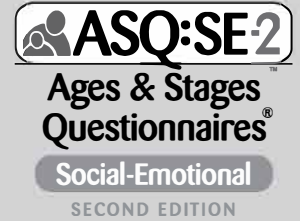




36 Month Questionnaire

33 months 0 days through 41 months 30 days



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:	

36 Month Questionnaire 33 months 0 days through 41 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.

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
1. Does your child look at you when you talk to her?	Z	V	X	V
2. Does your child like to be hugged or cuddled?	Z	V	X	V
				
3. Does your child talk or play with adults he knows well?	Z	V	X	V
4. Does your child cling to you more than you expect?	X	V	Z	V
				
5. When upset, can your child calm down within 15 minutes?	Z	V	X	V
6. Does your child seem too friendly with strangers?	X	V	Z	V
7. Does your child settle herself down after exciting activities?	Z	V	X	V

TOTAL POINTS ON PAGE

36 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
8. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	Z	V	X	V
9. Does your child seem happy?	Z	V	X	V
10. Is your child interested in things around him, such as people, toys, and foods?	Z	V	X	V
11. Does your child do what you ask her to do?	Z	V	X	V
12. Does your child seem more active than other children his age?	X	V	Z	V
13. Does your child stay with activities she enjoys for at least 5 minutes (other than watching shows or videos, or playing with electronics)?	Z	V	X	V
14. Do you and your child enjoy mealtimes together?	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
16. Does your child sleep at least 8 hours in a 24-hour period?	Z	V	X	V
17. Does your child use words to tell you what she wants or needs?	Z	V	X	V



TOTAL POINTS ON PAGE

36 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	
18. 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	___
19. Does your child cry, scream, or have tantrums for long periods of time?	X	V	Z	V	___
20. 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	___
21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or _____? (Please describe.)	X	V	Z	V	___
22. Does your child hurt himself on purpose?	X	V	Z	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 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"?	Z	V	X	V	___
26. Can your child name a friend?	Z	V	X	V	___

TOTAL POINTS ON PAGE

36 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
27. Do <i>other</i> children like to play with your child?	Z	V	X	V
28. Does your <i>child</i> like to play with other children?	Z	V	X	V
				
29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	X	V	Z	V
30. Does your child show an unusual interest in or knowledge of sexual language and activity?	X	V	Z	V
31. Does your child try to show you things by pointing at them and looking back at you?	Z	V	X	V
32. Does your child pretend objects are something else? For example, does he pretend a banana is a phone?	Z	V	X	V
33. Does your child wake three or more times during the night?	X	V	Z	V
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe:	X	V	Z	V
35. 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

OVERALL Use the space below for additional comments.

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

YES NO

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

YES NO

38. What do you enjoy about your child?
