



24 Month Questionnaire

(For children ages 21 through 26 months)

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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.

Experimental Version 1.4 2012



24 Month/2 Year ASQ:SE Questionnaire

(For children ages 21 through 26 months)

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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: _____



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

OFTEN
OR
ALWAYS

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 seem too friendly with strangers?

☐ X

☐ V

☐ Z

☐

3. Does your child laugh or smile when you play with her?

☐ Z

☐ V

☐ X

☐

4. Is your child's body relaxed?

☐ Z

☐ V

☐ X

☐

5. When you leave, does your child remain upset and cry for more than an hour?

☐ X

☐ V

☐ Z

☐



6. Does your child greet or say hello to familiar adults?

☐ Z

☐ V

☐ X

☐

7. Does your child like to be hugged or cuddled?

☐ Z

☐ V

☐ X

☐

8. When upset, can your child calm down within 15 minutes?

☐ Z

☐ V

☐ X

☐

TOTAL POINTS ON PAGE ____

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9. Does your child stiffen and arch his back when picked up?

☐ X

☐ V

☐ Z

☐

10. Is your child interested in things around her, such as people, toys, and foods?

☐ Z

☐ V

☐ X

☐

11. Does your child cry, scream, or have tantrums for long periods of time?

☐ X

☐ V

☐ Z

☐

12. Do you and your child enjoy mealtimes together?

☐ Z

☐ V

☐ X

☐

13. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____? (You may write in another problem.)

☐ X

☐ V

☐ Z

☐

14. Does your child sleep at least 10 hours in a 24-hour period?

☐ Z

☐ V

☐ X

☐

15. When you point at something, does your child look in the direction you are pointing?

☐ Z

☐ V

☐ X

☐

16. Does your child have trouble falling asleep at naptime or at night?

☐ X

☐ V

☐ Z

☐

TOTAL POINTS ON PAGE ____

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CONCERN

17. Does your child get constipated or have diarrhea?

☐ X

☐ V

☐ Z

☐

18. Does your child follow simple directions? For example, does he sit down when asked?

☐ Z

☐ V

☐ X

☐

19. Does your child let you know how she is feeling with either words or gestures? For example, does she let you know when she is hungry, hurt, or tired?

☐ Z

☐ V

☐ X

☐

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

☐

21. Does your child do things over and over and get upset when you try to stop her? Examples are rocking, hand flapping, spinning, or _____. (You may write in something else.)

☐ X

☐ V

☐ Z

☐

22. Does your child like to hear stories or sing songs?



☐ Z

☐ V

☐ X

☐

23. Does your child hurt himself on purpose?

☐ X

☐ V

☐ Z

☐

24. Does your child like to be around other children? (For example, does she move to be close to or look at other children ?)



☐ Z

☐ V

☐ X

☐

TOTAL POINTS ON PAGE ____

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CHECK IF
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CONCERN

25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?

☐ X

☐ V

☐ Z

☐

26. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "often," please explain:

☐ X

☐ V

☐ Z

☐

A. Does your child try to show you things by pointing at them and looking back at you?

☐
☐
☐
☐

B. Does your child play with objects by pretending? For example, by feeding a doll or talking on the phone?

☐
☐
☐
☐

C. Does your child wake 3 or more times during the night?

☐
☐
☐
☐

D. Does your child respond to her name when you call her? For example, does she turn her head and look at you?

☐
☐
☐
☐

E. Is your child too worried or fearful? If you checked "sometimes" or "often" please explain:

☐
☐
☐
☐

TOTAL POINTS ON PAGE ____

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?
