30 Month Questionnaire

27 months 0 days through 32 months 30 days

ASQ:SE-2™
Ages & Stages Questionnaires®
Social-Emotional
SECOND EDITION

Date ASQ:SE-2 completed: _____

Child's information

Child's first name: | Child's middle initial: | Child's last name:

Child's date of birth:

Child's gender: ◯ Male ◯ Female

Person filling out questionnaire

First name: | Middle initial: | Last name:

Street address:

City: | State/province: | ZIP/postal code:

Country: | Home telephone number: | Other telephone number:

E-mail address:

Relationship to child: ◯ Parent ◯ Guardian ◯ Teacher ◯ Other: _____
◯ Grandparent/other relative ◯ Foster parent ◯ Child care provider

People assisting in questionnaire completion:

Program information

(For program use only.)

Child's ID #: | Age at administration in months and days:

Program ID #:

Program name:

P201300000

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30 Month Questionnaire *27 months 0 days through 32 months 30 days*

ASQ:SE-2™

Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your child's behavior. Also, check the circle ◉ if the behavior is a concern.

Important Points to Remember:

- ❑ Answer questions based on what you know about your child's behavior.
- ❑ Answer questions based on your child's *usual* behavior, not behavior when your child is sick, very tired, or hungry.
- ❑ Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- ❑ Please return this questionnaire by: _____
- ❑ If you have any questions or concerns about your child or about this questionnaire, contact: _____
- ❑ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to him?	☐ z	☐ v	☐ x	◯ v	_____
2. Does your child like to be hugged or cuddled?	☐ z	☐ v	☐ x	◯ v	_____
3. Does your child cling to you more than you expect?	☐ x	☐ v	☐ z	◯ v	_____
4. Does your child greet or say hello to familiar adults?	☐ z	☐ v	☐ x	◯ v	_____
5. Does your child seem happy?	☐ z	☐ v	☐ x	◯ v	_____
6. Does your child like to hear stories and sing songs?	☐ z	☐ v	☐ x	◯ v	_____
7. Does your child seem too friendly with strangers?	☐ x	☐ v	☐ z	◯ v	_____

TOTAL POINTS ON PAGE _____

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Check the box ☑ that best describes your child's behavior. Also, check the circle ◉ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
8. Does your child settle herself down after exciting activities?	☐ z	☐ v	☐ x	◯ v	_____
9. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	☐ v	☐ z	◯ v	_____
10. Does your child do things over and over and get upset when you try to stop him? For example, does he rock, flap his hands, spin, or _____? (Please describe.) _____ _____	☐ x	☐ v	☐ z	◯ v	_____
11. Does your child stay with activities she enjoys for at least 3 minutes (other than watching shows or videos, or playing with electronics)?	☐ z	☐ v	☐ x	◯ v	_____
12. Does your child do what you ask him to do?	☐ z	☐ v	☐ x	◯ v	_____
13. Is your child interested in things around her, such as people, toys, and foods?	☐ z	☐ v	☐ x	◯ v	_____
14. When upset, can your child calm down within 15 minutes?	☐ z	☐ v	☐ x	◯ v	_____
15. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	☐ x	☐ v	☐ z	◯ v	_____

TOTAL POINTS ON PAGE _____

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30 Month Questionnaire

ASQ:SE-2™

Check the box ☑ that best describes your child's behavior. Also, check the circle ◯ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
16. Do you and your child enjoy mealtimes together?	☐ z	☐ v	☐ x	◯ v	_____
17. When you point at something, does your child look in the direction you are pointing?	☐ z	☐ v	☐ x	◯ v	_____
18. Does your child sleep at least 8 hours in a 24-hour period?	☐ z	☐ v	☐ x	◯ v	_____
19. Does your child let you know how she is feeling with words or gestures? For example, does she let you know when she is hungry, hurt, or tired?	☐ z	☐ v	☐ x	◯ v	_____
20. Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked?	☐ z	☐ v	☐ x	◯ v	_____
21. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	☐ z	☐ v	☐ x	◯ v	_____
22. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	☐ z	☐ v	☐ x	◯ v	_____
23. Does your child stay away from dangerous things, such as fire and moving cars?	☐ z	☐ v	☐ x	◯ v	_____
24. Does your child destroy or damage things on purpose?	☐ x	☐ v	☐ z	◯ v	_____
25. Does your child hurt herself on purpose?	☐ x	☐ v	☐ z	◯ v	_____

