Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By **Jane Squires, Diane Bricker, & Elizabeth Twombly**
with assistance from **Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**
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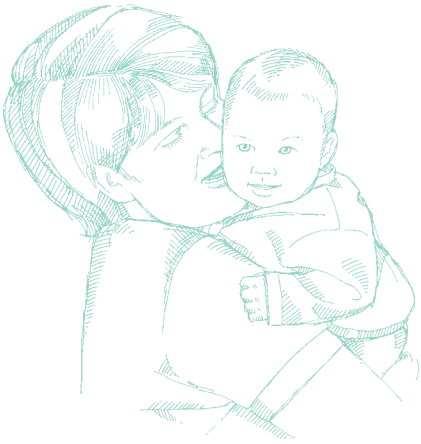
ASQ:SE™



# 36 Month/3 Year Questionnaire

(For children ages 33 through 41 months)

*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.

ASQ:SE™

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# 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: _____

ASQ:SE™

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

| | MOST OF THE TIME | 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 | ❍ |
| 9. Does your child seem happy? | ❑ z | ❑ v | ❑ x | ❍ |

TOTAL POINTS ON PAGE ___


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| | MOST OF THE TIME | SOMETIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN |
|---|---|---|---|---|
| 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 | ❍ |
| 17. Does your child use words to tell you what he wants or needs? | ❑ z | ❑ v | ❑ x | ❍ |

TOTAL POINTS ON PAGE ___


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| | MOST OF THE TIME | SOMETIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN |
|---|---|---|---|---|
| 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 can't seem to stop? 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 | ❍ |
| 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 | ❍ |

TOTAL POINTS ON PAGE ___


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| | MOST OF THE TIME | SOMETIMES | RARELY OR NEVER | CHECK IF THIS IS A CONCERN |
|---|---|---|---|---|
| 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 interest in or knowledge of sexual language and activity? | ❑ x | ❑ v | ❑ z | ❍ |
| 31. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain: | ❑ x | ❑ v | ❑ z | ❍ |

_____

_____

_____

_____

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

_____

_____

_____

_____

TOTAL POINTS ON PAGE ___


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

_____

_____

_____

_____

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

_____

_____

_____

_____


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# 36 Month/3 Year ASQ:SE Information Summary

Child's name: _____ Child's date of birth: _____

Person filling out the ASQ:SE: _____ Relationship to child: _____

Mailing address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Assisting in ASQ:SE completion: _____

Today's date: _____ Administering program/provider: _____

## SCORING GUIDELINES

1. Make sure the parent has answered all questions and has checked the concern column as necessary. If all questions have been answered, go to Step 2. If not all questions have been answered, you should first try to contact the parent to obtain answers or, if necessary, calculate an average score (see pages 39 and 41 of *The ASQ:SE User's Guide*).
2. Review any parent comments. If there are no comments, go to Step 3. If a parent has written in a response, see the section titled "Parent Comments" on pages 39, 41, and 42 of *The ASQ:SE User's Guide* to determine if the response indicates a behavior that may be of concern.
3. Using the following point system:

| | |
|---|---|
| Z (for zero) next to the checked box | = 0 points |
| V (for Roman numeral V) next to the checked box | = 5 points |
| X (for Roman numeral X) next to the checked box | = 10 points |
| Checked concern | = 5 points |

Add together:

| | |
|---|---|
| Total points on page 3 | = _____ |
| Total points on page 4 | = _____ |
| Total points on page 5 | = _____ |
| Total points on page 6 | = _____ |
| | Child's total score = _____ |

## SCORE INTERPRETATION

1. *Review questionnaires*
   Review the parent's answers to questions. Give special consideration to any individual questions that score 10 or 15 points and any written or verbal comments that the parent shares. Offer guidance, support, and information to families, and refer if necessary, as indicated by score and referral considerations.
2. *Transfer child's total score*
   In the table below, enter the child's total score (transfer total score from above).

| Questionnaire interval | Cutoff score | Child's ASQ:SE score |
|---|---|---|
| 36 months/3 years | 59 | |

3. *Referral criteria*
   Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.
4. *Referral considerations*
   It is always important to look at assessment information in the context of other factors influencing a child's life. Consider the following variables prior to making referrals for a mental health evaluation. Refer to pages 44–46 in *The ASQ:SE User's Guide* for additional guidance related to these factors and for suggestions for follow-up.
   - Setting/time factors
     (e.g., Is the child's behavior the same at home as at school?, Have there been any stressful events in the child's life recently?)
   - Development factors
     (e.g., Is the child's behavior related to a developmental stage or a developmental 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 cultural or family context?)


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