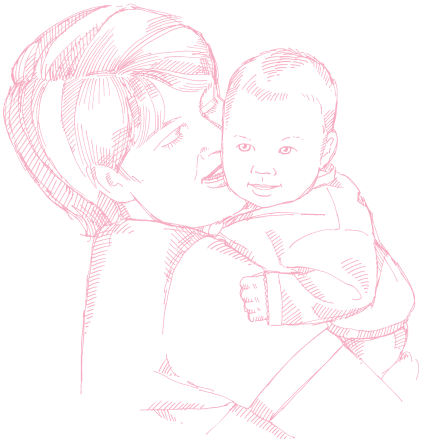
Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By **Jane Squires, Diane Bricker, & Elizabeth Twombly**
with assistance from **Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**

ASQ:SE™



48 Month/4 Year Questionnaire

(For children ages 42 through 53 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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48 Month/4 Year ASQ:SE Questionnaire

(For children ages 42 through 53 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 cling to you more than you expect?	❑ x	❑ v	❑ z	❍
3. Does your child talk and/or play with adults she knows well?	❑ z	❑ v	❑ x	❍
4. When upset, can your child calm down within 15 minutes?	❑ z	❑ v	❑ x	❍
5. Does your child like to be hugged or cuddled?	❑ z	❑ v	❑ x	❍
6. Does your child seem too friendly with strangers?	❑ x	❑ v	❑ z	❍
7. Can your child settle himself down after periods of exciting activity?	❑ z	❑ v	❑ x	❍
8. Does your child cry, scream, or have tantrums for long periods of time?	❑ x	❑ v	❑ z	❍
9. Is your child interested in things around her, such as people, toys, and foods?	❑ z	❑ v	❑ x	❍

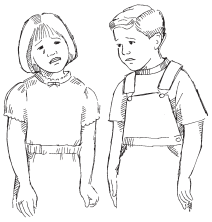
TOTAL POINTS ON PAGE ___

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

TOTAL POINTS ON PAGE ___

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
19. 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	❍
20. Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime?	❑ z	❑ v	❑ x	❍
21. Does your child explore new places, such as a park or a friend's home?	❑ z	❑ v	❑ x	❍
22. 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	❍
23. Does your child hurt himself on purpose?	❑ x	❑ v	❑ z	❍
24. Does your child follow rules (at home, at child care)?	❑ z	❑ v	❑ x	❍
25. Does your child destroy or damage things on purpose? 	❑ x	❑ v	❑ z	❍
26. Does your child stay away from dangerous things, such as fire and moving cars?	❑ z	❑ v	❑ x	❍

TOTAL POINTS ON PAGE ___

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
27. Can your child name a friend?	❑ z	❑ v	❑ x	❍
28. Does your child show concern for other people's feelings? For example, does she look sad when someone is hurt? 	❑ z	❑ v	❑ x	❍
29. Do *other* children like to play with your child?	❑ z	❑ v	❑ x	❍
30. Does *your child* like to play with other children? 	❑ z	❑ v	❑ x	❍
31. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	❑ x	❑ v	❑ z	❍
32. Does your child show an interest or knowledge of sexual language and activity?	❑ x	❑ v	❑ z	❍
33. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:	❑ x	❑ v	❑ z	❍

_____

_____

_____

_____

TOTAL POINTS ON PAGE ___

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

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

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