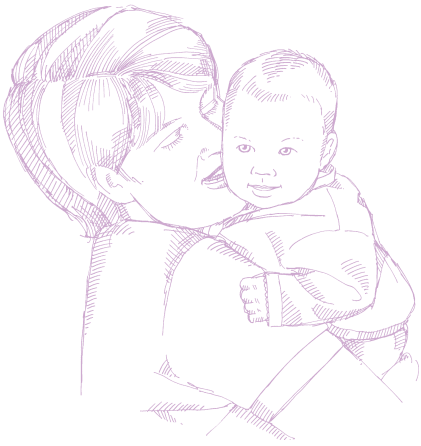
Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By **Jane Squires, Diane Bricker, & Elizabeth Twombly**
with assistance from **Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**

ASQ:SE™



18 Month Questionnaire

(For children ages 15 through 20 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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18 Month ASQ:SE Questionnaire

(For children ages 15 through 20 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. When you leave, does your child remain upset and cry for more than an hour?	❑ x	❑ v	❑ z	❍
3. Does your child laugh or smile when you play with her?	❑ z	❑ v	❑ x	❍
4. Does your child look for you when a stranger approaches?	❑ z	❑ v	❑ x	❍
5. Is your child's body relaxed?	❑ z	❑ v	❑ x	❍
6. Does your child like to be hugged or cuddled?	❑ z	❑ v	❑ x	❍
7. When upset, can your child calm down within 15 minutes?	❑ z	❑ v	❑ x	❍
8. Does your child stiffen and arch his back when picked up?	❑ x	❑ v	❑ z	❍
9. Does your child cry, scream, or have tantrums for long periods of time?	❑ x	❑ v	❑ z	❍

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 her, such as people, toys, and foods?	❑ z	❑ v	❑ x	❍
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	❍
12. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.)	❑ x	❑ v	❑ z	❍
13. Does your child have trouble falling asleep at naptime or at night?	❑ x	❑ v	❑ z	❍
14. Do you and your child enjoy mealtimes together?	❑ z	❑ v	❑ x	❍
15. Does your child sleep at least 10 hours in a 24-hour period?	❑ z	❑ v	❑ x	❍
16. When you point at something, does your child look in the direction you are pointing?	❑ z	❑ v	❑ x	❍
17. Does your child 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
18. Does your child let you know how she is feeling with gestures or words? For example, does she let you know when she is hungry, hurt, or tired?	❑ z	❑ v	❑ x	❍
19. Does your child follow simple directions? For example, does he sit down when asked?	❑ z	❑ v	❑ x	❍
20. Does your child like to play near or be with family members and friends?	❑ z	❑ v	❑ x	❍
21. 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	❍
22. Does your child like to hear stories or sing songs? 	❑ z	❑ v	❑ x	❍
23. Does your child hurt herself on purpose?	❑ x	❑ v	❑ z	❍
24. Does your child like to be around other children? 	❑ z	❑ v	❑ x	❍
25. 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
26. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:	❑ x	❑ v	❑ z	❍

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

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

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

TOTAL POINTS ON PAGE ___