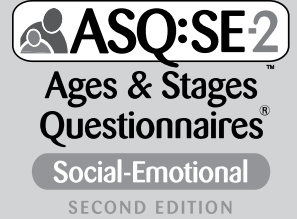




60 Month Questionnaire

54 months 0 days through 72 months 0 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:	

60 Month Questionnaire 54 months 0 days through 72 months 0 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 cling to you more than you expect? | X | V | Z | V | _____ |
| 3. Does your child like to be hugged or cuddled? | Z | V | X | V | _____ |
| 4. Does your child talk or play with adults he knows well? | Z | V | X | 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 | _____ |
| 8. Does your child seem happy? | Z | V | X | V | _____ |



TOTAL POINTS ON PAGE _____

60 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. Does your child cry, scream, or have tantrums for long periods of time? X V Z V —

10. Is your child interested in things around him, such as people, toys, and foods? Z V X V —



11. Does your child go to the bathroom by herself? (Reminders and help with wiping are okay.) Z V X V —

12. 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 —

13. Does your child stay with activities she enjoys for at least 15 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 do what you ask him to do? For example, does he wash his hands or wait to take a turn when asked? Z V X V —

16. Does your child seem more active than other children her age? X V Z V —

17. Does your child sleep at least 8 hours in a 24-hour period? Z V X V —

18. Does your child use words to tell you what he wants or needs? Z V X V —

TOTAL POINTS ON PAGE _____

60 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	
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	___
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. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt?	Z	V	X	V	___
28. Do other children like to play with your child?	Z	V	X	V	___

TOTAL POINTS ON PAGE ___

60 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	
29. Does <i>your child</i> like to play with other children?	<input type="checkbox"/> z Z	<input type="checkbox"/> v V	<input type="checkbox"/> x X	<input type="radio"/> v V	_____
30. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x X	<input type="checkbox"/> v V	<input type="checkbox"/> z Z	<input type="radio"/> v V	_____
31. Does your child take turns and share when playing with other children?	Z	V	X	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	X	_____

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

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

YES NO

39. What do you enjoy about your child?
