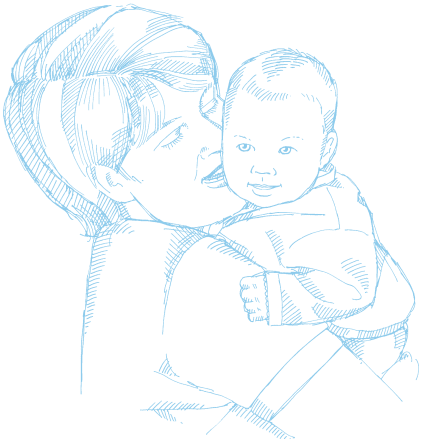
Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By **Jane Squires, Diane Bricker, & Elizabeth Twombly**
with assistance from **Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**


ASQ:SE™



# 30 Month Questionnaire

(For children ages 27 through 32 months)

*Important Points to Remember:*

☑ Please return this questionnaire by _____ .

☑ If you have any questions or concerns about your child or about this questionnaire, please call: _____ .

☑ Thank you and please look forward to filling out another ASQ:SE questionnaire in _____ months.

ASQ:SE™

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# 30 Month ASQ:SE Questionnaire

(For children ages 27 through 32 months)

Please provide the following information.

Child's name: _____

Child's date of birth: _____

Today's date: _____

Person filling out this questionnaire: _____

What is your relationship to the child? _____

Your telephone: _____

Your mailing address: _____

_____

City: _____

State: _____ ZIP code: _____

List people assisting in questionnaire completion: _____

_____

Administering program or provider: _____

ASQ:SE™

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

| | MOST OF THE TIME | SOMETIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN |
|---|---|---|---|---|
| 1. Does your child look at you when you talk to him? | ❑ z | ❑ v | ❑ x | ❍ |
| 2. Does your child like to be hugged or cuddled? | ❑ z | ❑ v | ❑ x | ❍ |
| 3. Does your child cling to you more than you expect? | ❑ x | ❑ v | ❑ z | ❍ |
| 4. Does your child greet or say hello to familiar adults? | ❑ z | ❑ v | ❑ x | ❍ |
| 5. Does your child seem happy? | ❑ z | ❑ v | ❑ x | ❍ |
| 6. Does your child like to hear stories and sing songs? | ❑ z | ❑ v | ❑ x | ❍ |
| 7. Does your child seem too friendly with strangers? | ❑ x | ❑ v | ❑ z | ❍ |
| 8. Does your child seem more active than other children her age? | ❑ x | ❑ v | ❑ z | ❍ |
| 9. Can your child settle himself down after periods of exciting activity? | ❑ z | ❑ v | ❑ x | ❍ |
| 10. Does your child cry, scream, or have tantrums for long periods of time? | ❑ x | ❑ v | ❑ z | ❍ |
| 11. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ . (You may write in something else.) | ❑ x | ❑ v | ❑ z | ❍ |

TOTAL POINTS ON PAGE ___

| | MOST OF THE TIME | SOMETIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN |
|---|---|---|---|---|
| 12. Can your child stay with activities she enjoys for at least 3 minutes (not including watching television)? | ❑ z | ❑ v | ❑ x | ❍ |
| 13. Does your child do what you ask him to do? | ❑ z | ❑ v | ❑ x | ❍ |
| 14. Is your child interested in things around her, such as people, toys, and foods? | ❑ z | ❑ v | ❑ x | ❍ |
| 15. When upset, can your child calm down within 15 minutes?  | ❑ z | ❑ v | ❑ x | ❍ |
| 16. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.) | ❑ x | ❑ v | ❑ z | ❍ |
| 17. Do you and your child enjoy mealtimes together? | ❑ z | ❑ v | ❑ x | ❍ |
| 18. When you point at something, does your child look in the direction you are pointing? | ❑ z | ❑ v | ❑ x | ❍ |
| 19. Does your child sleep at least 8 hours in a 24-hour period? | ❑ z | ❑ v | ❑ x | ❍ |
| 20. Does your child let you know how he is feeling with either words or gestures? For example, does he let you know when he is hungry, hurt, or tired? | ❑ z | ❑ v | ❑ x | ❍ |

TOTAL POINTS ON PAGE ___

| | MOST OF THE TIME | SOMETIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN |
|---|---|---|---|---|
| 21. Does your child follow routine directions? For example, does she come to the table or help clean up her toys when asked? | ❑ z | ❑ v | ❑ x | ❍ |
| 22. 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 | ❍ |
| 23. Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime? | ❑ z | ❑ v | ❑ x | ❍ |
| 24. Does your child stay away from dangerous things, such as fire and moving cars? | ❑ z | ❑ v | ❑ x | ❍ |
| 25. Does your child destroy or damage things on purpose? | ❑ x | ❑ v | ❑ z | ❍ |
| 26. Does your child hurt himself on purpose? | ❑ x | ❑ v | ❑ z | ❍ |
| 27. Does your child play alongside other children? | ❑ z | ❑ v | ❑ x | ❍ |
| 28. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)? | ❑ x | ❑ v | ❑ z | ❍ |

TOTAL POINTS ON PAGE ___

| | MOST OF THE TIME | SOMETIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN |
|---|---|---|---|---|
| 29. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain: | ❑ x | ❑ v | ❑ z | ❍ |

30. Do you have concerns about your child's eating and sleeping behaviors or about her toilet training? If so, please explain:

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

32. What things do you enjoy most about your child?

TOTAL POINTS ON PAGE ___