her? For example, does she turn her head and look at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
31. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

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

34. What do you enjoy about your child?

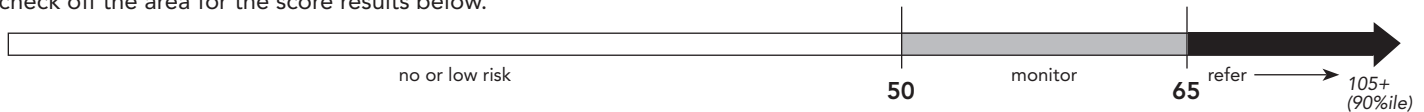
Child's name: _____ Date ASQ:SE-2 completed: _____
 Child's ID #: _____ Child's date of birth: _____
 Person who completed ASQ:SE-2: _____ Child's age/adjusted age in months and days: _____
 Administering program/provider: _____ Child's gender: Male Female

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		Cutoff	Total score
TOTAL POINTS ON PAGE 2			
TOTAL POINTS ON PAGE 3			
TOTAL POINTS ON PAGE 4			
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?)

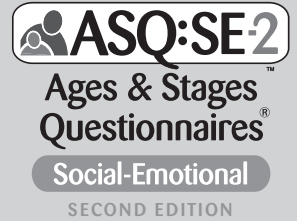
5. FOLLOW-UP ACTION: Check all that apply.

- ___ 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: _____



24 Month Questionnaire

21 months 0 days through 26 months 30 days



Date ASQ:SE-2 completed: _____

Child's information

Child's first name: _____ 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: _____

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



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. Does your child seem too friendly with strangers?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
3. Does your child laugh or smile when you play with her?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
4. Is your child's body relaxed?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
5. When you leave, does your child stay upset and cry for more than an hour?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
6. Does your child greet or say hello to familiar adults?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
7. Does your child like to be hugged or cuddled?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
8. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

24 Month Questionnaire



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?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
10. Is your child interested in things around her, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
11. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
12. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
13. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____



14. Does your child sleep at least 10 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
15. When you point at something, does your child look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
16. Does your child have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
17. Does your child get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

24 Month Questionnaire



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 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.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
22. Does your child like to hear stories or sing songs? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
23. Does your child hurt himself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
24. Does your child like to be around other children? For example, does she move close to or look at other children? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
26. Does your child try to show you things by pointing at them and looking back at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

24 Month Questionnaire



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
28. Does your child wake three or more times during the night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
29. Does your child respond to his name when you call him? For example, does he turn his head and look at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
30. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
31. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

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

34. What do you enjoy about your child?

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



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

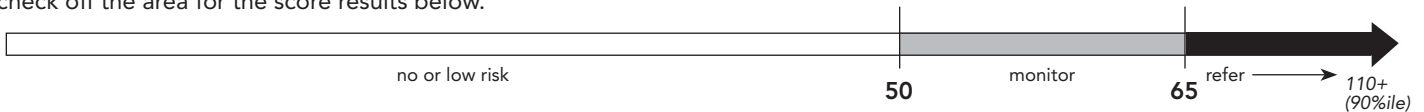
1. ASQ:SE-2 SCORING CHART:

- 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
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?)

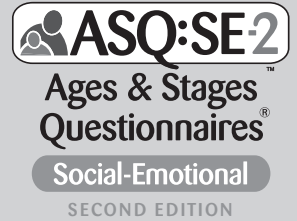
5. FOLLOW-UP ACTION: Check all that apply.

- ___ 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: _____



30 Month Questionnaire

27 months 0 days through 32 months 30 days



Date ASQ:SE-2 completed: _____

Child's information

Child's first name: _____ 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: _____

30 Month Questionnaire 27 months 0 days through 32 months 30 days



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. Does your child like to be hugged or cuddled?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
3. Does your child cling to you more than you expect?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
4. Does your child greet or say hello to familiar adults?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
5. Does your child seem happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. Does your child like to hear stories and sing songs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
7. Does your child seem too friendly with strangers?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____





TOTAL POINTS ON PAGE _____

30 Month Questionnaire



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 settle herself down after exciting activities? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
9. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
10. 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.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
11. Does your child stay with activities she enjoys for at least 3 minutes (other than watching shows or videos, or playing with electronics)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
12. Does your child do what you ask him to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
13. Is your child interested in things around her, such as people, toys, and foods? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
14. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
15. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

30 Month Questionnaire



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	
16. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
17. When you point at something, does your child look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
18. Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
19. Does your child let you know how she is feeling with words or gestures? For example, does she let you know when she is hungry, hurt, or tired?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
20. Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
21. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
22. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
23. Does your child stay away from dangerous things, such as fire and moving cars?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
24. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
25. Does your child hurt herself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

30 Month Questionnaire



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	
26. Does your child play next to other children? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
27. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
28. Does your child try to show you things by pointing at them and looking back at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
29. Does your child use at least two words to ask for things he wants? For example, does he say "want ball" or "more apple?"	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
30. 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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
31. Does your child wake three or more times during the night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
32. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
33. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

34. Do you have concerns about your child's eating and sleeping behaviors or about her toilet training?

If yes, please explain:

YES NO

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

YES NO

36. What do you enjoy about your child?

30 Month Information Summary 27 months 0 days through 32 months 30 days



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

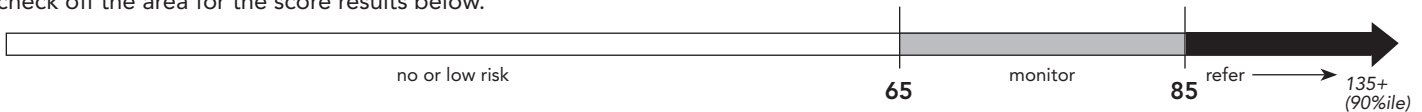
1. ASQ:SE-2 SCORING CHART:

- 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.

- 1-33. Any Concerns marked on scored items? **YES** no Comments: _____
34. Eating/sleeping/toileting concerns? **YES** no Comments: _____
35. 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?)

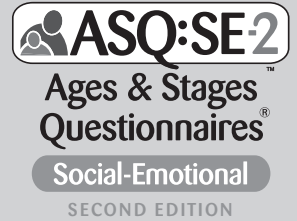
5. FOLLOW-UP ACTION: Check all that apply.

- ___ 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: _____



36 Month Questionnaire

33 months 0 days through 41 months 30 days



Date ASQ:SE-2 completed: _____

Child's information

Child's first name: _____ 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: _____

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



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. Does your child like to be hugged or cuddled?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
3. Does your child talk or play with adults he knows well?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
4. Does your child cling to you more than you expect?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
5. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. Does your child seem too friendly with strangers?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
7. Does your child settle herself down after exciting activities?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____



TOTAL POINTS ON PAGE _____

36 Month Questionnaire



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)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
9. Does your child seem happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
10. Is your child interested in things around him, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
11. Does your child do what you ask her to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
12. Does your child seem more active than other children his age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> 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)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
14. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
15. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
16. Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
17. Does your child use words to tell you what she wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____




TOTAL POINTS ON PAGE _____

36 Month Questionnaire



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
19. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 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.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
					
22. Does your child hurt himself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
23. Does your child stay away from dangerous things, such as fire and moving cars?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
24. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> 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"?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
26. Can your child name a friend?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

36 Month Questionnaire



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 <i>other</i> children like to play with your child?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
28. Does <i>your child</i> like to play with other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
30. Does your child show an unusual interest in or knowledge of sexual language and activity?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
31. Does your child try to show you things by pointing at them and looking back at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
32. Does your child pretend objects are something else? For example, does he pretend a banana is a phone?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
33. Does your child wake three or more times during the night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

35. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

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

YES NO

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

YES NO

38. What do you enjoy about your child?

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



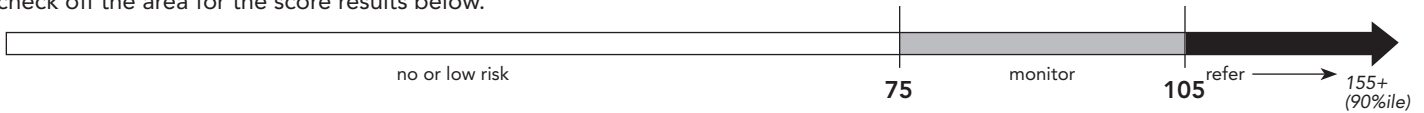
Child's name: _____ Date ASQ:SE-2 completed: _____
 Child's ID #: _____ Child's date of birth: _____
 Person who completed ASQ:SE-2: _____ Child's age in months and days: _____
 Administering program/provider: _____ Child's gender: Male Female

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		Cutoff	Total score
TOTAL POINTS ON PAGE 2			
TOTAL POINTS ON PAGE 3			
TOTAL POINTS ON PAGE 4			
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?)

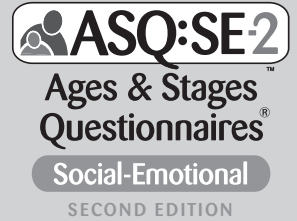
5. **FOLLOW-UP ACTION:** Check all that apply.

- ___ 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: _____



48 Month Questionnaire

42 months 0 days through 53 months 30 days



Date ASQ:SE-2 completed: _____

Child's information

Child's first name: _____ 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: _____



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



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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. Does your child cling to you more than you expect?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
					
3. Does your child talk or play with adults she knows well?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
4. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
5. Does your child like to be hugged or cuddled?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
6. Does your child seem too friendly with strangers?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
7. Does your child settle himself down after exciting activities?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
8. Does your child cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

48 Month Questionnaire



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? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
10. Does your child stay dry during the day?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
11. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
12. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
13. Does your child do what you ask her to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
14. Does your child seem happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
15. Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
16. Does your child seem more active than other children his age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
17. Does your child use words to tell you what she wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 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)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 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?"	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

48 Month Questionnaire



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)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
21. Does your child explore new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 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.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
23. Does your child hurt herself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
24. Does your child follow rules at home or at child care?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
25. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
26. Does your child stay away from dangerous things, such as fire and moving cars?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
27. Can your child name a friend?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
28. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
29. Do <i>other</i> children like to play with your child?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

48 Month Questionnaire



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 <i>your child</i> like to play with other children? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
31. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
32. Does your child show an unusual interest in or knowledge of sexual language and activity?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
33. Does your child wake three or more times during the night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> 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!"	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
36. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

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

39. What do you enjoy about your child?

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



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

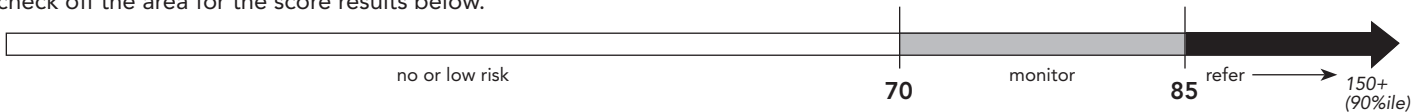
1. ASQ:SE-2 SCORING CHART:

- 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?)

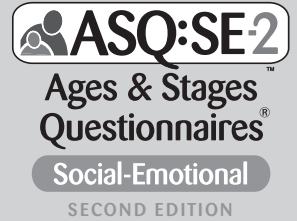
5. FOLLOW-UP ACTION: Check all that apply.

