



# 36 Month Questionnaire

(For children ages 33 through 41 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



# 36 Month/3 Year ASQ:SE Questionnaire

(For children ages 33 through 41 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 her?

☐ Z

☐ V

☐ X

☐

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



☐ Z

☐ V

☐ X

☐

3. Does your child talk and/or play with adults he knows well?

☐ Z

☐ V

☐ X

☐

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



☐ X

☐ V

☐ Z

☐

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

☐ Z

☐ V

☐ X

☐

6. Does your child seem too friendly with strangers?

☐ X

☐ V

☐ Z

☐

7. Can your child settle herself down after periods of exciting activity?

☐ Z

☐ V

☐ X

☐

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

☐ Z

☐ V

☐ X

☐

TOTAL POINTS ON PAGE \_\_\_\_

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9. Does your child seem happy?

☐ Z

☐ V

☐ X

☐

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

☐ Z

☐ V

☐ X

☐

11. Does your child do what you ask her to do?

☐ Z

☐ V

☐ X

☐

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



☐ X

☐ V

☐ Z

☐

13. Can your child stay with activities she enjoys for at least 5 minutes (not including watching television)?

☐ Z

☐ V

☐ X

☐

14. Do you and your child enjoy mealtimes together?

☐ Z

☐ V

☐ X

☐

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

☐ X

☐ V

☐ Z

☐

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

☐ Z

☐ V

☐ X

☐

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17. Does your child use words to tell you what he wants or needs?

☐ Z

☐ V

☐ X

☐

18. 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

☐

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



☐ X

☐ V

☐ Z

☐

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 hurt himself on purpose?

☐ X

☐ V

☐ Z

☐

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

☐ Z

☐ V

☐ X

☐

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



☐ X

☐ V

☐ Z

☐

25. Does your child use words to describe her feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?

☐ Z

☐ V

☐ X

☐

26. Can your child name a friend?

☐ Z

☐ V

☐ X

☐

27. Do *other* children like to play with your child?

☐ Z

☐ V

☐ X

☐

28. Does *your child* like to play with other children?



☐ Z

☐ V

☐ X

☐

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

☐ X

☐ V

☐ Z

☐

30. Does your child show an unusual interest in or knowledge of sexual language and activity?

☐ X

☐ V

☐ Z

☐

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

☐ X

☐ V

☐ Z

☐

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

☐

☐

☐

☐

- B. Does your child pretend objects are something else? For example, by pretending a banana is a phone?

☐

☐

☐

☐

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

☐

☐

☐

☐

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

☐

☐

☐

☐

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32. Do you have any concerns about your child's eating, sleeping, or toileting habits? If so, please explain:

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

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TOTAL POINTS ON PAGE \_\_\_\_\_

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

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