

# 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
<b>Total score</b>	

<b>85</b>
Cutoff