- ___ 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: _____



60 Month Questionnaire

54 months 0 days through 72 months 0 days



Date ASQ:SE-2 completed: _____

Child's information

Child's first name: _____ 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: _____

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?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. Does your child cling to you more than you expect?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
3. Does your child like to be hugged or cuddled?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
4. Does your child talk or play with adults he knows well?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
5. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. Does your child seem too friendly with strangers?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
7. Does your child settle herself down after exciting activities?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
8. Does your child seem happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____




TOTAL POINTS ON PAGE _____

60 Month Questionnaire



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 cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
10. Is your child interested in things around him, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
11. Does your child go to the bathroom by herself? (Reminders and help with wiping are okay.)	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
12. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

13. Does your child stay with activities she enjoys for at least 15 minutes (other than watching shows or videos, or playing with electronics)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
14. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
15. Does your child do what you ask him to do? For example, does he wash his hands or wait to take a turn when asked?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
16. Does your child seem more active than other children her age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
17. Does your child sleep at least 8 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
18. Does your child use words to tell you what he wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

60 Month Questionnaire



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	
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?"	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
20. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
21. Does your child explore new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> 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.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
23. Does your child hurt herself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
24. Does your child follow rules at home or at child care?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
25. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
26. Does your child stay away from dangerous things, such as fire and moving cars?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
27. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
28. Do <i>other</i> children like to play with your child?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____



TOTAL POINTS ON PAGE _____

60 Month Questionnaire



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	
29. Does <i>your child</i> like to play with other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
30. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
31. Does your child take turns and share when playing with other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
32. Does your child show an unusual interest in or knowledge of sexual language and activity?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
33. Does your child wake three or more times during the night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> 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!"	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
36. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

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

39. What do you enjoy about your child?

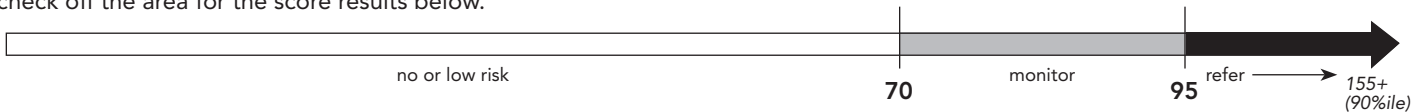
Child's name: _____ Date ASQ:SE-2 completed: _____
 Child's ID #: _____ Child's date of birth: _____
 Person who completed ASQ:SE-2: _____ Child's age in months and days: _____
 Administering program/provider: _____ Child's gender: Male Female

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		Cutoff	Total score
TOTAL POINTS ON PAGE 2			
TOTAL POINTS ON PAGE 3			
TOTAL POINTS ON PAGE 4			
Total score		95	

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: _____

2 Month Item Response Sheet 1 month 0 days through 2 months 30 days



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

This optional sheet is intended for **program use only** and should not be used for questionnaire completion.

To record item responses:

1. Transfer item response points to the Item score column.
2. Enter 5 points in the Concern score column for each item checked as a Concern.
3. Circle YES or no for Overall items.
4. Record any item comments or notes.

Item score key:

Z = 0
 V = 5
 X = 10

Concern score key:

No Concern marked = 0
 Concern marked = 5

Item no.	Item description	Item score	Concern score	Comments/notes
1.	Calms within half hour when upset?			
2.	Likes to be picked up and held?			
3.	Stiffens and arches back when picked up?			
4.	Looks at you and seems to listen when you talk?			
5.	Lets you know when hungry, tired, or uncomfortable?			
6.	Seems to enjoy watching or listening to people?			
7.	Can calm self?			
8.	Cries for long periods of time?			
9.	Body relaxed?			
10.	Trouble sucking from breast or bottle?			
11.	Feeding takes longer than 30 minutes?			
12.	Enjoy feeding times together?			
13.	Eating problems?			
14.	Stays awake for hour or more at one time during the day?			
15.	Sleeps at least 10 hours in a 24-hour period?			
16.	Anyone shared concerns about behaviors?			

(continued)

2 Month Item Response Sheet (continued)



Item no.	Item description	Item score	Concern score	Comments/notes
17.	Parent concerns about eating or sleeping behaviors?	YES no		
18.	Parent worries about baby?	YES no		
19.	What parent enjoys about baby?			

+ =		
Item score subtotal	Concern score subtotal	Total score

35
Cutoff

6 Month Item Response Sheet 3 months 0 days through 8 months 30 days



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

This optional sheet is intended for **program use only** and should not be used for questionnaire completion.

To record item responses:

1. Transfer item response points to the Item score column.
2. Enter 5 points in the Concern score column for each item checked as a Concern.
3. Circle YES or no for Overall items.
4. Record any item comments or notes.

Item score key:

Z = 0
 V = 5
 X = 10

Concern score key:

No Concern marked = 0
 Concern marked = 5

Item no.	Item description	Item score	Concern score	Comments/notes
1.	Calms within half hour when upset?			
2.	Smiles at you and family members?			
3.	Likes to be picked up and held?			
4.	Stiffens and arches back when picked up?			
5.	Looks at you and seems to listen when you talk?			
6.	Lets you know when hungry or sick?			
7.	Seems to enjoy watching or listening to people?			
8.	Can calm self?			
9.	Cries for long periods of time?			
10.	Body relaxed?			
11.	Trouble sucking from breast or bottle?			
12.	Feeding takes longer than 30 minutes?			
13.	Enjoy feeding times together?			
14.	Eating problems?			
15.	Stays awake for hour or more at one time during the day?			
16.	Trouble falling asleep at naptime or night?			
17.	Sleeps at least 10 hours in a 24-hour period?			
18.	Gets constipated or has diarrhea?			

(continued)

6 Month Item Response Sheet (continued)



Item no.	Item description	Item score	Concern score	Comments/notes
19.	Makes sounds and looks at you while playing with you?			
20.	Makes sounds or gestures to get attention?			
21.	Smiles back at you?			
22.	Makes sounds back when you talk?			
23.	Anyone shared concerns about behaviors?			
24.	Parent concerns about eating or sleeping behaviors?	YES no		
25.	Parent worries about baby?	YES no		
26.	What parent enjoys about baby?			

+ =		
Item score subtotal	Concern score subtotal	Total score

45
Cutoff

12 Month Item Response Sheet 9 months 0 days through 14 months 30 days



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

This optional sheet is intended for **program use only** and should not be used for questionnaire completion.

To record item responses:

1. Transfer item response points to the Item score column.
2. Enter 5 points in the Concern score column for each item checked as a Concern.
3. Circle YES or no for Overall items.
4. Record any item comments or notes.

Item score key:

Z = 0
 V = 5
 X = 10

Concern score key:

No Concern marked = 0
 Concern marked = 5

Item no.	Item description	Item score	Concern score	Comments/notes
1.	Laughs or smiles at you and family members?			
2.	Looks for you when stranger comes near?			
3.	Likes to play near or be with family and friends?			
4.	Likes to be picked up and held?			
5.	Calms within half hour when upset?			
6.	Stiffens and arches back when picked up?			
7.	Likes to play games such as Peekaboo?			
8.	Body relaxed?			
9.	Cries, screams, or has tantrums for long periods?			
10.	Can calm self?			
11.	Interested in things (people, toys, and foods)?			
12.	Feeding takes longer than 30 minutes?			
13.	Enjoy mealtimes together?			
14.	Eating problems?			
15.	Trouble falling asleep at naptime or night?			
16.	Makes babbling sounds?			
17.	Sleeps at least 10 hours in a 24-hour period?			

(continued)

12 Month Item Response Sheet (continued)



Item no.	Item description	Item score	Concern score	Comments/notes
18.	Gets constipated or has diarrhea?			
19.	Lets you know when hungry, hurt, or tired?			
20.	Turns head, looks, or smiles when you talk?			
21.	Tries to hurt others (children, adults, animals)?			
22.	Tries to show you things?			
23.	Responds to name?			
24.	Looks in the direction you point?			
25.	Uses sounds or gestures to communicate wants?			
26.	When you copy sounds baby makes, repeats same sounds back?			
27.	Anyone shared concerns about behaviors?			
28.	Parent concerns about eating or sleeping behaviors?	YES no		
29.	Parent worries about baby?	YES no		
30.	What parent enjoys about baby?			

+ =		
Item score subtotal	Concern score subtotal	Total score

50
Cutoff

18 Month Item Response Sheet 15 months 0 days through 20 months 30 days



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/adjusted age in months and days: _____
 Administering program/provider: _____ Child's gender: Male Female

This optional sheet is intended for **program use only** and should not be used for questionnaire completion.

To record item responses:

1. Transfer item response points to the Item score column.
2. Enter 5 points in the Concern score column for each item checked as a Concern.
3. Circle YES or no for Overall items.
4. Record any item comments or notes.

Item score key:

Z = 0
 V = 5
 X = 10

Concern score key:

No Concern marked = 0
 Concern marked = 5

Item no.	Item description	Item score	Concern score	Comments/notes
1.	Looks at you when you talk to him?			
2.	Stays upset more than an hour when you leave?			
3.	Laughs or smiles when playing with you?			
4.	Looks for you when stranger comes near?			
5.	Body relaxed?			
6.	Likes to be hugged or cuddled?			
7.	Calms within 15 minutes?			
8.	Stiffens and arches back when picked up?			
9.	Cries, screams, or has tantrums for long periods?			
10.	Interested in things (people, toys, and foods)?			
11.	Does things over and over and gets upset when stopped?			
12.	Eating problems (stuffing food, vomiting, eating nonfood)?			
13.	Trouble falling asleep at naptime or night?			
14.	Enjoy mealtimes together?			
15.	Sleeps at least 10 hours in a 24-hour period?			
16.	Looks in the direction you point?			
17.	Gets constipated or has diarrhea?			

(continued)

18 Month Item Response Sheet (continued)



Item no.	Item description	Item score	Concern score	Comments/notes
18.	Lets you know feelings with gestures or words?			
19.	Follows simple directions?			
20.	Likes to play near or be with family and friends?			
21.	Checks that you are near when exploring?			
22.	Likes hearing stories or singing songs?			
23.	Hurts self on purpose?			
24.	Likes to be around other children?			
25.	Tries to hurt others (children, adults, animals)?			
26.	Shows you things by pointing and looking back at you?			
27.	Uses sounds, words, or gestures to let you know wants?			
28.	Plays with objects by pretending?			
29.	Wakes 3 or more times at night?			
30.	Responds to name?			
31.	Anyone shared concerns about behaviors?			
32.	Parent concerns about eating or sleeping behaviors?	YES no		
33.	Parent worries about child?	YES no		
34.	What parent enjoys about child?			

+ =		
Item score subtotal	Concern score subtotal	Total score

65
Cutoff

24 Month Item Response Sheet 21 months 0 days through 26 months 30 days



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

This optional sheet is intended for **program use only** and should not be used for questionnaire completion.

To record item responses:

1. Transfer item response points to the Item score column.
2. Enter 5 points in the Concern score column for each item checked as a Concern.
3. Circle YES or no for Overall items.
4. Record any item comments or notes.

Item score key:

Z = 0
 V = 5
 X = 10

Concern score key:

No Concern marked = 0
 Concern marked = 5

Item no.	Item description	Item score	Concern score	Comments/notes
1.	Looks at you when you talk to him?			
2.	Too friendly with strangers?			
3.	Laughs or smiles when playing with you?			
4.	Body relaxed?			
5.	Stays upset more than an hour when you leave?			
6.	Greets familiar adults?			
7.	Likes to be hugged or cuddled?			
8.	Calms within 15 minutes?			
9.	Stiffens and arches back when picked up?			
10.	Interested in things (people, toys, and foods)?			
11.	Cries, screams, or has tantrums for long periods?			
12.	Enjoy mealtimes together?			
13.	Eating problems (stuffing food, vomiting, eating nonfood)?			
14.	Sleeps at least 10 hours in a 24-hour period?			
15.	Looks in the direction you point?			
16.	Trouble falling asleep at naptime or night?			
17.	Gets constipated or has diarrhea?			
18.	Follows simple directions?			

(continued)

24 Month Item Response Sheet (continued)



Item no.	Item description	Item score	Concern score	Comments/notes
19.	Lets you know feelings with words or gestures?			
20.	Checks that you are near when exploring?			
21.	Does things over and over and gets upset when stopped?			
22.	Likes hearing stories or singing songs?			
23.	Hurts self on purpose?			
24.	Likes to be around other children?			
25.	Tries to hurt others (children, adults, animals)?			
26.	Shows you things by pointing and looking back at you?			
27.	Plays with objects by pretending?			
28.	Wakes 3 or more times at night?			
29.	Responds to name?			
30.	Too worried or fearful?			
31.	Anyone shared concerns about behaviors?			
32.	Parent concerns about eating or sleeping behaviors?	YES no		
33.	Parent worries about child?	YES no		
34.	What parent enjoys about child?			

+ =	
Item score subtotal	Concern score subtotal
Total score	

65
Cutoff

30 Month Item Response Sheet 27 months 0 days through 32 months 30 days



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

This optional sheet is intended for **program use only** and should not be used for questionnaire completion.

