Save

Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By **Jane Squires, Diane Bricker, & Elizabeth Twombly**
with assistance from **Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**

12 Month ASQ:SE Questionnaire

(For children ages 9 through 14 months)

Please provide the following information.

Child's name: Test, Test

Child's date of birth: 03/02/2000

Today's date: 02/21/2017

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: 897-746-4657

Your mailing address: TESTTESTTESTTEST

_____

City: LOVES PARK

State: IL ZIP code: 61111-1111

List people assisting in questionnaire completion: _____

_____

Administering program or provider: _____

Please read each question carefully and
1. Check the box ☐ that best describes your child's behavior *and*
2. Check the circle ◯ if this behavior is a concern

	OFTEN OR ALWAYS	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
1. Does your baby laugh or smile at you and other family members?	☐ Z	☐ V	☐ X	◯
2. Does your baby look for you when a stranger approaches?	☐ Z	☐ V	☐ X	◯
3. Does your baby like to play near and be with family members and friends?	☐ Z	☐ V	☐ X	◯
4. Does your baby like to be picked up and held?	☐ Z	☐ V	☐ X	◯
5. When upset, can your baby calm down within a half hour?	☐ Z	☐ V	☐ X	◯
6. Does your baby stiffen and arch her back when picked up?	☐ X	☐ V	☐ Z	◯
7. Does your baby like to play games like Peek-a-boo?	☐ Z	☐ V	☐ X	◯
8. Is your baby's body relaxed?	☐ Z	☐ V	☐ X	◯
9. Does your baby cry, scream, or have tantrums for long periods of time?	☐ X	☐ V	☐ Z	◯

TOTAL POINTS ON PAGE ___

Please read each question carefully and
1. Check the box ☐ that best describes your child's behavior *and*
2. Check the circle ○ if this behavior is a concern

	OFTEN OR ALWAYS	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
10. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)? 	☐ Z	☐ V	☐ X	○
11. Is your baby interested in things around her, such as people, toys, and foods?	☐ Z	☐ V	☐ X	○
12. Does it take longer than 30 minutes to feed your baby?	☐ X	☐ V	☐ Z	○
13. Do you and your baby enjoy mealtimes together?	☐ Z	☐ V	☐ X	○
14. Does your baby have any eating problems, such as gagging, vomiting, or _____? (You may write in another problem.)	☐ X	☐ V	☐ Z	○
15. Does your baby have trouble falling asleep at naptime or at night?	☐ X	☐ V	☐ Z	○
16. Does your baby make babbling sounds? For example, does he put sounds together, like "ba-ba-ba-ba" or "na-na-na-na"? (If your child often babbles, mark "often.")	☐ Z	☐ V	☐ X	○
17. Does your baby sleep at least 10 hours in a 24-hour period? 	☐ Z	☐ V	☐ X	○

TOTAL POINTS ON PAGE ____

Please read each question carefully and
1. Check the box ☐ that best describes your child's behavior *and*
2. Check the circle ◯ if this behavior is a concern

	OFTEN OR ALWAYS	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your baby get constipated or have diarrhea?	☐ X	☐ V	☐ Z	◯
19. Does your baby let you know when she is hungry, hurt, or tired?	☐ Z	☐ V	☐ X	◯
20. When you talk to your baby, does he turn his head, look, or smile?	☐ Z	☐ V	☐ X	◯
21. Does your baby try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ X	☐ V	☐ Z	◯
22. Has anyone expressed concerns about your baby's behaviors? If you checked "sometimes" or "often," please explain: _____ _____ _____ _____	☐ X	☐ V	☐ Z	◯
A. Does your child try to show you things? For example, does she hold out a toy and look at you?	☐	☐	☐	◯
B. Does your child respond to the tone of your voice and stop his activity at least briefly when you say "no-no" to him?	☐	☐	☐	◯
C. Does your child respond to her name when you call her? For example, does she turn her head and look at you?	☐	☐	☐	◯

TOTAL POINTS ON PAGE ___

Please read each question carefully and
1. Check the box ☐ that best describes your child's behavior *and*
2. Check the circle ◯ if this behavior is a concern

	OFTEN OR ALWAYS	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
D. When you point at something, does your child look in the direction you are pointing?	☐	☐	☐	◯
E. Does your baby make sounds or use gestures to tell you she wants something (for example, by reaching)?	☐	☐	☐	◯
F. When you copy sounds your baby makes does your baby repeat the same sounds back to you?	☐	☐	☐	◯
G. Does your baby wake 3 or more times during the night?	☐	☐	☐	◯

23. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:

_____

_____

_____

_____

24. Is there anything that worries you about your baby? If so, please explain:

_____

_____

_____

_____

25. What things do you enjoy most about your baby?

_____

_____

_____

_____

TOTAL POINTS ON PAGE ___

12 Month/1 Year ASQ:SE Information Summary

Child's name: Test, Test
Child's date of birth: 03/02/2000
Person filling out the ASQ:SE:
Relationship to child:
Mailing address: TESTTESTTESTTEST
City: LOVES PARK State: IL ZIP: 61111-1111
Telephone: 897-746-4657
Assisting in ASQ:SE completion:
Today's date: 02/21/2017
Administering program/provider:

SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
3. Using the following point system:

Z (for zero) next to the checked box	= 0 points
V (for Roman numeral V) next to the checked box	= 5 points
X (for Roman numeral X) next to the checked box	= 10 points
Checked concern	= 5 points

Add together:

Total points on page 3	= _____
Total points on page 4	= _____
Total points on page 5	= _____
	Child's total score = _____

SCORE INTERPRETATION

1. *Review questionnaires*
   Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.
2. *Transfer child's total score*
   In the table below, enter the child's total score (transfer total score from above).

Questionnaire interval	Cutoff score	Child's ASQ:SE score
12 months/1 year	48	

3. *Referral criteria*
   Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.
4. *Referral considerations*
   It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.
   - Setting/time factors
     (e.g., Is the child's behavior the same at home as at school?)
   - Development factors
     (e.g., Is the child's behavior related to a developmental stage or a developmental delay?, Have there been any stressful events in the child's life recently?)
   - 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 cultural or family context?)