

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