To record item responses:

1. Transfer item response points to the Item score column.
2. Enter 5 points in the Concern score column for each item checked as a Concern.
3. Circle YES or no for Overall items.
4. Record any item comments or notes.

Item score key:

Z = 0
 V = 5
 X = 10

Concern score key:

No Concern marked = 0
 Concern marked = 5

Item no.	Item description	Item score	Concern score	Comments/notes
1.	Looks at you when you talk to him?			
2.	Likes to be hugged or cuddled?			
3.	Clings more than you expect?			
4.	Greets familiar adults?			
5.	Seems happy?			
6.	Likes hearing stories and singing songs?			
7.	Too friendly with strangers?			
8.	Settles after exciting activities?			
9.	Cries, screams, or has tantrums for long periods?			
10.	Does things over and over and gets upset when stopped?			
11.	Stays with activities for at least 3 minutes?			
12.	Does what you ask?			
13.	Interested in things (people, toys, and foods)?			
14.	Calms within 15 minutes?			
15.	Eating problems (stuffing food, vomiting, eating nonfood)?			
16.	Enjoy mealtimes together?			
17.	Looks in the direction you point?			
18.	Sleeps at least 8 hours in a 24-hour period?			

(continued)

30 Month Item Response Sheet (continued)



Item no.	Item description	Item score	Concern score	Comments/notes
19.	Lets you know feelings with words or gestures?			
20.	Follows routine directions?			
21.	Checks that you are near when exploring?			
22.	Moves easily from one activity to another?			
23.	Stays away from dangerous things?			
24.	Destroys or damages things on purpose?			
25.	Hurts self on purpose?			
26.	Plays next to other children?			
27.	Tries to hurt others (children, adults, animals)?			
28.	Shows you things by pointing and looking back at you?			
29.	Uses 2 words to ask for wants?			
30.	Plays with objects by pretending?			
31.	Wakes 3 or more times at night?			
32.	Too worried or fearful?			
33.	Anyone shared concerns about behaviors?			
34.	Parent concerns about eating, sleeping, or toilet training?	YES no		
35.	Parent worries about child?	YES no		
36.	What parent enjoys about child?			

+ =	
Item score subtotal	Concern score subtotal
Total score	

85
Cutoff

36 Month Item Response Sheet 33 months 0 days through 41 months 30 days



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

This optional sheet is intended for **program use only** and should not be used for questionnaire completion.

To record item responses:

1. Transfer item response points to the Item score column.
2. Enter 5 points in the Concern score column for each item checked as a Concern.
3. Circle YES or no for Overall items.
4. Record any item comments or notes.

Item score key:

Z = 0
 V = 5
 X = 10

Concern score key:

No Concern marked = 0
 Concern marked = 5

Item no.	Item description	Item score	Concern score	Comments/notes
1.	Looks at you when you talk to her?			
2.	Likes to be hugged or cuddled?			
3.	Talks or plays with familiar adults?			
4.	Clings more than you expect?			
5.	Calms within 15 minutes?			
6.	Too friendly with strangers?			
7.	Settles after exciting activities?			
8.	Moves easily from one activity to another?			
9.	Seems happy?			
10.	Interested in things (people, toys, and foods)?			
11.	Does what you ask?			
12.	Seems more active than other children?			
13.	Stays with activities for at least 5 minutes?			
14.	Enjoy mealtimes together?			
15.	Eating problems (stuffing food, vomiting, eating nonfood)?			
16.	Sleeps at least 8 hours in a 24-hour period?			
17.	Uses words for wants or needs?			
18.	Follows routine directions?			

(continued)

36 Month Item Response Sheet (continued)



Item no.	Item description	Item score	Concern score	Comments/notes
19.	Cries, screams, or has tantrums for long periods?			
20.	Checks that you are near when exploring?			
21.	Does things over and over and gets upset when stopped?			
22.	Hurts self on purpose?			
23.	Stays away from dangerous things?			
24.	Destroys or damages things on purpose?			
25.	Uses words to describe own and others' feelings?			
26.	Can name a friend?			
27.	Other children like to play with child?			
28.	Likes to play with other children?			
29.	Tries to hurt others (children, adults, animals)?			
30.	Unusual interest in or knowledge of sexual language and activity?			
31.	Shows you things by pointing and looking back at you?			
32.	Pretends objects are something else?			
33.	Wakes 3 or more times at night?			
34.	Too worried or fearful?			
35.	Anyone shared concerns about behaviors?			
36.	Parent concerns about eating, sleeping, or toileting habits?	YES no		
37.	Parent worries about child?	YES no		
38.	What parent enjoys about child?			

+ =	
Item score subtotal	Concern score subtotal
Total score	

105
Cutoff

48 Month Item Response Sheet 42 months 0 days through 53 months 30 days



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

This optional sheet is intended for **program use only** and should not be used for questionnaire completion.

To record item responses:

1. Transfer item response points to the Item score column.
2. Enter 5 points in the Concern score column for each item checked as a Concern.
3. Circle YES or no for Overall items.
4. Record any item comments or notes.

Item score key:

Z = 0
 V = 5
 X = 10

Concern score key:

No Concern marked = 0
 Concern marked = 5

Item no.	Item description	Item score	Concern score	Comments/notes
1.	Looks at you when you talk to him?			
2.	Clings more than you expect?			
3.	Talks or plays with familiar adults?			
4.	Calms within 15 minutes?			
5.	Likes to be hugged or cuddled?			
6.	Too friendly with strangers?			
7.	Settles after exciting activities?			
8.	Cries, screams, or has tantrums for long periods?			
9.	Interested in things (people, toys, and foods)?			
10.	Stays dry during the day?			
11.	Eating problems (stuffing food, vomiting, eating nonfood)?			
12.	Enjoy mealtimes together?			
13.	Does what you ask?			
14.	Seems happy?			
15.	Sleeps at least 8 hours in a 24-hour period?			
16.	Seems more active than other children?			
17.	Uses words for wants or needs?			
18.	Stays with activities for at least 10 minutes?			

(continued)

48 Month Item Response Sheet (continued)



Item no.	Item description	Item score	Concern score	Comments/notes
19.	Uses words to describe own and others' feelings?			
20.	Moves easily from one activity to another?			
21.	Explores new places?			
22.	Does things over and over and gets upset when stopped?			
23.	Hurts self on purpose?			
24.	Follows rules at home or child care?			
25.	Destroys or damages things on purpose?			
26.	Stays away from dangerous things?			
27.	Can name a friend?			
28.	Shows concern for other people's feelings?			
29.	Other children like to play with child?			
30.	Likes to play with other children?			
31.	Tries to hurt others (children, adults, animals)?			
32.	Unusual interest in or knowledge of sexual language and activity?			
33.	Wakes 3 or more times at night?			
34.	Too worried or fearful?			
35.	Has simple back-and-forth conversations with you?			
36.	Anyone shared concerns about behaviors?			
37.	Parent concerns about eating, sleeping, or toileting habits?	YES no		
38.	Parent worries about child?	YES no		
39.	What parent enjoys about child?			

+ =	
Item score subtotal	Concern score subtotal
Total score	

85
Cutoff

60 Month Item Response Sheet 54 months 0 days through 72 months 0 days



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

This optional sheet is intended for **program use only** and should not be used for questionnaire completion.

To record item responses:

1. Transfer item response points to the Item score column.
2. Enter 5 points in the Concern score column for each item checked as a Concern.
3. Circle YES or no for Overall items.
4. Record any item comments or notes.

Item score key:

Z = 0
 V = 5
 X = 10

Concern score key:

No Concern marked = 0
 Concern marked = 5

Item no.	Item description	Item score	Concern score	Comments/notes
1.	Looks at you when you talk to him?			
2.	Clings more than you expect?			
3.	Likes to be hugged or cuddled?			
4.	Talks or plays with familiar adults?			
5.	Calms within 15 minutes?			
6.	Too friendly with strangers?			
7.	Settles after exciting activities?			
8.	Seems happy?			
9.	Cries, screams, or has tantrums for long periods?			
10.	Interested in things (people, toys, and foods)?			
11.	Goes to bathroom by self?			
12.	Eating problems (stuffing food, vomiting, eating nonfood)?			
13.	Stays with activities for at least 15 minutes?			
14.	Enjoy mealtimes together?			
15.	Does what you ask?			
16.	Seems more active than other children?			
17.	Sleeps at least 8 hours in a 24-hour period?			
18.	Uses words for wants or needs?			

(continued)

Item no.	Item description	Item score	Concern score	Comments/notes
19.	Uses words to describe own and others' feelings?			
20.	Moves easily from one activity to another?			
21.	Explores new places?			
22.	Does things over and over and gets upset when stopped?			
23.	Hurts self on purpose?			
24.	Follows rules at home or child care?			
25.	Destroys or damages things on purpose?			
26.	Stays away from dangerous things?			
27.	Shows concern for other people's feelings?			
28.	Other children like to play with child?			
29.	Likes to play with other children?			
30.	Tries to hurt others (children, adults, animals)?			
31.	Takes turns and shares during play with children?			
32.	Unusual interest in or knowledge of sexual language and activity?			
33.	Wakes 3 or more times at night?			
34.	Too worried or fearful?			
35.	Has simple back-and-forth conversations with you?			
36.	Anyone shared concerns about behaviors?			
37.	Parent concerns about eating, sleeping, or toileting habits?	YES no		
38.	Parent worries about child?	YES no		
39.	What parent enjoys about child?			

+ =	
Item score subtotal	Concern score subtotal
Total score	

95
Cutoff

Social-Emotional Development Guides and Activities



The following Social-Emotional Development Guides and Activities coordinate with the ASQ:SE-2 questionnaire intervals at 2, 6, 12, 18, 24, 30, 36, 48, and 60 months. After a child has been screened with ASQ:SE-2 and program staff have determined that there is no need to refer this child, staff may give the Development Guides and Activities to the family as additional resources. The Development Guides and Activities may also be shared with families that have been referred, to provide some immediate information and ideas. The development guides provide parents with information about what types of behaviors they may expect from their growing child, whereas the activities provide ideas or ways to support their young child's social-emotional development. Please consider the following points when using these resources.

The ASQ:SE-2 Development Guides and Activities are not an intervention. Rather, these resources can be used in a preventive manner when children do not need further assessment. They are helpful for engaging parents in their child's development, with an overview of milestones to expect from the growing child as well as simple activities to try at home. The materials are not comprehensive, and they may include behaviors or suggestions that are inappropriate for certain cultures. The ASQ:SE-2 Development Guides and Activities may need to be modified to be appropriate for some families (e.g., adapted for cultural relevance, translated, shared verbally with families, illustrated).

In addition, parents may need other support and/or information about developmentally appropriate expectations and strategies to feel successful with their young child. Information about the following topics is not included in the development guides or activities and should be made available to families separately to help them support their child's social-emotional development.

- Positive feeding routines (including breast feeding)
- Typical sleeping patterns for different ages
- Toilet training
- Positive guidance
- Safety and childproofing home environments
- Health and nutrition

Please note that the handouts available separately in the *ASQ:SE-2™ Learning Activities* book help programs address these topics with families. This resource is available in English and Spanish and provides additional support and offers targeted guidance to parents.

Social-Emotional Development at 2 Months



- Your baby is really smiling at you and others now.
- Your baby is not crying as much as she was as a newborn.
- Your baby uses different cries to tell you when he is hungry, uncomfortable, or sick.
- Your baby "talks" to you with noises and gurgles.
- Your baby looks at your face and may look in your eyes, but only for a few seconds at first.
- Your baby lets you know she is happy by cooing, smiling, laughing, and gurgling.
- Your baby likes to be with people and is becoming more interactive with you.
- Your baby is learning about eating and sleeping times, but it will take a few months for him to know the routine.
- Your baby likes to be picked up, hugged, and cuddled by people she knows.
- Sometimes your baby will be fussy only because he wants your attention.
- Your baby likes to play with her fingers, hands, feet, and toes.
- Your baby feels safe in your arms and enjoys your hugs.
- Your baby can recognize familiar people by their voices.

