



South Lake Pediatrics
Infant, Child & Adolescent Care
952-401-8300
www.southlakepediatrics.com

36 Month/3 Year ASQ:SE Questionnaire

(For children ages 33 through 41 months)

Date: _____

Patient Name: _____
(Place label here)

Date of Birth: _____

Name of Person Completing Form: _____

Relationship to Patient: _____

.....

Please read carefully before completing this form.

The purpose of the ASQ:SE is to gain information on your child's social and emotional development and your feelings about your child's development. Some of the questions are not very specific, but you should answer based on your feelings or opinions about your child's behavior.

With the exception of the open-ended questions at the end of the questionnaire, each question has three possible answer responses, which should be checked as appropriate:

- *Most of the time*, indicating the child is doing the behavior most of the time, too much, or too often
- *Sometimes*, indicating the child is doing the behavior occasionally but not consistently
- *Rarely or Never*, indicating the child rarely performs the behavior or has never performed the behavior

If the behavior is of concern, you may also check the circle to the right of the question. It could be a rare or never occurrence but still is concerning when it does happen. Or it may just be something you want to discuss further.

06/2009

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? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> |
| 11. Does your child do what you ask her to do? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> |
| 12. Does your child seem more active than other children her age? | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> |
| 13. Can your child stay with activities she enjoys for at least 5 minutes (not including watching television)? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> |
| 14. Do you and your child enjoy mealtimes together? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> |
| 15. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.) | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/> |
| 16. Does your child sleep at least 8 hours in a 24-hour period? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> |
| 17. Does your child use words to tell you what he wants or needs? | <input type="checkbox"/> z | <input type="checkbox"/> v | <input type="checkbox"/> x | <input type="radio"/> |
| TOTAL POINTS ON PAGE | | | | ___ |



MOST OF THE TIME RARELY OR NEVER CHECK IF THIS IS A CONCERN

SOMETIMES

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: | | | | |
| <hr/> <hr/> <hr/> <hr/> | | | | |
| TOTAL POINTS ON PAGE ____ | | | | |



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

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