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™

6 Month Questionnaire

(For infants ages 3 through 8 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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6 Month ASQ:SE Questionnaire

(For infants ages 3 through 8 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. When upset, can your baby calm down within a half hour?	❑ z	❑ v	❑ x	❍
2. Does your baby smile at you and other family members?	❑ z	❑ v	❑ x	❍
3. Does your baby like to be picked up and held?	❑ z	❑ v	❑ x	❍
4. Does your baby stiffen and arch her back when picked up?	❑ x	❑ v	❑ z	❍
5. When talking to your baby, does he look at you and seem to be listening?	❑ z	❑ v	❑ x	❍
6. Does your baby let you know when she is hungry or sick?	❑ z	❑ v	❑ x	❍
7. When awake, does your baby seem to enjoy watching or listening to people?	❑ z	❑ v	❑ x	❍
8. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?	❑ z	❑ v	❑ x	❍
9. Does your baby cry for long periods of time?	❑ x	❑ v	❑ z	❍
10. Is your baby's body relaxed?	❑ z	❑ v	❑ x	❍

TOTAL POINTS ON PAGE ___

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
11. Does your baby have trouble sucking from a bottle or breast?	❑ x	❑ v	❑ z	❍
12. Does it take longer than 30 minutes to feed your baby?	❑ x	❑ v	❑ z	❍
13. Do you and your baby enjoy mealtimes together (including breast and bottle feeding)?	❑ z	❑ v	❑ x	❍
14. Does your baby have any eating problems, such as gagging, vomiting, or _____ ? (You may write in another problem.)	❑ x	❑ v	❑ z	❍
15. During the day, does your baby stay awake for an hour or longer at one time?	❑ z	❑ v	❑ x	❍
16. Does your baby have trouble falling asleep at naptime or at night?	❑ x	❑ v	❑ z	❍
17. Does your baby sleep at least 10 hours in a 24-hour period? 	❑ z	❑ v	❑ x	❍
18. Does your baby get constipated or have diarrhea?	❑ x	❑ v	❑ z	❍

TOTAL POINTS ON PAGE ___

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

20. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:

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

22. What things do you enjoy most about your baby?

TOTAL POINTS ON PAGE ___