Social-Emotional Development at 6 Months



- Your baby responds to your smile and sometimes laughs when looking at you.
- Your baby responds to your soothing and comforting and loves to be touched or held close.
- Your baby responds to your affection and may begin to show you signs of affection.
- Your baby's vision is improving, and she is getting more curious about what she sees. She enjoys watching other babies and children.
- Your baby focuses on your voice and turns his head toward your voice. He may turn to you when you call his name.
- Your baby may be frightened by loud or unfamiliar noises.
- Your baby sometimes likes quiet and being soothed. Other times, she likes talking and playing.
- Your baby enjoys learning simple games such as Peekaboo.
- Your baby will sometimes stop crying when you talk to him rather than pick him up.
- Your baby sometimes sucks on her fingers or hands to calm herself down.
- Your baby plays with sounds and may babble by putting sounds together such as "ma-ma-ma," "ba-ba," and "da-da-da."
- A lot of the time, your baby wants you and no one else!

Social-Emotional Development at 12 Months



- Your baby responds to her name when you call her.
- Your baby is interested in other babies and children.
- Your baby shows many emotions, such as happiness, sadness, discomfort, and anger.
- Your baby may be shy around new people or seem jealous if you pay attention to someone else. He may need some time to watch and warm up to new people and new places.
- Your baby may have fears, such as fear of falling, darkness, large animals, loud sounds, or changes in routines.
- Your baby responds differently to strangers than she does to family members and friends she sees a lot.
- Your baby wants you in his sight all the time. He may get upset when you leave him with someone else.
- Your baby imitates other children and adults. She may imitate sounds, actions, and facial expressions.
- Your baby gives affection by hugging and kissing. He may hug or kiss you, familiar children and adults, pets, or stuffed animals.
- Your baby watches other people. She may respond to someone's pain by crying or showing distress.
- Your baby is beginning to show his likes and dislikes. He may push things away that he does not like. He may feel attached to a special toy or blanket.
- Your baby is becoming more independent. She may seem stubborn or frustrated when she cannot do something herself.

Social-Emotional Development at 18 Months



- Your toddler is generally happy and smiles at people, including other children.
- Your toddler likes to talk and is using more words every day.
- Your toddler likes to show affection and give hugs and kisses.
- Your toddler is showing different emotions such as fear, sympathy, modesty, guilt, or embarrassment.
- Your toddler likes to do things by himself. He may seem stubborn, but this is normal.
- Your toddler likes to help with simple household tasks.
- Your toddler turns to you for help when she is in trouble.
- Your toddler enjoys playing near other children but not with them yet.
- Your toddler may hand toys to other children, but he does not understand how to share and wants the toys right back.
- Your toddler can play by herself for short periods of time.
- Your toddler has specific likes and dislikes.
- Your toddler likes to say, "No!" He may have a quick temper and sometimes hits when frustrated.
- Your toddler loves to be held and read to and becomes upset when separated from you.
- Your toddler loves to imitate others.
- Your toddler likes to be the center of attention.
- Your toddler recognizes herself in pictures or mirrors.

Social-Emotional Development at 24 Months



- Your toddler likes to imitate you, other adults, and her friends.
- Your toddler wants to do everything by himself, even though he can't!
- Some of your toddler's favorite words are *mine*, *no*, and *me do it*.
- Your toddler has many emotions, and her emotions can be very "big." She can get angry and have temper tantrums.
- Your toddler likes to imitate you doing household tasks. He can put some of his toys away with help from you.
- Your toddler loves to try new things and explore new places. But she wants to know you are nearby to keep her safe.
- Your toddler is very interested in other children. He is still learning how to play with them.
- Your toddler will play nearby other children but not really with them. She does not understand how to share her things yet.
- Your toddler has a hard time waiting and wants things right now.
- Your toddler loves attention from familiar adults and children but may act shy around strangers.
- Your toddler shows affection by returning a hug or kiss. He tries to comfort familiar people who are in distress.
- Your toddler knows her name and knows what she likes and dislikes. She may be very attached to certain things, such as a special book, toy, or blanket.
- Your toddler enjoys simple pretend play. He may like pretending to cook or talk on the telephone.
- Your toddler is learning about the routines in your home but often does not remember rules.

Social-Emotional Development at 30 Months



- Your child likes using her growing imagination. She likes to play with puppets, dress-up clothes, dolls, and play figures.
- Your child is beginning to understand others' feelings. He is learning to identify when another child is angry or happy.
- Your child is beginning to learn about sharing. She does not always share but can sometimes.
- Your child is getting louder and bossier at times. He may talk with a loud, urgent voice.
- Your child can follow simple routine directions such as "Bring me your cup" and "Please go in your room and get your socks."
- Your child enjoys hearing songs and stories—sometimes over and over again.
- Your child wants to be independent sometimes but also wants you nearby. She will now easily leave your side if she is in familiar surroundings.
- Your child can identify if he thinks he is a boy or a girl.
- Your child greets familiar adults and is happy to see friends.
- Your child sometimes screams and throws temper tantrums.
- Your child likes to be hugged and cuddled—but not in the middle of playtime.

Social-Emotional Development at 36 Months



- Your child is more independent and can do many things for herself. Your child will tell you, “I can do it myself!”
- Your child is still learning to follow simple rules, although he sometimes needs gentle reminders.
- Your child now plays briefly *with* other children. She is still learning about sharing and taking turns.
- Your child likely has a special friend that he prefers playing with. Boys may prefer playing with boys, and girls with girls.
- Your child is becoming more independent. When you go on outings, she will not always hold your hand or stay by your side.
- Your child's emotions may shift suddenly, from happy to sad or from mad to silly. He's learning how to handle his emotions.
- Your child can sometimes use words to express her feelings.
- Your child is beginning to think about other people's feelings and is learning to identify their feelings, too.
- Your child uses imagination to create stories through pretend play with dolls, toy telephones, and action figures.
- Your child sometimes bosses people around and makes demands. This shows that he is independent and values himself. He might do something that he is asked to do, but he is more willing if he thinks it is his idea.
- Your child may be fearful and sometimes has nightmares. Scary images and sounds, even cartoons, can give her nightmares.
- Your child's attention span is increasing. She often stays with an activity for at least 5 minutes.

Social-Emotional Development at 48 Months



- Your child likes to play with other children and has favorite games and playmates.
- Your child is beginning to share. He takes turns but is possessive of favorite toys.
- Your child expresses extreme emotions at times—happiness, sadness, anger, silliness. She may be able to label her own feelings.
- When your child plays, he often uses real-life situations, such as going to the store, school, and gas station.
- Your child may have imaginary friends when playing games, sleeping at night, and going to preschool.
- Your child now understands short and simple rules at home.
- Your child is starting to understand danger. She knows when to stay away from dangerous things.
- Your child loves silly jokes and has a sense of humor.
- Your child is beginning to control his feelings of frustration.
- Your child may use her imagination a lot, and she can be very creative.
- Your child is becoming more independent and adventurous. He may like to try new things.
- With her new independence, your child can be boastful and bossy at times.
- Your child shows concern and sympathy for younger siblings and playmates when they are hurt or upset. His ability to empathize—to put himself in someone else's shoes—is increasing.
- Your child's attention span is increasing. She often stays with an activity for at least 10 minutes.

Social-Emotional Development at 60 Months



- Your child likes to play best with one or two other children at a time.
- Your child likes to choose his own friends and may have a best friend.
- Your child now plays simple games such as Candy Land and Go Fish.
- Your child may play with small groups of children at the park or at school.
- Your child understands and can follow simple rules at home and at school.
- Your child shows a variety of emotions. She may be jealous of other children at times, especially of a younger brother or sister who is getting attention.
- Your child is now very independent and likes to make his own choices about clothes to wear, foods to eat, and activities in which to be involved.
- Your child is sensitive to other children's feelings. She can identify other people's feelings: "She's sad."
- Your child likes to talk with familiar adults and children.
- Your child understands how to take turns and share at home and at school, but he may not want to all of the time.
- Your child is beginning to understand the meaning of right and wrong. She does not always do what is right, though.
- Adult approval is very important to your child. Your child looks to adults for attention and praise.
- Your child is showing some self-control in group situations and can wait for his turn or stand in a line.
- Your child is usually able to respond to requests such as "Use your quiet voice" or "Inside is for walking."
- Your child's attention span is increasing. She is able to focus her attention for a necessary length of time, such as listening to directions or a story.

Social-Emotional Activities for Babies 2 Months Old



<p>Sing songs you remember from childhood to your baby. Hold your baby close in your arms or in a baby carrier. Gently dance with your baby.</p>	<p>With your baby on her back, take a tissue and wave it above your baby for her to see. Tissues also can fly, float, and tickle parts of your baby's body. See how your baby responds. If she fusses, then stop playing.</p>	<p>Let your baby hear new, gentle sounds. Quiet musical toys or soft bells will be interesting to him. Ask, "Did you hear those bells? Do you like how they sound?"</p>	<p>Your face, smile, voice, and touch are the most important things for your baby right now. You do not need fancy toys. She wants to play and get to know you!</p>
<p>If your baby cries, find out what he needs. He is letting you know something with his cry. When you respond, he learns to trust you are there for him. You cannot spoil your baby at this age.</p>	<p>Hold your baby and put your face close to hers. Make silly faces. Smile at your baby. Stick out your tongue. Yawn. Wait a few seconds and see if she tries to repeat your actions back to you.</p>	<p>Step back from your baby so he cannot see you. Gently call his name. Watch what he does. Does he stop moving for a moment? Does he try to move his head toward your voice? Pick him up. Say, "Here I am."</p>	<p>Let your baby lie on a blanket on the floor and get down on the floor with her. See the world from her point of view. Talk to her about what she is seeing. Say, "There is the light."</p>
<p>Make life interesting for your baby. Go for a walk. Introduce new sounds and places to him from the safety of your arms.</p>	<p>Talk to your baby about what she is doing, seeing, hearing, and feeling. Say, "I am changing your diaper. You will like being nice and dry. I love you!"</p>	<p>You can begin to play simple games with your baby such as Peekaboo. Put a cloth over your head and peek out. Say, "There you are!"</p>	<p>Introduce new, safe* objects for your baby to explore. Simple objects such as plastic cups and big wooden spoons are all new to him.</p>
<p>Place interesting things close to her bed for her to look at. Hang objects or toys out of reach. Tape simple pictures from magazines on the wall.</p>	<p>Learn your baby's special language. He will "talk" to you with sounds and gestures and let you know when he is happy, uncomfortable, hungry, or lonely.</p>	<p>Give your baby a little massage after a bath or diaper change. Rub her tummy very gently. Talk to her. Say, "Rub-a-dub, I'm rubbing your tummy. Do you like how that feels?"</p>	<p>Introduce new, safe* objects for your baby to explore. Simple objects such as plastic cups and big wooden spoons are all new to him.</p>

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Social-Emotional Activities for Babies 6 Months Old



<p>Learn your baby's special rhythms, and try to settle into a regular routine for eating, sleeping, and diapering. Talk to your baby about his routines. This will help your baby feel secure and content.</p>	<p>Your baby likes to hear new sounds. Bells, whistles, and barking dogs are all new and interesting. Talk to your baby about what she is hearing.</p>	<p>Get down on the floor with your baby and play with him on his level. Look at toys, books, or objects together. Have fun, laugh, and enjoy your time together.</p>	<p>When your baby cries, respond to her. Whisper in her ear to quiet her. Hold her close and make soft sounds. This will help her know that you are always there and that you love her.</p>
<p>Play Peekaboo and Pat-a-cake with your baby. Be playful, have fun, and laugh with your baby. He will respond with smiles and laughs.</p>	<p>Read to your baby. Snuggle up close, point to pictures, and talk about what you are seeing. Your baby will begin to choose favorite books as she gets a bit older.</p>	<p>Bring your baby to new places to see new things. Go on a walk to a park or in the mall, or just bring him shopping. He will love to see new things while you keep him safe.</p>	<p>Place your baby in new areas or in new positions when you are at home. The world looks very different from a new spot!</p>
<p>Let your baby begin to feed herself bits of food and use a spoon and a cup. She will begin to enjoy doing things herself.</p>	<p>Use your baby's name when you dress, feed, and diaper him. Say, "Here is Dusty's finger. Here is Dusty's foot."</p>	<p>Provide new, safe objects for your baby to explore.* Everything is interesting to her. Large wooden spoons and a soft baby brush are new things to learn about.</p>	<p>"Talk" with your baby. When your baby makes a sound, imitate the sound back to him. Go back and forth as long as possible.</p>
<p>Sing songs to your baby and tell her nursery rhymes. Make up songs about your baby using her name. This will make her feel special and loved.</p>	<p>Bath time* is a wonderful time to have fun and be close with your baby. Sponges, plastic cups, and washcloths make simple, inexpensive tub toys.</p>	<p>Enjoy music with your baby. Pick him up, bounce him gently, and twirl with him in your arms. Dance to new and different types of music.</p>	<p>Visit a friend who has a baby or young child. Stay close to your baby and let her know that these new people are okay. It takes a little time to warm up.</p>

