

36 Month Item Response Sheet 33 months 0 days through 41 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 her?			
2.	Likes to be hugged or cuddled?			
3.	Talks or plays with familiar adults?			
4.	Clings more than you expect?			
5.	Calms within 15 minutes?			
6.	Too friendly with strangers?			
7.	Settles after exciting activities?			
8.	Moves easily from one activity to another?			
9.	Seems happy?			
10.	Interested in things (people, toys, and foods)?			
11.	Does what you ask?			
12.	Seems more active than other children?			
13.	Stays with activities for at least 5 minutes?			
14.	Enjoy mealtimes together?			
15.	Eating problems (stuffing food, vomiting, eating nonfood)?			
16.	Sleeps at least 8 hours in a 24-hour period?			
17.	Uses words for wants or needs?			
18.	Follows routine directions?			

(continued)

36 Month Item Response Sheet (continued)



Item no.	Item description	Item score	Concern score	Comments/notes
19.	Cries, screams, or has tantrums for long periods?			
20.	Checks that you are near when exploring?			
21.	Does things over and over and gets upset when stopped?			
22.	Hurts self on purpose?			
23.	Stays away from dangerous things?			
24.	Destroys or damages things on purpose?			
25.	Uses words to describe own and others' feelings?			
26.	Can name a friend?			
27.	Other children like to play with child?			
28.	Likes to play with other children?			
29.	Tries to hurt others (children, adults, animals)?			
30.	Unusual interest in or knowledge of sexual language and activity?			
31.	Shows you things by pointing and looking back at you?			
32.	Pretends objects are something else?			
33.	Wakes 3 or more times at night?			
34.	Too worried or fearful?			
35.	Anyone shared concerns about behaviors?			
36.	Parent concerns about eating, sleeping, or toileting habits?	YES no		
37.	Parent worries about child?	YES no		
38.	What parent enjoys about child?			

+ =	
Item score subtotal	Concern score subtotal
Total score	

105
Cutoff