36 Month Questionnaire

33 months 0 days through 41 months 30 days

ASQ:SE-2 Ages & Stages Questionnaires® Social-Emotional SECOND EDITION

Date ASQ:SE-2 completed: _____

Child's information

Child's first name: | Child's middle initial: | Child's last name:

Child's date of birth:

Child's gender: ◉ Male ○ Female

Person filling out questionnaire

First name: | Middle initial: | Last name:

Street address:

City: | State/province: | ZIP/postal code:

Country: | Home telephone number: | Other telephone number:

E-mail address:

Relationship to child: ○ Parent ○ Guardian ○ Teacher ○ Other:
◉ Grandparent/other relative ○ Foster parent ○ Child care provider

People assisting in questionnaire completion:

Program information

(For program use only.)

Child's ID #: | Age at administration in months and days:

Program ID #:

Program name:

P201360000

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36 Month Questionnaire *33 months 0 days through 41 months 30 days*

ASQ:SE-2™

Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your child's behavior. Also, check the circle ◉ if the behavior is a concern.

Important Points to Remember:

- ❑ Answer questions based on what you know about your child's behavior.
- ❑ Answer questions based on your child's *usual* behavior, not behavior when your child is sick, very tired, or hungry.
- ❑ Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- ❑ Please return this questionnaire by: _____
- ❑ If you have any questions or concerns about your child or about this questionnaire, contact: _____
- ❑ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your child look at you when you talk to her?	☐ z	☐ y	☐ x	☐ y	_____
2. Does your child like to be hugged or cuddled?	☐ z	☐ y	☐ x	☐ y	_____
3. Does your child talk or play with adults he knows well?	☐ z	☐ y	☐ x	☐ y	_____
4. Does your child cling to you more than you expect?	☐ x	☐ y	☐ z	☐ y	_____
5. When upset, can your child calm down within 15 minutes?	☐ z	☐ y	☐ x	☐ y	_____
6. Does your child seem too friendly with strangers?	☐ x	☐ y	☐	☐ y	_____
7. Does your child settle herself down after exciting activities?	☐ z	☐ y	☐ x	☐ y	_____

TOTAL POINTS ON PAGE _____

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36 Month Questionnaire

ASQ:SE-2™

Check the box ☑ that best describes your child's behavior.
Also, check the circle ⊘ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
8. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?	☐ z	☐ y	☐ x	☐ v	_____
9. Does your child seem happy?	☐ z	☐ y	☐ x	☐ v	_____
10. Is your child interested in things around him, such as people, toys, and foods?	☐ z	☐ y	☐ x	☐ v	_____
11. Does your child do what you ask her to do?	☐ z	☐ y	☐ x	☐ v	_____
12. Does your child seem more active than other children his age?	☐ x	☐ y	☐	☐ v	_____
13. Does your child stay with activities she enjoys for at least 5 minutes (other than watching shows or videos, or playing with electronics)?	☐ z	☐ y	☐ x	☐ v	_____
14. Do you and your child enjoy mealtimes together?	☐ z	☐ y	☐ x	☐ v	_____
15. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.)	☐ x	☐ y	☐	☐ v	_____
16. Does your child sleep at least 8 hours in a 24-hour period?	☐ z	☐ y	☐ x	☐ v	_____
17. Does your child use words to tell you what she wants or needs?	☐ z	☐ y	☐ x	☐ v	_____

TOTAL POINTS ON PAGE _____

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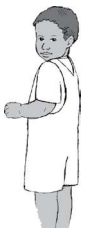
ASQ:SE-2™ Check the box ☑ that best describes your child's behavior. Also, check the circle ⊘ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
18. Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked?	☐ z	☐ y	☐ x	☐ v	____
19. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	☐ y	☐ z	☐ v	____
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	☐ y	☐ x	☐ v	____
21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or _____? (Please describe.)	☐ z	☐ y	☐ z	☐ v	____
22. Does your child hurt himself on purpose?	☐ x	☐ y	☐ z	☐ v	____
23. Does your child stay away from dangerous things, such as fire and moving cars?	☐ z	☐ y	☐ x	☐ v	____
24. Does your child destroy or damage things on purpose?	☐ x	☐ y	☐	☐ v	____
25. Does your child use words to describe her feelings and the feelings of others? For example, does she say, "I'm happy," "I don't like that," or "She's sad"?	☐ z	☐ y	☐ x	☐ v	____
26. Can your child name a friend?	☐ z	☐ y	☐ x	☐ v	____

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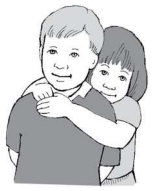
	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
27. Do *other* children like to play with your child?	☐	☐	☐	☐	____
28. Does *your child* like to play with other children? 	☐	☐	☐	☐	____
29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐	☐	☐	☐	____
30. Does your child show an unusual interest in or knowledge of sexual language and activity?	☐	☐	☐	☐	____
31. Does your child try to show you things by pointing at them and looking back at you?	☐	☐	☐	☐	____
32. Does your child pretend objects are something else? For example, does he pretend a banana is a phone?	☐	☐	☐	☐	____
33. Does your child wake three or more times during the night?	☐	☐	☐	☐	____
34. Is your child too worried or fearful? If "sometimes" or "often or always," please describe:	☐	☐	☐	☐	____
35. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain:	☐	☐	☐	☐	____

TOTAL POINTS ON PAGE ____

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OVERALL Use the space below for additional comments.

36. Do you have concerns about your child's eating, sleeping, or toileting habits? If yes, please explain: ○ YES ○ NO

37. Does anything about your child worry you? If yes, please explain: ○ YES ○ NO

38. What do you enjoy about your child?

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