TOTAL POINTS ON PAGE _____

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30 Month Questionnaire

ASQ:SE-2™ Check the box ☑ that best describes your child's behavior. Also, check the circle ◯ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
26. Does your child play next to other children?	☐ z	☐ v	☐ x	◯ v	_____
27. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ x	☐ v	☐ z	◯ v	_____
28. Does your child try to show you things by pointing at them and looking back at you?	☐ z	☐ v	☐ x	◯ v	_____
29. Does your child use at least two words to ask for things he wants? For example, does he say "want ball" or "more apple?"	☐ z	☐ v	☐ x	◯ v	_____
30. Does your child play with objects by pretending? For example, does your child pretend to talk on the phone, feed a doll, or fly a toy airplane?	☐ z	☐ v	☐ x	◯ v	_____
31. Does your child wake three or more times during the night?	☐ x	☐ v	☐ z	◯ v	_____
32. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	☐ x	☐ v	☐ z	◯ v	_____
33. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	☐ x	☐ v	☐ z	◯ v	_____

TOTAL POINTS ON PAGE _____

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OVERALL Use the space below for additional comments.

34. Do you have concerns about your child's eating and sleeping behaviors or about her toilet training? If yes, please explain: ◯ YES ◯ NO

_____

_____

_____

35. Does anything about your child worry you? If yes, please explain: ◯ YES ◯ NO

_____

_____

_____

36. What do you enjoy about your child?

_____

_____

_____

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30 Month Information Summary *27 months 0 days through 32 months 30 days*

ASQ:SE-2™

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

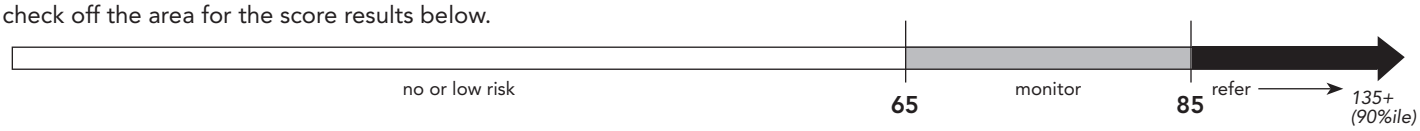
1. ASQ:SE-2 SCORING CHART:

- Score items (*Z* = 0, *V* = 5, *X* = 10, *Concern* = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
TOTAL POINTS ON PAGE 3	
TOTAL POINTS ON PAGE 4	
Total score	

Cutoff	TOTAL SCORE
85	

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.



____ The child's total score is in the ▭ area. It is below the cutoff. Social-emotional development appears to be on schedule.

____ The child's total score is in the ▭ area. It is close to the cutoff. Review behaviors of concern and monitor.

____ The child's total score is in the ▬ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–33. Any Concerns marked on scored items? **YES** no Comments:

34. Eating/sleeping/toileting concerns? **YES** no Comments:

35. Other worries? **YES** no Comments:

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide.*

____ **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)

____ **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)

____ **Health factors** (e.g., Is the child's behavior related to health or biological factors?)

____ **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)

____ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

____ Provide activities and rescreen in ____ months.

____ Share results with primary health care provider.

____ Provide parent education materials.

____ Provide information about available parenting classes or support groups.

____ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____

____ Administer developmental screening (e.g., ASQ-3).

____ Refer to early intervention/early childhood special education.

____ Refer for social-emotional, behavioral, or mental health evaluation.

____ Other: _____

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