

# 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
<b>Total score</b>	

<b>65</b>
Cutoff