



21 months 0 days through 26 months 30 days

	D . ACO CE O	
	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:		
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: Orange Grandparent/ other relative Oguardian Foster parent	Teacher Other: Child care provider	
People assisting in questionnaire completion:	provider	
Program information (For program use on	ly.)	
Child's ID #:	Age at in mon	administration ths and days:
Program ID #:		

Program name:

24 Month QUESTIONNAIRE 21 months 0 days through 26 months 30 days



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 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.

		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	□×	O v	
2.	Does your child seem too friendly with strangers?	□х	□ v	□z	V	
3.	Does your child laugh or smile when you play with her?	□z	□ ∨	□×	Ov	
4.	Is your child's body relaxed?	□z	□ ∨	□×	Ov	
5.	When you leave, does your child stay upset and cry for more than an hour?	Пх	V	Z	V	
6.	Does your child greet or say hello to familiar adults?	□z	□v	□×	V	
7.	Does your child like to be hugged or cuddled?	□z	□ ∨	□×	Ov	
8.	When upset, can your child calm down within 15 minutes?	Z	□ ∨	□×	V	
				i		

TOTAL POINTS ON PAGE ___

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
9.	Does your child stiffen and arch his back when picked up?	Дх	□v	Z	Ov	
10.	Is your child interested in things around her, such as people, toys, and foods?	□z	□v	□×	O v	
11.	Does your child cry, scream, or have tantrums for long periods of time?	□×	V	□z	O v	
12.	Do you and your child enjoy mealtimes together?	Z	□v	□×	O v	
13.	Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or? (Please describe.)	□×	V	□ z	Ov	
14.	Does your child sleep at least 10 hours in a 24-hour period?	Z	V	□×	O v	
15.	When you point at something, does your child look in the direction you are pointing?	□ z	□v	□×	O v	
16.	Does your child have trouble falling asleep at naptime or at night?	□×	□v	□ z	O v	
17.	Does your child get constipated or have diarrhea?	□×	□ v	□z	Ov	

TOTAL POINTS ON PAGE ____

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
18.	Does your child follow simple directions? For example, does she sit down when asked?	□z	V	□×	O v	
19.	Does your child let you know how he is feeling with words or gestures? For example, does he let you know when he is hungry, hurt, or tired?	□z	V	Пх	Ov	
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	□×	O v	
21.	Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or? (Please describe.)	□×	V	□ z	Ov	
22.	Does your child like to hear stories or sing songs?	□z	V	□х	O v	
23.	Does your child hurt himself on purpose?	□х	V	□z	Ov	
24.	Does your child like to be around other children? For example, does she move close to or look at other children?	□z	V	Пх	Ov	
25.	Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	□х	V	□z	Ov	
26.	Does your child try to show you things by pointing at them and looking back at you?	□z	V	Пх	O v	

TOTAL POINTS ON PAGE ___

		OFTEN OR ALWAYS	SOME- TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
27.	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	Пх	Ov	
28.	Does your child wake three or more times during the night?	□×	□v	□z	V	
29.	Does your child respond to his name when you call him? For example, does he turn his head and look at you?	Z	□v	□×	V	
30.	Is your child too worried or fearful? If "sometimes" or "often or always," please describe:	□×	□ ∨	Z	V	
31.	Has anyone shared concerns about your child's behaviors? If "sometimes" or "often or always," please explain:	×	□v	□z	V	

TOTAL POINTS ON PAGE ___



O\	ERALL 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	O NO
33.	Does anything about your child worry you? If yes, please explain:	YES	○ NO
34.	What do you enjoy about your child?		

24 Month Information Summary 21 months 0 days through 26 months 30 days



Child's	name:		Dat	e ASQ:SE-2 co	ompleted:			
Child's	ID #:		Chil	d's date of bir	rth:			
Person	who completed ASQ:SE-2:		Chil	d's age in mo	nths and da	ays:		
Admini	stering program/provider:		Chil	d's gender:	○ Male	○ Fe	emale	
1. ASQ:	SE-2 SCORING CHART:			TOTAL DOINTS	CAL DAGE 1			
	core items ($Z = 0$, $V = 5$, $X = 10$, $Concern = 5$).			TOTAL POINTS			Cutoff	Total score
• T	ransfer the page totals and add them for the to	otal scor	e. —					
• R	ecord the child's total score next to the cutoff.			TOTAL POINTS			65	
				TOTAL POINTS	otal score		03	
	:SE-2 SCORE INTERPRETATION: Review the a k off the area for the score results below.	pproxim	ate locat	ion of the chil	d's total sco	ore on the	scoring graph	ic. Then,
	no or low risk				50	monitor	65 refer -	110+ (90%i
	Any Concerns marked on scored items?	YES	no	Comments				
32.	Eating/sleeping concerns?	YES	no	Comments	S:			
33.	Other worries?	YES	no	Comments	S:			
	OW-UP REFERRAL CONSIDERATIONS: Mark a Setting/time factors (e.g., Is the child's behave Developmental factors (e.g., Is the child's behavior related to the factors (e.g., Is the child's behavior related to the factors (e.g., Is the child's behavior stressful events in the child's life recently?) Parent concerns (e.g., Did the parent/caregive)	ior the s navior re ated to h avior acc	ame at ho lated to a nealth or l ceptable	ome as at school development oiological fact given the child	ool?) tal stage or ors?) d's cultural	delay?) or family o	context? Have	
5. FOLL	OW-UP ACTION: Check all that apply.							
	Provide activities and rescreen in months.							
	Share results with primary health care provider	r.						
	Provide parent education materials.							
	Provide information about available parenting	classes	or suppoi	t groups.				
	Have another caregiver complete ASQ:SE-2. L	ist careg	jiver here	(e.g., grandp	arent, teach	ner):		
	Administer developmental screening (e.g., AS	_						
	Refer to early intervention/early childhood spe	ecial edu	cation.					
	Refer for social-emotional, behavioral, or ment			on.				