18 Month Questionnaire

15 months 0 days through 20 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: _____

If child was born 3 or more weeks premature, please enter the number of weeks: _____

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 #: _____

If premature, adjusted age in months and days: _____

Program name: _____

18 Month Questionnaire *15 months 0 days through 20 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. When you leave, does your child stay upset and cry for more than an hour?	☐ x	☐ v	☐ z	◯ v	_____
3. Does your child laugh or smile when you play with her?	☐ z	☐ v	☐ x	◯ v	_____
4. Does your child look for you when a stranger comes near?	☐ z	☐ v	☐ x	◯ v	_____
5. Is your child's body relaxed?	☐ z	☐ v	☐ x	◯ v	_____
6. Does your child like to be hugged or cuddled?	☐ z	☐ v	☐ x	◯ v	_____
7. When upset, can your child calm down within 15 minutes?	☐ z	☐ v	☐ x	◯ v	_____

TOTAL POINTS ON PAGE _____

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18 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	
8. Does your child stiffen and arch his back when picked up?	☐ x	☐ v	☐ z	◯ v	_____
9. Does your child cry, scream, or have tantrums for long periods of time?	☐ 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 do things over and over and get upset when you try to stop him? For example, does he rock, flap his hands, spin, or _____? (Please describe.) _____ _____	☐ x	☐ v	☐ z	◯ v	_____
12. Does your child have eating problems? For example, does she stuff food, vomit, eat things that are not food, or _____? (Please describe.) _____ _____	☐ x	☐ v	☐ z	◯ v	_____
13. Does your child have trouble falling asleep at naptime or at night?	☐ x	☐ v	☐ z	◯ v	_____
14. Do you and your child enjoy mealtimes together?	☐ z	☐ v	☐ x	◯ v	_____
15. Does your child sleep at least 10 hours in a 24-hour period?	☐ z	☐ v	☐ x	◯ v	_____
16. When you point at something, does your child look in the direction you are pointing?	☐ z	☐ v	☐ x	◯ v	_____

TOTAL POINTS ON PAGE _____

18 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	
17. Does your child get constipated or have diarrhea?	☐ x	☐ v	☐ z	◯ v	_____
18. Does your child let you know how he is feeling with gestures or words? For example, does he let you know when he is hungry, hurt, or tired?	☐ z	☐ v	☐ x	◯ v	_____
19. Does your child follow simple directions? For example, does she sit down when asked?	☐ z	☐ v	☐ x	◯ v	_____
20. Does your child like to play near or be with family and friends?	☐ z	☐ v	☐ x	◯ v	_____
21. 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	_____
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	_____

TOTAL POINTS ON PAGE _____

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
26. Does your child try to show you things by pointing at them and looking back at you?	☐ z	☐ v	☐ x	◯ v	_____
27. Does your child make sounds or use words or gestures to let you know he wants something (for example, by reaching)?	☐ z	☐ v	☐ x	◯ v	_____
28. 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	_____
29. Does your child wake three or more times during the night?	☐ x	☐ v	☐ z	◯ v	_____
30. Does your child respond to her name when you call her? For example, does she turn her head and look at you?	☐ z	☐ v	☐ x	◯ 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 _____

Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-2™), Squires, Bricker, & Twombly.

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?

_____

_____

_____

18 Month Information Summary *15 months 0 days through 20 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/adjusted 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.

no or low risk   50   monitor   65   refer ⟶   105+ (90%ile)
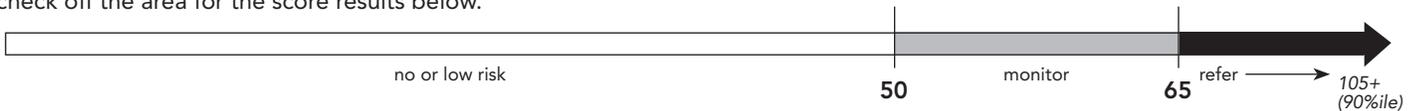
____ The child's total score is in the ☐ area. It is below the cutoff. Social-emotional development appears to be on schedule.

____ 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: _____