

48 Month Item Response Sheet 42 months 0 days through 53 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.	Clings more than you expect?			
3.	Talks or plays with familiar adults?			
4.	Calms within 15 minutes?			
5.	Likes to be hugged or cuddled?			
6.	Too friendly with strangers?			
7.	Settles after exciting activities?			
8.	Cries, screams, or has tantrums for long periods?			
9.	Interested in things (people, toys, and foods)?			
10.	Stays dry during the day?			
11.	Eating problems (stuffing food, vomiting, eating nonfood)?			
12.	Enjoy mealtimes together?			
13.	Does what you ask?			
14.	Seems happy?			
15.	Sleeps at least 8 hours in a 24-hour period?			
16.	Seems more active than other children?			
17.	Uses words for wants or needs?			
18.	Stays with activities for at least 10 minutes?			

(continued)

48 Month Item Response Sheet (continued)



Item no.	Item description	Item score	Concern score	Comments/notes
19.	Uses words to describe own and others' feelings?			
20.	Moves easily from one activity to another?			
21.	Explores new places?			
22.	Does things over and over and gets upset when stopped?			
23.	Hurts self on purpose?			
24.	Follows rules at home or child care?			
25.	Destroys or damages things on purpose?			
26.	Stays away from dangerous things?			
27.	Can name a friend?			
28.	Shows concern for other people's feelings?			
29.	Other children like to play with child?			
30.	Likes to play with other children?			
31.	Tries to hurt others (children, adults, animals)?			
32.	Unusual interest in or knowledge of sexual language and activity?			
33.	Wakes 3 or more times at night?			
34.	Too worried or fearful?			
35.	Has simple back-and-forth conversations with you?			
36.	Anyone shared concerns about behaviors?			
37.	Parent concerns about eating, sleeping, or toileting habits?	YES no		
38.	Parent worries about child?	YES no		
39.	What parent enjoys about child?			

+ =	
Item score subtotal	Concern score subtotal
Total score	

85
Cutoff