

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 |