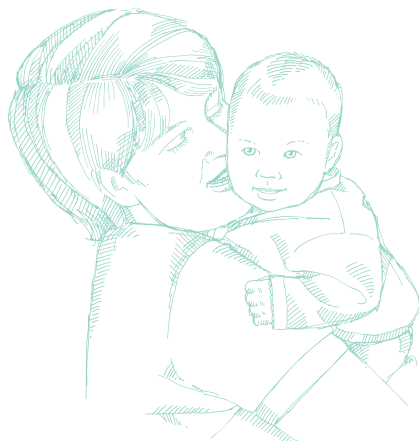




36 Month/3 Year Questionnaire



(For children ages 33 through 41 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.



36 Month/3 Year ASQ:SE Questionnaire

(For children ages 33 through 41 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: _____



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 her?

☐ z

☐ v

☐ x

☐

2. Does your child like to be hugged or cuddled?

☐ z

☐ v

☐ x

☐



3. Does your child talk and/or play with adults he knows well?

☐ z

☐ v

☐ x

☐

4. Does your child cling to you more than you expect?

☐ x

☐ v

☐ z

☐



5. When upset, can your child calm down within 15 minutes?

☐ z

☐ v

☐ x

☐

6. Does your child seem too friendly with strangers?

☐ x

☐ v

☐ z

☐

7. Can your child settle herself down after periods of exciting activity?

☐ z

☐ v

☐ x

☐

8. Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime?

☐ z

☐ v

☐ x

☐

9. Does your child seem happy?

☐ z

☐ v

☐ x

☐

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
10. Is your child interested in things around him, such as people, toys, and foods?	☐ z	☐ v	☐ x	☐
11. Does your child do what you ask her to do?	☐ z	☐ v	☐ x	☐
12. Does your child seem more active than other children her age?	☐ x	☐ v	☐ z	☐
13. Can your child stay with activities she enjoys for at least 5 minutes (not including watching television)?	☐ z	☐ v	☐ x	☐
14. Do you and your child enjoy mealtimes together?	☐ z	☐ v	☐ x	☐
15. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.)	☐ x	☐ v	☐ z	☐
16. Does your child sleep at least 8 hours in a 24-hour period?	☐ z	☐ v	☐ x	☐
17. Does your child use words to tell you what he wants or needs?	☐ z	☐ v	☐ x	☐
TOTAL POINTS ON PAGE ____				



	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. 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	☐
19. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	☐ v	☐ z	☐
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	☐
21. 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	☐
22. Does your child hurt himself on purpose?	☐ x	☐ v	☐ z	☐
23. Does your child stay away from dangerous things, such as fire and moving cars?	☐ z	☐ v	☐ x	☐
24. Does your child destroy or damage things on purpose?	☐ x	☐ v	☐ z	☐
25. Does your child use words to describe her feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?	☐ z	☐ v	☐ x	☐
TOTAL POINTS ON PAGE ____				



	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
26. Can your child name a friend?	☐ z	☐ v	☐ x	☐
27. Do <i>other</i> children like to play with your child?	☐ z	☐ v	☐ x	☐
28. Does <i>your child</i> like to play with other children?	☐ z	☐ v	☐ x	☐
29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ x	☐ v	☐ z	☐
30. Does your child show an interest in or knowledge of sexual language and activity?	☐ x	☐ v	☐ z	☐
31. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:	☐ x	☐ v	☐ z	☐
32. Do you have any concerns about your child's eating, sleeping, or toileting habits? If so, please explain:				
TOTAL POINTS ON PAGE ____				

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

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