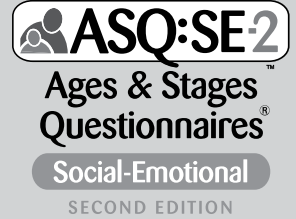




# 48 Month Questionnaire

42 months 0 days through 53 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:	

# 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.



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 him?	Z	V	X	V	_____
2. Does your child cling to you more than you expect?	X	V	Z	V	_____
					
3. Does your child talk or play with adults she knows well?	Z	V	X	V	_____
4. When upset, can your child calm down within 15 minutes?	Z	V	X	V	_____
5. Does your child like to be hugged or cuddled?	Z	V	X	V	_____
					
6. Does your child seem too friendly with strangers?	X	V	Z	V	_____
7. Does your child settle himself down after exciting activities?	Z	V	X	V	_____
8. Does your child cry, scream, or have tantrums for long periods of time?	X	V	Z	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?  | Z | V | X | V | _____ |
| 10. Does your child stay dry during the day?  | Z | V | X | V | _____ |
| 11. 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 | _____ |
| 12. Do you and your child enjoy mealtimes together?   | Z | V | X | V | _____ |
| 13. Does your child do what you ask her to do?  | Z | V | X | V | _____ |
| 14. Does your child seem happy?   | Z | V | X | V | _____ |
| 15. Does your child sleep at least 8 hours in a 24-hour period?   | Z | V | X | V | _____ |
| 16. Does your child seem more active than other children his age?   | X | V | Z | V | _____ |
| 17. Does your child use words to tell you what she wants or needs?  | Z | V | X | 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)?                  | Z | V | X | 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?" | Z | V | X | 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)?	Z	V	X	V	___
21. Does your child explore new places, such as a park or a friend's home?	Z	V	X	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.)	X	V	Z	V	___
23. Does your child hurt herself on purpose?	X	V	Z	V	___
24. Does your child follow rules at home or at child care?	Z	V	X	V	___
25. Does your child destroy or damage things on purpose?	X	V	Z	V	___
26. Does your child stay away from dangerous things, such as fire and moving cars?	Z	V	X	V	___
27. Can your child name a friend?	Z	V	X	V	___
28. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt?	Z	V	X	V	___
29. Do <i>other</i> children like to play with your child?	Z	V	<input type="checkbox"/> X	V	___



TOTAL POINTS ON PAGE \_\_\_

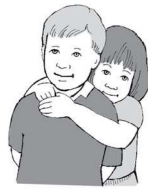
# 48 Month Questionnaire



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?



Z    V    X    V    \_\_\_\_\_

31. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?

X    V    Z    V    \_\_\_\_\_

32. Does your child show an unusual interest in or knowledge of sexual language and activity?

X    V    Z    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. 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!"

Z    V    X    V    \_\_\_\_\_

36. 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.

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

YES  NO

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

YES  NO

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39. What do you enjoy about your child?

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