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Social-Emotional Activities for Babies 12 Months Old



<p>Keep a home routine for eating, sleeping, diapering, and playtime. Talk to your baby about routines and what will be next. This will help her feel secure.</p>	<p>Let your baby know every day how much you love him and how special he is—when he wakes up in the morning and when he goes to sleep at night.</p>	<p>Play on the floor with your baby every day. Crawl around with her, or just get down and play on her level. She will really enjoy having you to herself.</p>	<p>Play simple games with your baby, such as Pat-a-cake, Peekaboo, and Hide and Seek, or chase each other. Laugh and have fun together!</p>
<p>Your baby can “help” you while you are making dinner. Have a drawer or cupboard that is full of safe kitchen items, such as measuring cups and big spoons, that he can empty.</p>	<p>Play gentle tickle games with your baby, but make sure to stop when she lets you know she has had enough. Watch her carefully and you will know.</p>	<p>Dance to music with your baby. Hold his hands while he bends up and down. Clap and praise him when he “dances” by himself.</p>	<p>Play name games with your baby, such as “Where is Rita?”</p>
<p>Go on a walk to a park or a place where children play. Let your baby watch them and visit a little if he is ready.</p>	<p>Play with child-safe mirrors* with your baby. Make silly expressions and talk to your baby about what she is seeing in the reflection.</p>	<p>Twirl your baby around. He will enjoy a little rough-and-tumble play, but make sure you stop when he has had enough.</p>	<p>Read together with your baby. Before naptime and bedtime are great times to read together. Let your baby choose the book and snuggle up!</p>
<p>Let your baby have as many choices as possible about foods, clothing, toys, and events. She will enjoy making choices.</p>	<p>Invite a friend over who has a baby or young child. Make sure you have enough toys for both children. It is a little early for them to know about sharing.</p>	<p>Sit on the floor with your baby and roll a ball back and forth. Clap your hands when your baby pushes the ball or “catches” the ball with his hands.</p>	<p>When you are dressing or diapering your baby, talk about her body parts and show her your body parts. Say, “Here is Daddy’s nose. Here is Destiny’s nose.”</p>

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Social-Emotional Activities for Toddlers 18 Months Old



<p>Your toddler likes to have a regular daily routine. Talk to him about what you are doing now and what will be happening next. Give him time to be active and time to be quiet.</p>	<p>Your toddler loves to have a lot of hugs and kisses. Give big hugs, little hugs, loud kisses, and soft kisses. Tell her you love her so much!</p>	<p>Your toddler will enjoy gentle tickling games. Make sure he can let you know when he has had enough. He will like quiet snuggle times, too.</p>	<p>Have a pretend party with stuffed animals or dolls. You can cut out little "presents" from a magazine, make a pretend cake, and sing the birthday song.</p>
<p>Your toddler needs a lot of time to move around and exercise. Go for a walk, visit a playground, or take a trip to a shopping mall.</p>	<p>Your toddler will love to help with daily tasks. Give her simple "jobs" to do and let her know what a big girl she is. She can wipe off a table, put her toys away, or help sweep up.</p>	<p>Play simple games such as Hide and Seek and Chase with your toddler. Have fun and laugh together.</p>	<p>Dance with your toddler. Make a simple instrument out of a large plastic food tub (for a drum) or a small plastic container filled with beans or rice (for a shaker).</p>
<p>Help your child learn about emotions. Make happy faces, sad faces, mad faces, and silly faces in front of a mirror. This is fun!</p>	<p>Let your toddler help during mealtimes by bringing some things to the table or setting a place.</p>	<p>Your child might enjoy having a little place to hide. Use a blanket or sheet to make a tent or secret spot for him to play in.</p>	<p>Your child can help clean up after playtimes. Make it simple by putting things in a big tub or box and help her clean. Clap and praise her for her help.</p>
<p>Make playhouse furniture for your child out of boxes. For a stove, turn a box upside down and draw "burners." Use simple containers for pots, and use wooden spoons or sticks to stir the "soup."</p>	<p>Set up playtimes with other children. Your child doesn't understand how to share yet, so make sure there are plenty of toys. Stay close by and help him learn how to play with other children.</p>	<p>Your toddler is getting big and wants to do things by herself! Let her practice eating with a spoon and drinking with a sippy cup during mealtimes. Be ready for some spilling!</p>	<p>Storytimes, especially before naptime and bedtime, are a great way to settle down before sleep. Let your child choose books to read and help turn pages. Help him name what he sees.</p>

Social-Emotional Activities for Toddlers 24 Months Old



<p>Try to have set routines during the day, and let your child know what will be happening next. Say, <i>"Remember, after we brush your hair, we get dressed."</i></p>	<p>Your child is learning about rules but will need a lot of reminders. Keep rules short and simple, and be consistent.</p>	<p>Have a special reading time every day with your toddler. Snuggle up and get close. Before bedtime or naptime is a great time to read together.</p>	<p>Let your toddler know how special she is! She will love to be praised for new things she learns how to do. Say, <i>"You are so helpful. Wow, you did it your-self!"</i></p>
<p>Stay nearby to help your child learn about taking turns during play with friends. It is early to know how to share. Talking about turns will help him learn.</p>	<p>Give your toddler choices, but keep them simple. Let her choose a red or a blue shirt while dressing. Let her choose milk or juice at lunch.</p>	<p>Provide a lot of time to play with other children. Your child may be very active but needs rest times, too. Try to learn your child's rhythms and go with his flow.</p>	<p>Let your child do more things for herself.* Put a stool near the sink so she can wash her hands and brush her teeth. Let her pick out clothes and help dress herself.</p>
<p>Get down on the floor and play with your child. Try to follow your child's lead by playing with toys he chooses and trying his ideas.</p>	<p>Encourage your child to pretend play. Put a few small chairs in a row to make a "bus." Cut up some paper "money" to pay the driver. Ask, <i>"Where will we go today?"</i></p>	<p>Everything is new to your toddler. She can observe some weeds growing on a path or a bird pecking for seeds. Take some time to see the little things with her.</p>	<p>Your toddler is learning all about emotions. Help him label his feelings when he is mad, sad, happy, or silly. Say, <i>"You are really happy"</i> or <i>"You seem really mad."</i></p>
<p>Play Parade or Follow the Leader with your toddler. Your child will love to copy you—and be the leader!</p>	<p>If your child has a temper tantrum, then stay calm and talk in a quiet tone. If possible, let her calm down by herself.</p>	<p>Don't forget to tell your child how much you love him! Give him hugs and kisses and soft touches to let him know.</p>	<p>Teach your child simple songs and finger plays, such as <i>"The Itsy-Bitsy Spider."</i></p>

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Social-Emotional Activities for Young Children 30 Months Old



<p>Make a "Me Book" with your child. Take some pieces of paper and glue in pictures of your child, family members, pets, or other special things. Tape or staple the pages together.</p>	<p>Tell your child funny stories about things he did when he was a baby. Begin a favorite story and see if he can tell what happens next.</p>	<p>Show your child family photos. Talk about the people in the pictures and who they are. Say, "That is your Uncle Ling." Can your child tell you who the people are?</p>	<p>Tell your child a favorite nursery rhyme, and ask her how the characters in the story felt.</p>
<p>Give your child directions that have two steps. Say, "Put all of the LEGOs in the box, and then put the box in the closet." Let him know what a big help he is!</p>	<p>Let your child help when you are cooking and cleaning.* She can do things such as helping to stir, putting flour in a cup, or putting away spoons and forks in the drawer.</p>	<p>Your child loves to imitate you. Try new words, animal sounds, and noises, and see if your child can imitate what you say or how you sound.</p>	<p>Encourage creative play, such as drawing with crayons, painting, and playing with playdough. Playing with chalk on the sidewalk is fun.</p>
<p>Let your child do more things for himself. He can put on his shoes and coat when you go out. Make sure you give him plenty of time to work on these new skills. Say, "What a big boy!"</p>	<p>Draw and cut out faces that show different feelings, such as angry, frustrated, and happy. Encourage your child to use the faces to tell you how she is feeling.</p>	<p>Tell your child every day how much you love him. Give him little kisses on his nose, ears, and fingers. Say, "I love your nose! I love your ear! I love your finger. I love you!"</p>	<p>Have a special reading time every day. Snuggle up and get close. Look in the library for books about children with big feelings. Ask, "What do you do when you get mad?"</p>
<p>Play with your child and help her learn how to share. Show her how to share and praise her when she shares with you. This is a new thing for her, so do not expect too much at this age.</p>	<p>Encourage your child to tell you his name and age. Sometimes making up a rhyme or song about his name will help him remember. See if he can tell you the names of friends and teachers.</p>	<p>Sing songs and dance with your child. Play different types of music from the radio. Make simple instruments from boxes, oatmeal canisters, or yogurt tubs.</p>	<p>Invite a friend with a child over for a playdate. Keep it short, such as 1 or 2 hours. Have some playtime with enough toys for two, snack time, and some outdoor play. Say, "That was fun! See you next time."</p>

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Social-Emotional Activities for Young Children 36 Months Old



<p>Tell your child a simple story about something she did that was funny or interesting. See if your child can tell a different story about herself.</p>	<p>Encourage your child to identify and label his emotions and those of other children or adults.</p>	<p>Provide opportunities for your child to play with other children in your neighborhood or at a park.</p>	<p>Many children this age have imaginary friends. Let your child talk and play with these pretend playmates.</p>
<p>At dinner time, let family members talk about their day. Help your child tell about her day. Say, <i>"Latoya and I went to the park today. Latoya, tell your sister what you did at the park."</i></p>	<p>Give your child directions that have at least two steps when you and he are cooking, dressing, or cleaning. Say, <i>"Put that pan in the sink, and then pick up the red spoon."</i></p>	<p>Write a letter together to grandparents, a pen pal, or a friend. See if your child can tell you what to write about herself to include in the letter.</p>	<p>Play games with your child that involve taking turns, such as Follow the Leader and Hopscotch.</p>
<p>Create a pretend argument between stuffed animals or dolls. Talk with your child about what happened, feelings, and how best to work out problems when they come up.</p>	<p>Have a special reading time each day. Snuggle up and get close. Slowly increase the length of the stories so your child can sit and listen a little longer.</p>	<p>Let your child know every day that you love him and how great he is. Give him a "high five," a big smile, a pat on the back, or a hug. Tell him he is super, cool, sweet, and fun.</p>	<p>Tell your child a favorite story, such as the <i>Three Little Pigs</i> or <i>Goldilocks and the Three Bears</i>. See if your child can tell you how the animals felt in the story.</p>
<p>Draw simple pictures of faces that show happy, sad, excited, or silly expressions. Cut them out and glue them on a Popsicle stick or pencil. Let your child act out the different feelings with the puppets.</p>	<p>Get down on the floor and play with your child. Try to follow your child's lead by playing with toys she wants to play with and trying her ideas.</p>	<p>Play games that involve following simple rules, such as Mother May I and Red Light, Green Light.</p>	<p>Tell silly jokes with your child. Simple "What am I?" riddles are also fun. Have a good time and laugh with your child.</p>

