24 Month Questionnaire

21 months 0 days through 26 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:

P201240000

24 Month QUESTIONNAIRE *21 months 0 days through 26 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 him?	☐ z	☐ v	☐ x	◯ v	_____
2. Does your child seem too friendly with strangers?	☐ x	☐ v	☐ z	◯ v	_____
3. Does your child laugh or smile when you play with her?	☐ z	☐ v	☐ x	◯ v	_____
4. Is your child's body relaxed?	☐ z	☐ v	☐ x	◯ v	_____
5. When you leave, does your child stay upset and cry for more than an hour?	☐ x	☐ v	☐ z	◯ v	_____
6. Does your child greet or say hello to familiar adults?	☐ z	☐ v	☐ x	◯ v	_____
7. Does your child like to be hugged or cuddled?	☐ z	☐ v	☐ x	◯ v	_____
8. When upset, can your child calm down within 15 minutes?	☐ z	☐ v	☐ x	◯ v	_____

TOTAL POINTS ON PAGE _____

24 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	
9. Does your child stiffen and arch his back when picked up?	☐ x	☐ v	☐ z	◯ v	_____
10. Is your child interested in things around her, such as people, toys, and foods? 	☐ z	☐ v	☐ x	◯ v	_____
11. Does your child cry, scream, or have tantrums for long periods of time?	☐ x	☐ v	☐ z	◯ v	_____
12. Do you and your child enjoy mealtimes together?	☐ z	☐ v	☐ x	◯ v	_____
13. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	☐ x	☐ v	☐ z	◯ v	_____
14. Does your child sleep at least 10 hours in a 24-hour period?	☐ z	☐ v	☐ x	◯ v	_____
15. When you point at something, does your child look in the direction you are pointing?	☐ z	☐ v	☐ x	◯ v	_____
16. Does your child have trouble falling asleep at naptime or at night?	☐ x	☐ v	☐ z	◯ v	_____
17. Does your child get constipated or have diarrhea?	☐ x	☐ v	☐ z	◯ v	_____

TOTAL POINTS ON PAGE _____

24 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	
18. Does your child follow simple directions? For example, does she sit down when asked?	☐ z	☐ v	☐ x	◯ v	_____
19. Does your child let you know how he is feeling with words or gestures? For example, does he let you know when he is hungry, hurt, or tired?	☐ z	☐ v	☐ x	◯ 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	☐ v	☐ 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.) _____ _____	☐ x	☐ v	☐ z	◯ v	_____
22. Does your child like to hear stories or sing songs? 	☐ z	☐ v	☐ x	◯ v	_____
23. Does your child hurt himself on purpose?	☐ x	☐ v	☐ z	◯ v	_____
24. Does your child like to be around other children? For example, does she move close to or look at other children? 	☐ z	☐ v	☐ x	◯ v	_____
25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	☐ x	☐ v	☐ z	◯ v	_____
26. Does your child try to show you things by pointing at them and looking back at you?	☐ z	☐ v	☐ x	◯ v	_____

TOTAL POINTS ON PAGE _____

24 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	
27. Does your child play with objects by pretending? For example, does your child pretend to talk on the phone, feed a doll, or fly a toy airplane?	☐ z	☐ v	☐ x	◯ v	_____
28. Does your child wake three or more times during the night?	☐ x	☐ v	☐ z	◯ v	_____
29. Does your child respond to his name when you call him? For example, does he turn his head and look at you?	☐ z	☐ v	☐ x	◯ v	_____
30. Is your child too worried or fearful? If "sometimes" or "often or always," please describe: _____ _____ _____	☐ x	☐ v	☐ z	◯ v	_____
31. Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	☐ x	☐ v	☐ z	◯ v	_____

TOTAL POINTS ON PAGE _____

OVERALL Use the space below for additional comments.

32. Do you have concerns about your child's eating or sleeping behaviors? If yes, please explain: ◯ YES ◯ NO

_____

_____

_____

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

_____

_____

_____

34. What do you enjoy about your child?

_____

_____

_____

24 Month Information Summary *21 months 0 days through 26 months 30 days*

ASQ:SE-2™

Child's name: _____ Date ASQ:SE-2 completed: _____

Child's ID #: _____ Child's date of birth: _____

Person who completed ASQ:SE-2: _____ Child's age in months and days: _____

Administering program/provider: _____ Child's gender: ◯ Male ◯ Female

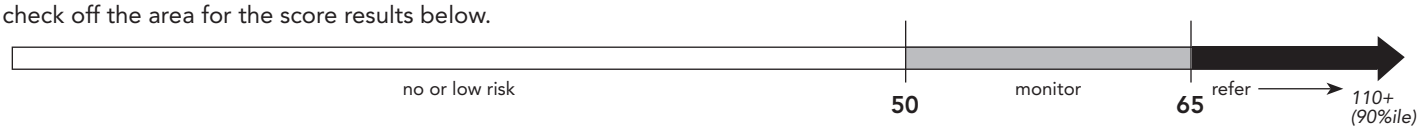
1. ASQ:SE-2 SCORING CHART:

- Score items (*Z* = 0, *V* = 5, *X* = 10, *Concern* = 5).
- Transfer the page totals and add them for the total score.
- Record the child's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
TOTAL POINTS ON PAGE 3	
TOTAL POINTS ON PAGE 4	
Total score	

Cutoff	**Total score**
65	

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.



____ The child's total score is in the ▭ area. It is below the cutoff. Social-emotional development appears to be on schedule.

____ The child's total score is in the ▭ area. It is close to the cutoff. Review behaviors of concern and monitor.

____ The child's total score is in the ■ area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–31. Any Concerns marked on scored items? **YES** no Comments:

32. Eating/sleeping concerns? **YES** no Comments:

33. Other worries? **YES** no Comments:

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide.*

____ **Setting/time factors** (e.g., Is the child's behavior the same at home as at school?)

____ **Developmental factors** (e.g., Is the child's behavior related to a developmental stage or delay?)

____ **Health factors** (e.g., Is the child's behavior related to health or biological factors?)

____ **Family/cultural factors** (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)

____ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

____ Provide activities and rescreen in ____ months.

____ Share results with primary health care provider.

____ Provide parent education materials.

____ Provide information about available parenting classes or support groups.

____ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): _____

____ Administer developmental screening (e.g., ASQ-3).

____ Refer to early intervention/early childhood special education.

____ Refer for social-emotional, behavioral, or mental health evaluation.

____ Other: _____

P201240600

www.m-chat.org

Child's name _____ Date _____

Age _____ Relationship to child _____

M-CHAT-R™ (*Modified Checklist for Autism in Toddlers Revised*)

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (**FOR EXAMPLE**, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (**FOR EXAMPLE**, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (**FOR EXAMPLE**, furniture, playground equipment, or stairs)	Yes	No
5. Does your child make unusual finger movements near his or her eyes? (**FOR EXAMPLE**, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (**FOR EXAMPLE**, pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (**FOR EXAMPLE**, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (**FOR EXAMPLE**, does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (**FOR EXAMPLE**, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (**FOR EXAMPLE**, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (**FOR EXAMPLE**, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (**FOR EXAMPLE**, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (**FOR EXAMPLE**, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18. Does your child understand when you tell him or her to do something? (**FOR EXAMPLE**, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (**FOR EXAMPLE**, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (**FOR EXAMPLE**, being swung or bounced on your knee)	Yes	No