

# 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 | <b>Total score</b> |

|           |
|-----------|
| <b>50</b> |
| Cutoff    |