



30 Month Questionnaire

(For children ages 27 through 32 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



30 Month ASQ:SE Questionnaire

(For children ages 27 through 32 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: _____



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 like to be hugged or cuddled?

 Z

 V

 X

3. Does your child cling to you more than you expect?


 X

 V

 Z

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

 Z

 V

 X

5. Does your child seem happy?

 Z

 V

 X

6. Does your child like to hear stories and sing songs?

 Z

 V

 X

7. Does your child seem too friendly with strangers?

 X

 V

 Z

8. Does your child seem more active than other children her age?


 X

 V

 Z

9. Can your child settle himself down after periods of exciting activity?

 Z

 V

 X

TOTAL POINTS ON PAGE ____

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CONCERN

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

X

V

Z

11. 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

12. Can your child stay with activities she enjoys for at least 3 minutes (not including watching television)?

Z

V

X

13. Does your child do what you ask him to do?

Z

V

X

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

Z

V

X

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



Z

V

X

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

X

V

Z

17. Do you and your child enjoy mealtimes together?

Z

V

X

TOTAL POINTS ON PAGE _____

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

 Z

 V

 X

19. Does your child sleep at least 8 hours in a 24-hour period?

 Z

 V

 X

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

 Z

 V

 X

21. Does your child follow routine directions? For example, does she come to the table or help clean up her toys when asked?

 Z

 V

 X

22. 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

23. Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime?

 Z

 V

 X

24. Does your child stay away from dangerous things, such as fire and moving cars?

 Z

 V

 X

TOTAL POINTS ON PAGE ____

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25. Does your child destroy or damage things on purpose?



X

V

Z

26. Does your child hurt himself on purpose?

X

V

Z

27. Does your child play alongside other children?



Z

V

X

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

X

V

Z

29. 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 use at least 2 words to ask for things he/she wants?

TOTAL POINTS ON PAGE ____

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CONCERN

C. Is your child interested in other children? For example, does she look at or move close to other children?

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

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

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

30. Do you have concerns about your child's eating and sleeping behaviors or about her toilet training? If so, please explain:

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

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

TOTAL POINTS ON PAGE _____