Social-Emotional Activities for Young Children 48 Months Old



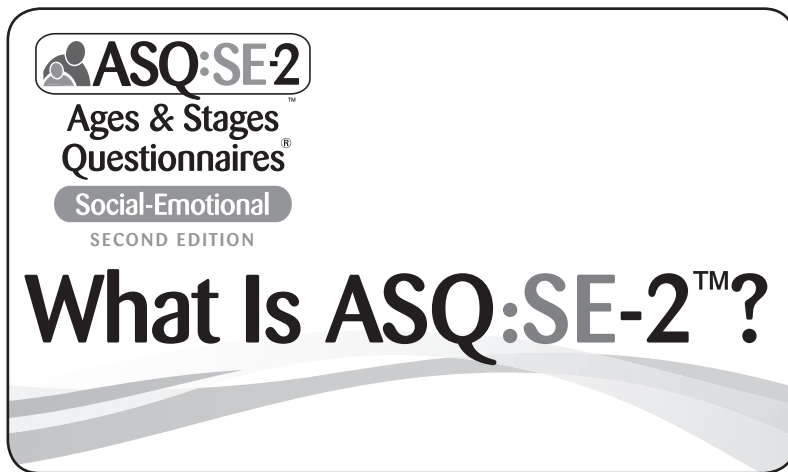
<p>Introduce a new feeling each day, such as bored. Use pictures, gestures, and words. Encourage your child to use a variety of words to describe how he feels.</p>	<p>Encourage activities that involve sharing, such as building with blocks, coloring with crayons, and playing dress up. Teach your child how to ask a friend for a turn. Give your child a lot of time to play with other children.</p>	<p>Provide opportunities for your child to be creative. Empty containers, glue, newspapers, rubber bands, and magazines can be used to make new inventions.</p>	<p>Take your child to the store, a restaurant, or the library. Explore new places. Talk with her about how people are alike and how they are different.</p>
<p>When doing housework or yard work, allow your child to do a small part on his own. Let him empty the wastebasket or clean crumbs off the table.</p>	<p>Talk with your child about possible dangers in your home, such as electrical outlets and stovetops. Talk about outdoor dangers, too, such as crossing the street or talking with strangers.*</p>	<p>Encourage your child's independence. Let her fix something to eat, such as a peanut butter and jelly sandwich. At bedtime, let her choose her clothes to wear the next day.</p>	<p>Use stuffed animals to act out an argument. Talk first about how the different animals are feeling. Then, talk about different ways to come to an agreement.</p>
<p>Tell a favorite nursery rhyme or story. Talk about what is make-believe and what is real.</p>	<p>Make puppets out of Popsicle sticks by gluing on paper faces, adding yarn for hair, and so forth. Put on a show about two children who meet and become friends.</p>	<p>Find a children's book at your library about anger. Talk to your child about how his body feels when he gets angry. Then, discuss what your child can do when he is angry.</p>	<p>Take your child to the library for story hour. She can learn about sitting in a group and listening to stories.</p>
<p>Your child is learning more about rules but will still need reminders. Talk about your family rules. Keep rules short and simple, and be consistent.</p>	<p>Have simple props such as old clothes, boxes, and folding chairs for playing store, fire station, or school.</p>	<p>Remember at least once a day to hug and cuddle and to praise your child for new skills. Praise independence, creativity, expressing emotions, and sharing toys.</p>	<p>Try to have clear routines during the day. Let your child know what will happen next. Have a reading time and quiet time each day.</p>

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Social-Emotional Activities for Young Children 60 Months Old



<p>Tell simple jokes and riddles. Your child will love it when you laugh at her jokes—the sillier, the better.</p>	<p>Gather old shirts, hats, and other clothes from friends or a thrift store. Encourage dramatic play—acting out stories, songs, and scenes from the neighborhood.</p>	<p>Encourage your child to make choices as often as possible. Ask, “Do you want to go to the park or play at home?” He will like having some control over what he does.</p>	<p>Most of the time, your child will feel good about doing small jobs around the house. Give her a lot of praise when she does a good job, and tell her what a big help she is.</p>
<p>Your child may need some help when he argues or disagrees with a friend or sibling. Remind him to express his feelings with words and that he can come to you for help.</p>	<p>Make sure your child has plenty of rest and quiet and alone time when she needs it.</p>	<p>When your child has friends over, encourage them to play games that require working together. Try building a tent out of old blankets, playing catch, or acting out stories.</p>	<p>Tell your child a favorite nursery rhyme that involves the idea of “right” and “wrong.” Discuss what kinds of choices the characters made in the story.</p>
<p>Let your child know how special he is. Give him a lot of love, praise, and hugs every day.</p>	<p>Show your child pictures in magazines of people from different cultures. Talk about things that are the same or different between your family and other families.</p>	<p>Ask your child her birthday, telephone number, and first and last name. Practice what she would do if she was separated from you at the store.</p>	<p>Play games with your child such as Go Fish, Checkers, or Candy Land. Board games or card games that have three or more rules are great.</p>
<p>Have a special time for reading each day. Talk about what happens in the story. Ask your child questions. Listen to his answers. He has a lot to share.</p>	<p>Talk about real dangers (fire, guns, cars) and make-believe dangers (monsters under the bed) using hand-drawn pictures or pictures cut out from a magazine.</p>	<p>Build a store, house, puppet stage, or fire truck out of old boxes. Your child can invite a friend over to play store or house, have a puppet show, or be firefighters.</p>	<p>Encourage your child to talk about the different rules at home and at school. Talk about why there are rules.</p>



The first 5 years of your child's life are very important. Your child's healthy social-emotional development forms a foundation for lifelong learning. ASQ:SE-2 is a set of questionnaires about behavior and social-emotional development in young children. There are nine questionnaires for different ages to screen children from 1 month to 6 years old.

ASQ:SE has been used by parents for more than 15 years. It makes sure that children's social-emotional development is on schedule. It helps you celebrate milestones while addressing any concerns as early as possible. ASQ:SE-2 can help identify your child's social-emotional strengths and areas where your child may need support.

As a parent or caregiver, you are the best source of information about your child. That's why ASQ:SE-2 is designed for *you* to complete. You will only need 10–15 minutes. It's that quick and easy. Here's how ASQ:SE-2 works:

- Answer each question by marking "often or always," "sometimes," or "rarely or never." Answer based on what you know about your child.
- Note if any behaviors concern you.
- Remember that your answers help show your child's strengths and areas where he or she may need support.
- After you finish, your child's provider will discuss the results with you.

If your child's social-emotional development is on target, then there is nothing more you need to do. If there are concerns, then the provider will help you with next steps. When children get support as early as possible for behavioral concerns, problem behaviors may be prevented from getting more difficult as children get older.

You play an important role in your child's learning and development. Completing ASQ:SE-2 questionnaires helps you make sure your child is off to a great start!

**To find out more, please talk to your
health care or education professional,
or visit www.agesandstages.com.**

Place
postage
here

Place mail-out label here

Fold here and tape at the top and sides



**Ages & Stages
Questionnaires®:
Social-Emotional**

Parent Conference Sheet

Child's name: _____
 Date of birth: _____
 Date ASQ:SE-2 completed: _____
 Child's age at screening (months/days): _____
 ASQ:SE-2 questionnaire administered: _____
 Date of conference: _____

Parent or caregiver attending: _____
 Person conducting conference: _____
 Others at conference: _____

CONFERENCE GOALS: The goal of this conference is to share results of ASQ:SE-2 with you and provide an opportunity to discuss your child's social-emotional development. Please let us know if you have additional goals for this meeting.

CHILD'S STRENGTHS: We will discuss your child's areas of strength identified through ASQ:SE-2 and shared by you and other team members.

BEHAVIORS OF CONCERN AND FOLLOW-UP CONSIDERATIONS: If there are behaviors of concern for you or other caregivers, then we will discuss factors that may affect your child's behavior. For example, we can talk about when, where, and with whom the behaviors are happening. We can also discuss your child's overall health and development.

FOLLOW-UP ACTION TAKEN: We will discuss the next steps (marked below) based on your child's ASQ:SE-2:

- _____ Try the activities provided and complete another ASQ:SE-2 in _____ months.
- _____ Share your child's ASQ:SE-2 results with his or her primary health care provider.
- _____ Refer your child to his or her primary health care provider for the following reason: _____
- _____ Contact the following community agency for information on parenting groups or other support.
List contact information here: _____
- _____ Have another caregiver complete ASQ:SE-2. Please bring results to next meeting.
List caregiver here (e.g., grandparent, teacher): _____
- _____ Complete a developmental screening for your child (e.g., ASQ-3).
- _____ Refer your child to early intervention/early childhood special education for further assessment.
List contact information here: _____
- _____ Refer your child for social-emotional, behavioral, or mental health evaluation.
List contact information here: _____
- _____ Other: _____

NOTES:

Child Monitoring Sheet



Child's name: _____ Date of birth: _____ Child ID #: _____ Child gender: Male Female

- Instructions:** You may use this form to track a child's ASQ:SE-2 screening results over time. Write the date the ASQ:SE-2 was administered at the top of each column.
1. Mark the bubble that corresponds with the ASQ:SE-2 result (refer to the completed ASQ:SE-2 Information Summary). If a score is below the monitoring zone, mark the bubble for "Well Below." If a score is within the monitoring zone, mark "Monitor." If a score is above the cutoff, mark "Above."
 2. Indicate the total number of scored items that the caregiver marked as a Concern.
 3. Mark "Yes" or "No" to indicate whether there were items of Concern in the Overall section and whether there was a parent conference.
 4. Record any follow-up action or notes.
 5. **Optional:** Calculate an average item score* by dividing the ASQ:SE-2 total score by the number of answered scored items. (See page 117 of the *ASQ:SE-2 User's Guide* for more information.)

	ASQ:SE-2 2 month Date given	ASQ:SE-2 6 month Date given	ASQ:SE-2 12 month Date given	ASQ:SE-2 18 month Date given	ASQ:SE-2 24 month Date given	ASQ:SE-2 30 month Date given	ASQ:SE-2 36 month Date given	ASQ:SE-2 48 month Date given	ASQ:SE-2 60 month Date given
ASQ:SE-2 total score	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below	<input type="radio"/> Above <input type="radio"/> Monitor <input type="radio"/> Well Below
Number of scored items with Concern checked									
Overall concerns indicated	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Parent conference	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Follow-up action/ notes									
Optional: Average item score*									

About ASQ:SE-2™



Ages & Stages Questionnaires®, Social-Emotional, Second Edition (ASQ:SE-2™), is designed to assist with monitoring young children's social-emotional development and identifying potential social-emotional issues. ASQ:SE-2 is a series of nine questionnaires developed for screening children from 1 month to 6 years of age. The ASQ:SE-2 system works with *Ages & Stages Questionnaires®, Third Edition (ASQ-3™)*, to provide a more complete assessment of children's development.

The ASQ:SE-2 box includes the questionnaires and key forms. The keycode, located inside the box flap, enables access to online questionnaires in the ASQ Online system for subscribers. (See About Your ASQ Keycode on p. 11 of the ASQ:SE-2 Product Overview for more information.)

Your ASQ:SE-2 box contains the following:

- ASQ:SE-2 Product Overview
- Paper questionnaire masters and tabbed dividers
- PDF questionnaire masters on CD-ROM
- One reproducible What Is ASQ:SE-2™? handout, Child Monitoring Sheet, Parent Conference Sheet, and mailing sheet for questionnaires (paper and PDF masters)
- Social-Emotional Development Guides and Activities and Item Response Sheets on CD-ROM
- An access **keycode** for the ASQ Online system
- Information about using your keycode (see p. 11 of the Product Overview)

A cardboard insert is packed in the ASQ:SE-2 box to help prevent crushing during shipping. If you have purchased the *ASQ:SE-2™ User's Guide* and/or the *ASQ:SE-2™ Quick Start Guide*, then you may store them in the ASQ:SE-2 box. **Simply remove the cardboard insert from the ASQ:SE-2 box to create space.**

ASQ:SE-2 QUESTIONNAIRES

The questionnaires for ASQ:SE-2 are intended to be photocopied or printed from hardcopy or PDF in the course of service provision to families. (Please see the End User License Agreement that you agreed to when you accessed the files on this CD-ROM, as well as the Photocopying Release on p. 6 and the Frequently Asked Questions on pp. 7–10 of the Product Overview for information about permitted uses of ASQ:SE-2.) ASQ:SE-2 is available in English and Spanish. Please visit www.agesandstages.com for updated information on translations.

