

Ages & Stages Questionnaires®: Social-Emotional  
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors  
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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? \_\_\_\_\_

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 —

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 \_\_\_\_\_

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 —

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
26. Can your child name a friend?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
27. Do <i>other</i> children like to play with your child?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
28. Does <i>your child</i> like to play with other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
30. Does your child show an interest in or knowledge of adult sexual language and activity?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
31. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
<hr/> <hr/> <hr/> <hr/>				



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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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?)