30 Month Questionnaire
27 months 0 days through 32 months 30 days

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: ☐ 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 #: ____________________________

Program name: ____________________________

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: ____________________________

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People assisting in questionnaire completion:

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Child’s ID #: ____________________________ Age at administration in months and days: ____________________________

Program ID #: ____________________________

Program name: ____________________________
### 30 Month Questionnaire 27 months 0 days through 32 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 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.

**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.**

<table>
<thead>
<tr>
<th></th>
<th>OFTEN OR ALWAYS</th>
<th>SOME-TIMES</th>
<th>RARELY OR NEVER</th>
<th>CHECK IF THIS IS A CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your child look at you when you talk to him?</td>
<td>[X]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. Does your child like to be hugged or cuddled?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[X]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. Does your child cling to you more than you expect?</td>
<td>[X]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4. Does your child greet or say hello to familiar adults?</td>
<td>[X]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>5. Does your child seem happy?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>6. Does your child like to hear stories and sing songs?</td>
<td>[X]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>7. Does your child seem too friendly with strangers?</td>
<td>[X]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**TOTAL POINTS ON PAGE** ______
### 30 Month Questionnaire

**Check the box that best describes your child’s behavior.**
**Also, check the circle if the behavior is a concern.**

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Does your child settle herself down after exciting activities?</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>9.</td>
<td>Does your child cry, scream, or have tantrums for long periods of time?</td>
<td>☐</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>10.</td>
<td>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.)</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Does your child stay with activities she enjoys for at least 3 minutes (other than watching shows or videos, or playing with electronics)?</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>12.</td>
<td>Does your child do what you ask him to do?</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>13.</td>
<td>Is your child interested in things around her, such as people, toys, and foods?</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>14.</td>
<td>When upset, can your child calm down within 15 minutes?</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>15.</td>
<td>Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or ________? (Please describe.)</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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**TOTAL POINTS ON PAGE ______**
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Check the box [✓] that best describes your child’s behavior. Also, check the circle [◯] if the behavior is a concern.

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<tr>
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<th>SOMETIMES</th>
<th>RARELY OR NEVER</th>
<th>CHECK IF THIS IS A CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Do you and your child enjoy mealtimes together?</td>
<td>☐ ✓ ☐ x ☐ ◯</td>
<td>v x ☐</td>
<td>v x</td>
<td>v x</td>
</tr>
<tr>
<td>17. When you point at something, does your child look in the direction you are pointing?</td>
<td>☐ ✓ ☐ x ☐ ◯</td>
<td>v x ☐</td>
<td>v x</td>
<td>v x</td>
</tr>
<tr>
<td>18. Does your child sleep at least 8 hours in a 24-hour period?</td>
<td>☐ ✓ ☐ x ☐ ◯</td>
<td>v x ☐</td>
<td>v x</td>
<td>v x</td>
</tr>
<tr>
<td>19. Does your child let you know how she is feeling with words or gestures? For example, does she let you know when she is hungry, hurt, or tired?</td>
<td>☐ ✓ ☐ x ☐ ◯</td>
<td>v x ☐</td>
<td>v x</td>
<td>v x</td>
</tr>
<tr>
<td>20. Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked?</td>
<td>☐ ✓ ☐ x ☐ ◯</td>
<td>v x ☐</td>
<td>v x</td>
<td>v x</td>
</tr>
<tr>
<td>21. Does your child check to make sure you are near when exploring new places, such as a park or a friend’s home?</td>
<td>☐ ✓ ☐ x ☐ ◯</td>
<td>v x ☐</td>
<td>v x</td>
<td>v x</td>
</tr>
<tr>
<td>22. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?</td>
<td>☐ ✓ ☐ x ☐ ◯</td>
<td>v x ☐</td>
<td>v x</td>
<td>v x</td>
</tr>
<tr>
<td>23. Does your child stay away from dangerous things, such as fire and moving cars?</td>
<td>☐ ✓ ☐ x ☐ ◯</td>
<td>v x ☐</td>
<td>v x</td>
<td>v x</td>
</tr>
<tr>
<td>24. Does your child destroy or damage things on purpose?</td>
<td>☐ x ☐ ✓ ☐ z</td>
<td>◯ v ☐</td>
<td>v x</td>
<td>v x</td>
</tr>
<tr>
<td>25. Does your child hurt herself on purpose?</td>
<td>☐ x ☐ ✓ ☐ z</td>
<td>◯ v ☐</td>
<td>v x</td>
<td>v x</td>
</tr>
</tbody>
</table>

**TOTAL POINTS ON PAGE ______**
### 30 Month Questionnaire

Check the box [✓] that best describes your child’s behavior. Also, check the circle [●] if the behavior is a concern.

<table>
<thead>
<tr>
<th>Question</th>
<th>Often Or Always</th>
<th>Sometimes</th>
<th>Rarely Or Never</th>
<th>Check If This Is A Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Does your child play next to other children?</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>✓</td>
</tr>
<tr>
<td>27. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>✓</td>
</tr>
<tr>
<td>28. Does your child try to show you things by pointing at them and looking back at you?</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>✓</td>
</tr>
<tr>
<td>29. Does your child use at least two words to ask for things he wants? For example, does he say “want ball” or “more apple?”</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>✓</td>
</tr>
<tr>
<td>30. 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?</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>✓</td>
</tr>
<tr>
<td>31. Does your child wake three or more times during the night?</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>✓</td>
</tr>
<tr>
<td>32. Is your child too worried or fearful? If “sometimes” or “often or always,” please describe:</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
<td>✓</td>
</tr>
</tbody>
</table>

___________________________________________________________
___________________________________________________________
___________________________________________________________

33. Has anyone shared concerns about your child’s behaviors? If “sometimes” or “often or always,” please explain:

___________________________________________________________
___________________________________________________________
___________________________________________________________

TOTAL POINTS ON PAGE _______
30 Month Questionnaire

OVERALL Use the space below for additional comments.

34. Do you have concerns about your child’s eating and sleeping behaviors or about her toilet training? If yes, please explain:  

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

35. Does anything about your child worry you? If yes, please explain:  

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

36. What do you enjoy about your child?  

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________
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 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.

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.

   - The child's total score is in the no or low risk area. It is below the cutoff. Social-emotional development appears to be on schedule.  
   - The child's total score is in the monitor area. It is close to the cutoff. Review behaviors of concern and monitor.  
   - The child's total score is in the refer 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.

   1–33. Any Concerns marked on scored items? YES  no  Comments:

   34. Eating/sleeping/toileting concerns? YES  no  Comments:

   35. Other worries? YES  no  Comments:


   - 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: _______________________________