Completion Methods

The questionnaires can be mailed to or shared with parents and completed by them at home. Parents can complete them with the assistance of a nurse, social worker, or other professional on a home visit or during a telephone interview; at a medical clinic prior to a well-child checkup; or as part of a community screening event. When a program or center has a subscription to ASQ Online (see www.agesandstages.com for

details), parents can electronically complete the questionnaires through the ASQ Family Access web site at home, online at the center's or office's computer, or wherever they access the Internet. In addition, a child's regular caregiver at a child care center may complete questionnaires.

Questionnaire Items

Each questionnaire contains 16–36 scored items that screen seven key social-emotional areas: self-regulation, compliance, adaptive functioning, autonomy, affect, social-communication, and interaction with people. Following these items, a section labeled “Overall” contains open-ended questions that allow parents to share any eating, sleeping, toileting, or general concerns as well as what they enjoy about their children. Questionnaire items are written at a fourth- to sixth-grade reading level and worded with alternating male and female pronouns to promote readability and parental identification with the forms.

Family Information Sheets

The family information sheet before each questionnaire gathers basic demographic data that are essential for maintaining contact with families and are key in setting up child records in the ASQ Online management system. Each sheet contains a space in the upper left-hand corner where a program logo or agency contact information may be placed so that it will appear on all duplicated questionnaires. If the questionnaires are to be used in mail-back format, then the address of the program should be typed or stamped on the mailing sheet to ease parent return. Programs should ensure that parents completely fill out the family information sheet.

Information Summary Sheets

The Information Summary sheets contain spaces for programs to record total points per page and a total score, which can be compared with the cutoff score. In addition, the sheets guide programs through the score interpretation, with a clear scoring graphic that easily shows whether the child is at no or low risk, should be monitored, or should be referred for further assessment. The sheets include spaces to record parent concerns and responses to Overall questions. There are checklists of factors to consider when making referral decisions, as well as space to record follow-up action decisions. The CD-ROM contains nine optional Item Response Sheets designed for programs that wish to keep track of individual item responses on the questionnaires after sending questionnaires home with parents.

Additional Considerations

Because a screening tool is brief, mistakes may occur; children who do not have difficulties may be referred for further assessment, and children with difficulties may not be identified as needing further assessment. Thus, results from ASQ:SE-2 may not identify which children have difficulties and which ones do not. Rather, the results suggest which children should be referred for further evaluation and which ones appear to be developing typically. By completing ASQ:SE-2, parents may increase their knowledge of their children's developmental status while becoming involved in the screening process. In addition, having parents complete the ASQ:SE-2 questionnaires at regular intervals as their children develop may prove to be more effective and cost efficient than one-time screening programs conducted by professionals.

No one questionnaire or screening tool will be culturally appropriate for all children and families. Modifications may need to be made, such as translating certain phrases into a family's native language or seeking advice from a mental health professional who is familiar with the cultural “norm.”

If parents cannot read English or Spanish at a fourth- to sixth-grade level, then someone can read the items aloud and help parents complete the questionnaires. There are, however, some parents who may not accurately answer the questionnaires. Individuals with limited cognitive abilities and those abusing alcohol or other drugs are examples of parents who may have difficulty. Other professionally administered screening tools may be more appropriate for children in these families. For additional information about using ASQ:SE-2 with families, please refer to the *ASQ:SE-2™ in Practice* DVD.

OTHER ASQ:SE-2 COMPONENTS

The following is a list of other available ASQ:SE-2 materials.

User's Guide

The *ASQ:SE-2™ User's Guide* contains necessary information for implementing the screening tool. It includes

- Procedures for planning a monitoring program, using and scoring the questionnaires, making referrals, and evaluating the monitoring program throughout implementation
- Useful sample letters and forms, in both English and Spanish
- Detailed technical data about the questionnaires, including information on validity, sensitivity, specificity, and overreferral and underreferral rates
- Social-Emotional Development Guides and Activities for distribution to families

Quick Start Guide

The accessible Quick Start Guide contains clear, simple directions and notes for implementing ASQ:SE-2 with accuracy and is designed to help programs improve screening results. This inexpensive laminated guide was developed in response to customer feedback and provides key on-the-spot information as a quick reference when a User's Guide is not available. It helps ensure that the professionals sharing an ASQ:SE-2 box of questionnaires each have the core information needed to effectively implement ASQ:SE-2 screening.

ASQ:SE-2 Learning Activities

This book (in press; available in English and Spanish; with CD-ROM) helps programs promote family engagement with children's development. *ASQ:SE-2™ Learning Activities* includes simple, developmentally appropriate activities organized by age for parents to try with their children as well as helpful handouts that highlight what to expect in terms of children's development. The tip sheets cover ways to promote children's healthy eating and sleeping; information about choosing child care, establishing routines, and supporting children's transition to kindergarten; and other key topics to help parents understand and support social-emotional development of children from birth to age 6. Professionals can photocopy or print the sheets of learning activities and tips to share with families so parents can support their children's development. The activities and tips also encourage parent–child interaction.

ASQ:SE-2 in Practice

This DVD gives an overview of social-emotional development and provides a thorough introduction to ASQ:SE-2. Viewers get an inside look at the screening system in practice as they watch a home visitor using ASQ:SE with the family of a 4-year-old boy.

THE ASQ PRODUCT FAMILY

In addition to ASQ:SE-2, the ASQ system includes a general developmental screener (ASQ-3™) and a range of materials and components designed to support successful screening, including ASQ Online and training through Brookes On Location. Users may visit www.agesandstages.com to find current information about the entire ASQ product family, including news and updates, answers to frequently asked questions, basic training, and other features designed to support use. Ordering information for ASQ products is provided on the order form included in this ASQ:SE-2 box as well as at www.agesandstages.com and www.brookespublishing.com.

ASQ-3 Questionnaires

ASQ-3 is designed to screen young children for developmental delays—that is, to identify those children who are in need of further evaluation and those who appear to be developing typically. ASQ-3 has 21 ques-

tionnaires for screening and monitoring children with possible developmental delays from 1 month to 5½ years of age. Each ASQ-3 questionnaire addresses five developmental areas: communication, gross motor, fine motor, problem solving, and personal-social.

ASQ Online

The ASQ system's online data management options enable cost-effective and secure recording, scoring, reporting, and tracking. Two subscription options—ASQ Pro for single-site programs and ASQ Enterprise for multisite programs—offer users automated scoring to improve data accuracy, communication features that help manage mailings, activities for parents to do with their children to encourage development, and key child and program-level reports.

ASQ Family Access enables parents and caregivers to complete ASQ:SE-2 and ASQ-3 questionnaires online, which is cost effective for programs. Subscribers are given access to a secure web site customizable with their program logo and contact and resource information. Parents access the web site, and the easy-to-use application selects the appropriate questionnaire, guides parents through questionnaire items, and encourages their full completion.

ASQ Family Access integrates seamlessly with ASQ Pro and ASQ Enterprise for scoring and data management. Because ASQ Family Access makes the questionnaires easy to fill out, parents are likely to promptly and accurately complete them, resulting in earlier, more reliable identification of children with delays.

Please visit www.agesandstages.com or contact Brookes Publishing at custserv@brookespublishing.com or 1-800-638-3775 for additional information or to subscribe.

ASQ Seminars Through Brookes On Location

Brookes Publishing's professional development program, Brookes On Location, offers customized training and regularly hosts an ASQ:SE-2 and ASQ-3 Introductory Seminar and an ASQ:SE-2 and ASQ-3 Training of Trainers. Please visit www.brookesonlocation.com to learn more about these seminars.

About the Authors



Jane Squires, Ph.D., Professor, Early Intervention/Special Education; Director, Early Intervention Program; and Director, University Center for Excellence in Developmental Disabilities/Center on Human Development, College of Education, University of Oregon, Eugene

Dr. Squires is Professor of Special Education, focusing on the field of early intervention/early childhood special education. She oversees research and outreach projects in the areas of developmental screening, implementation of screening systems, early identification of developmental delays, and the involvement of parents in monitoring their young children's development. She is lead author of the *Ages & Stages Questionnaires®*, *Third Edition (ASQ-3™)*; with D. Bricker; Paul H. Brookes Publishing Co., 2009), and the *Social-Emotional Assessment/Evaluation Measure (SEAM™)*, *Research Edition* (with D. Bricker, M. Waddell, K. Funk, J. Clifford, & R. Hoselton; Paul H. Brookes Publishing Co., 2014), and has authored or coauthored more than 90 books, chapters, assessments, videotapes, and articles on developmental screening and early childhood disabilities. In 2013, she coauthored the book *Developmental Screening in Your Community: An Integrated Approach for Connecting Children with Services* (Paul H. Brookes Publishing Co., 2013). Dr. Squires currently teaches doctoral-level courses in early intervention/special education and conducts research on comprehensive early identification and referral systems for preschool children.

Diane Bricker, Ph.D., Professor Emerita and Former Director, Early Intervention Program, Center on Human Development, and Associate Dean for Academic Programs, College of Education, University of Oregon, Eugene

Dr. Bricker served as Director of the Early Intervention Program at the Center on Human Development, University of Oregon, from 1978 to 2004. She was a professor of special education, focusing on the fields of early intervention and social-communication.

Her professional interests have addressed three major areas: early intervention service delivery approaches, curricula-based assessment and evaluation, and developmental-behavioral screening. Dr. Bricker's work in early intervention approaches has been summarized in two volumes: *An Activity-Based Approach to Early Intervention, Fourth Edition* (with J. Johnson & N. Rahn; Paul H. Brookes Publishing Co., 2015), and *An Activity-Based Approach to Developing Young Children's Social Emotional Competence* (with J. Squires; Paul H. Brookes Publishing Co., 2007). Her work in curricula-based assessment/evaluation has focused on the development of the *Assessment, Evaluation, and Programming System for Infants and Children, Second Edition (AEPS®)*; with B. Capt, K. Pretti-Frontczak, J. Johnson, K. Slentz, E. Straka, & M. Waddell; Paul H. Brookes Publishing Co., 2004). This measure and curricula provide intervention personnel with a system for the comprehensive assessment of young children with results that link directly to curricular content and subsequent evaluation of child progress.

Dr. Bricker has been a primary author of the *Ages & Stages Questionnaires® (ASQ)*; with J. Squires; Paul H. Brookes Publishing Co., 1995, 1999, 2009) and directed research activities on the ASQ system starting in 1980. *Developmental Screening in Your Community: An Integrated Approach for Connecting Children with Services* (Bricker, Macy, Squires, & Marks; Paul H. Brookes Publishing Co., 2013) offers

a comprehensive system for creating and operating community-wide developmental-behavioral screening programs for young children.

Dr. Bricker's distinctions include the Division of Early Childhood, Council for Exceptional Children Service to the Field Award, December 1992, and the Peabody College Distinguished Alumna Award, May 1995.

Elizabeth Twombly, M.S., Senior Researcher/Instructor, Early Intervention Program, Center on Human Development, University of Oregon, Eugene

For more than 20 years, Ms. Twombly has been involved in *Ages & Stages Questionnaires*® (ASQ) research projects, including renorming for the *Ages & Stages Questionnaires*®: *Social-Emotional, Second Edition* (ASQ:SE-2™), and the *Ages & Stages Questionnaires*®, *Third Edition* (ASQ-3™; Squires & Bricker; Paul H. Brookes Publishing Co., 2009). She has conducted trainings on ASQ and ASQ:SE nationally and internationally and has provided technical assistance to states on the development of early identification and referral systems for young children. Ms. Twombly is a contributing author of ASQ-3 and an author of ASQ:SE-2, the *ASQ-3™ Learning Activities*, and the *ASQ:SE-2™ Social-Emotional Learning Activities* (in press). She has special interests in helping underserved populations, including families with young children living in transition, and in developing systems of care for substance-exposed newborns. She currently is working on a team to develop a universal system of screening and referral for families with young children in the state of Oregon.

Robert Hoselton, B.S., Research Assistant, Early Intervention Program, Center on Human Development, University of Oregon, Eugene

Mr. Hoselton received a bachelor of science degree in computer science from the University of Oregon in 2004. He has been involved in several research studies on the *Ages & Stages Questionnaires*® (ASQ) and the *Social-Emotional Assessment/Evaluation Measure* (SEAM™; with J. Squires, D. Bricker, M. Waddell, K. Funk, & J. Clifford; Paul H. Brookes Publishing Co., 2014). Mr. Hoselton also develops and operates the Oregon Online Screening Project's research web site. He is mainly responsible for web application development, database management, and data analysis.

