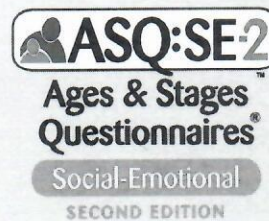




48 Month Questionnaire

42 months 0 days through 53 months 30 days



Date ASQ:SE-2 completed: Nov. 1, 2020

Child's information

Child's first name: Marcus Child's middle initial: _____ Child's last name: _____
Child's date of birth: Dec. 1, 2016

Child's gender: ☒ Male ☐ Female

Person filling out questionnaire

First name: Tessa 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: _____

Ellen

Program information

(For program use only.)

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

48 Month Questionnaire 42 months 0 days through 53 months 30 days



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?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. Does your child cling to you more than you expect?	<input type="checkbox"/> x	<input checked="" type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
3. Does your child talk or play with adults she knows well?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
4. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input checked="" type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
5. Does your child like to be hugged or cuddled?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. Does your child seem too friendly with strangers?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	_____
7. Does your child settle himself down after exciting activities?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input checked="" type="checkbox"/> x	<input type="radio"/> v	_____
8. Does your child cry, scream, or have tantrums for long periods of time?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

48 Month Questionnaire



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	
9. Is your child interested in things around her, such as people, toys, and foods?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
10. Does your child stay dry during the day?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
11. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.)	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
12. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input checked="" type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
13. Does your child do what you ask her to do?	<input type="checkbox"/> z	<input checked="" type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
14. Does your child seem happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input checked="" type="checkbox"/> x	<input type="radio"/> v	_____
15. Does your child sleep at least 8 hours in a 24-hour period?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
16. Does your child seem more active than other children his age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	_____
17. Does your child use words to tell you what she wants or needs?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
18. Does your child stay with activities he enjoys for at least 10 minutes (other than watching shows or videos, or playing with electronics)?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
19. Does your child use words to describe her feelings and the feelings of others? For example, does she say, "I'm happy," "I don't like that," or "She's sad?"	<input type="checkbox"/> z	<input type="checkbox"/> v	<input checked="" type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

48 Month Questionnaire



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	
20. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input checked="" type="checkbox"/> x	<input type="radio"/> v	_____
21. Does your child explore new places, such as a park or a friend's home?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
22. 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.) _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	_____
23. Does your child hurt herself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	_____
24. Does your child follow rules at home or at child care?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
25. Does your child destroy or damage things on purpose?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
26. Does your child stay away from dangerous things, such as fire and moving cars?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
27. Can your child name a friend?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
28. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt? 	<input type="checkbox"/> z	<input checked="" type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
29. Do other children like to play with your child?	<input type="checkbox"/> z	<input checked="" type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE _____

48 Month Questionnaire



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	
30. Does your child like to play with other children? 	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	—
31. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	—
32. Does your child show an unusual interest in or knowledge of sexual language and activity?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	—
33. Does your child wake three or more times during the night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	—
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	<input type="checkbox"/> x	<input type="checkbox"/> v	<input checked="" type="checkbox"/> z	<input type="radio"/> v	—
35. Does your child have simple back-and-forth conversations with you? For example, Parent: "It's raining!" Child: "And cold outside." Parent: "Let's get your coat." Child: "I got it!"	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	—
36. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: Marcus' grandmother is worried about Marcus' angry behavior.	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	—

TOTAL POINTS ON PAGE —

OVERALL Use the space below for additional comments.

37. Do you have concerns about your child's eating, sleeping, or toileting habits?
If yes, please explain:

☒ YES

☐ NO

Marcus overeats

38. Does anything about your child worry you? If yes, please explain:

☐ YES

☐ NO

Adults have a hard time understanding
his speech.

39. What do you enjoy about your child?

He loves to play ball.

48 Month Information Summary 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

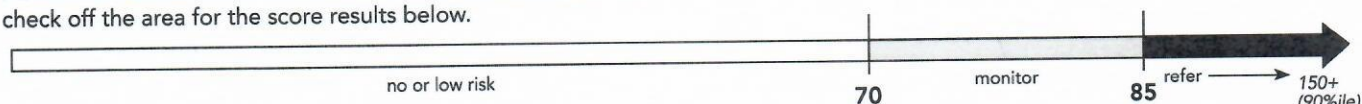
1. ASQ:SE-2 SCORING CHART:

- 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.

- 1-36. Any Concerns marked on scored items? **YES** no Comments:
37. Eating/sleeping/toileting concerns? **YES** no Comments:
38. 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: _____