Kimberly Murphy, Research Assistant, Early Intervention Program, Center on Human Development, University of Oregon, Eugene

Ms. Murphy has coordinated several research studies involving both the *Ages & Stages Questionnaires*® (ASQ) and the *Ages & Stages Questionnaires*®: *Social-Emotional* (ASQ:SE), including data recruitment, collection, and analyses for the renorming studies of *Ages & Stages Questionnaires*®: *Social-Emotional, Second Edition* (ASQ:SE-2™), and *Ages & Stages Questionnaires*®, *Third Edition* (ASQ-3™; Squires & Bricker; Paul H. Brookes Publishing Co., 2009). She also contributes to related ASQ materials and serves as the web content editor/coordinator for the research site designed for national ASQ and ASQ:SE data collection. She currently serves as Project Coordinator for the Oregon Screening Project, developing and operating its research web site. Ms. Murphy also works as part of a team providing statewide trainings and developing a universal system of screening and referral for families with young children in the state of Oregon.

Jill Dolata, M.A., CCC-SLP, Assistant Professor, Speech Language Pathology, Institute on Development & Disability, Oregon Health & Science University, Portland

Ms. Dolata is a Ph.D. candidate in special education and clinical sciences at the University of Oregon (Early Intervention/Early Childhood Special Education Leadership Program). Her primary clinical and research interests include the foundations of social language development and early identification of developmental delays. She participates in multidisciplinary developmental assessments and investigates early development for children born prematurely and children who may have autism spectrum disorder.

Suzanne Yockelson, Ph.D., Assistant Professor, Special Education, Brandman University, San Diego Campus

Dr. Yockelson earned her doctorate from the University of Oregon in 1999 and remained on faculty in the College of Education until 2007. Immediately following her move to California, Dr. Yockelson was the Educating Providers in the Community Coordinator at Help Me Grow in Orange County, where she worked within the county's system of health care and early childhood systems to promote developmental screening. She currently develops curriculum and teaches in the Early Childhood Special Education, Early Childhood Education, and Special Education programs at Brandman University. She also consults and trains in the United States and Canada. Her professional interests include early identification and referral of young children with special needs, social-emotional development of young children, inclusion in early childhood systems, and personnel preparation.

Maura Schoen Davis, Ph.D., Professor, Department of Education, Warren Wilson College, Asheville, North Carolina

Dr. Davis earned her doctorate from the University of Oregon, where she investigated the concurrent validity of the *Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE)*. She is currently a professor in the Education Department at Warren Wilson College. She teaches early childhood education courses and supervises Warren Wilson students in training at Verner Center for Early Learning.

Younghee Kim, Ph.D., Professor/Coordinator, Early Childhood Development Program, School of Education, Southern Oregon University, Ashland

Dr. Kim teaches in the Early Childhood Development, Elementary Education, and Master of Arts in Teaching Programs at Southern Oregon University. After graduating from Sogang University in Seoul, Korea, in 1985, she received her master's degree in 1992 and her doctorate in 1996 from the University of Oregon in the area of early intervention/early childhood special education. Her special research interests include alternative assessment for young children with special needs, family collaboration in early intervention, young children with emotional and social challenges, whole child development, and holistic education, as well as multicultural education for individuals with diverse backgrounds.

ASQ Training



Brookes On Location (BOL) is the professional development program from Brookes Publishing that connects you with the experts behind the ASQ:SE-2™ and ASQ-3™ tools. BOL staff work with you to bring an ASQ-expert speaker to your location on a date when your staff is available.

When you contact BOL about arranging a seminar, we share your request with our ASQ speaker group and make recommendations that will help your program meet its goals. Seminar fees vary depending on the seminar subject and length and the number of participants. The total cost will include the speaker fee, the agent fee, and the speaker's travel expenses; selected seminars also require the purchase of books or other materials.

AVAILABLE TRAININGS

Seminars can range from a half-day overview to a multiday training, depending on the subject and the needs of your program. The speaker will focus on the themes and topics most important to you and show your staff how to maximize their use of ASQ:SE-2 and/or ASQ-3. The following is a list of training options:

- “Introduction to ASQ-3 and ASQ:SE-2” is a 1-day introductory seminar developed around the content of ASQ-3 and ASQ:SE-2 and the speaker's expertise and experiences in the field.
- “Using ASQ:SE-2 to Assess Young Children for Social-Emotional Difficulties” addresses the ins and outs of using the tool, including administering the questionnaires, scoring questionnaires, and tracking results. It also covers identifying young children who may be at risk for social-emotional difficulties, communicating screening results to families, and following up after questionnaires are scored. Supplemented with case studies, video clips, role plays, and hands-on activities, the speaker's instruction gives participants valuable experience using the questionnaires before going out into the field to work with families.
- The “Comprehensive ASQ-3 and/or ASQ:SE-2 Seminar” is a 2-day training seminar intended to provide in-depth and individualized training to meet the needs of novice, intermediate, and advanced users. The comprehensive seminar includes the basics of the “Introduction to ASQ-3 and ASQ:SE-2” and then goes into greater depth about the role of screening tools in early childhood assessment and community early care systems.
- ASQ-3 and ASQ:SE-2 Training of Trainers seminars are designed for intermediate to advanced participants who have experience using ASQ-3 and/or ASQ:SE-2 and will be training staff within their organizations. Electronic materials (many of which participants can modify for their own future introduction training seminars) will be provided on CD-ROM for all participants upon their successful completion of the seminar.
- ASQ-3 and ASQ:SE-2 Institutes are held in cities around the United States at least annually. Our institutes provide comprehensive information that will prepare participants to train others within their organizations. The institutes provide you with the opportunity to network with and learn from ASQ users around the world.

TRAINING VIDEOS

To supplement your staff's education on ASQ:SE-2 and ASQ-3, training videos are available for a fast, engaging introduction to screening with these tools. These brief programs can be repeatedly viewed as needed. For ASQ:SE-2, your staff can watch *ASQ:SE-2™ in Practice* for a clear explanation of how the questionnaires are completed and scored and the factors to consider when scoring. ASQ-3 is covered in *The Ages & Stages Questionnaires® on a Home Visit* (watch a home visitor guide a family through questionnaire completion) and *ASQ-3™ Scoring & Referral* (learn how to convert parent responses into point values, compare results to the cutoff scores, and make referrals).

HOW TO FIND OUT MORE

For more information or a price quote on ASQ:SE-2 or ASQ-3 training and professional development options, or when you are ready to schedule a seminar, e-mail BOL staff at seminars@brookespublishing.com or call 1-800-638-3775 (toll-free) or 1-410-337-9580. Information about ASQ:SE-2 and ASQ-3 training is also available at www.agesandstages.com. Visit www.brookesonlocation.com to learn more about the BOL program, including the full list of seminars and trainings for other Brookes Publishing publications.



Ages & Stages
Questionnaires®

Ordering Guide



The developmental screener trusted across the country

Highly valid and reliable, the parent-completed ASQ-3™ is the most accurate, family-friendly way to screen children for developmental delays between 1 month and 5 ½ years.

Order the Starter Kit

Starter Kits include: paper masters of the questionnaires and scoring sheets, a CD-ROM with printable PDF questionnaires, the User's Guide, and a FREE laminated Quick Start Guide (in English or Spanish).



With English questionnaires: \$275.00
Stock #: BA-70410 | 2009 | ISBN 978-1-59857-041-0

With Spanish questionnaires: \$275.00
Stock #: BA-70427 | 2009 | ISBN 978-1-59857-042-7

Also Sold Separately



ASQ-3™ Questionnaires
Paper masters of the 21 questionnaires & scoring sheets, plus a CD-ROM of printable PDFs

English—US\$225.00 • Stock #: BA-70021
ISBN 978-1-59857-002-1



Spanish—US\$225.00 • Stock #: BA-70038
ISBN 978-1-59857-003-8



ASQ-3™ User's Guide
Essential guide with step-by-step instructions on using ASQ-3™ effectively
US\$50.00 • Stock #: BA-70045
ISBN 978-1-59857-004-5



ASQ-3™ Quick Start Guide (sold in packs of 5)
A lightweight laminated guide to administration and scoring basics

English—US\$24.95 • Stock #: BA-70052
ISBN 978-1-59857-005-2

Spanish— US\$24.95 • Stock #: BA-71974
ISBN 978-1-59857-197-4



The Ages & Stages Questionnaires® on a Home Visit (Training DVD)
Watch a home visitor guide a family through the items on a questionnaire
US\$49.95 • Stock #: BA-69711 • 1995 • 20 minutes
ISBN 978-1-55766-971-1



ASQ-3™ Scoring & Referral (Training DVD)
Includes footage of ASQ-3™ tasks and close-ups of sample questions and scores
US\$49.95 • Stock #: BA-70250 • 2004, 2009
16 minutes • ISBN 978-1-59857-025-0

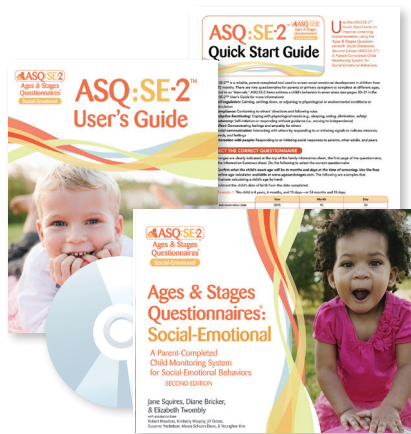


Revised edition of the trusted social-emotional screener

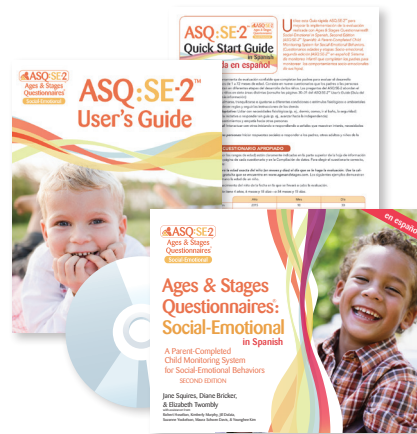
Field-tested with thousands of families, ASQ:SE-2™ accurately identifies children 1–72 months of age who are at risk for social and emotional difficulties and helps you determine when children need further assessment.

Order the Starter Kit

Starter Kits include: paper masters of the questionnaires and scoring sheets, a CD-ROM with printable PDF questionnaires, the User's Guide, and a FREE laminated Quick Start Guide (in English or Spanish).



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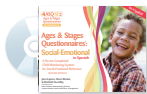
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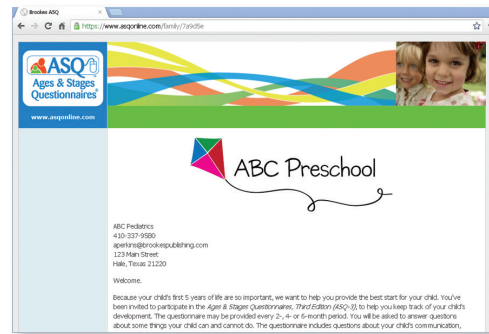
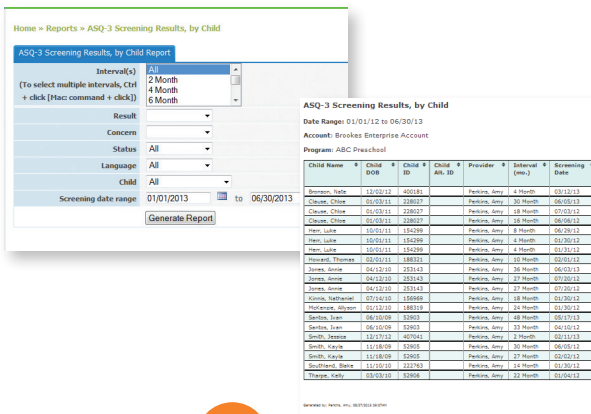
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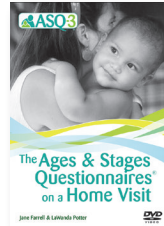
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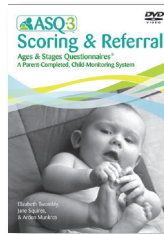
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
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