

# Ages & Stages Questionnaires®: Social-Emotional

A Parent-Completed, Child-Monitoring  
System for Social-Emotional Behaviors

CD-ROM Version 1.2



*by*

Jane Squires, Ph.D.

Diane Bricker, Ph.D.

*and*

Elizabeth Twombly, M.S.

*with assistance from*

Suzanne Yockelson, Ph.D.

Maura Schoen Davis, Ph.D.

*and*

Younghee Kim, Ph.D.

Early Intervention Program  
Center on Human Development  
College of Education  
University of Oregon, Eugene

## **Contents:**

About this CD-ROM

About the ASQ:SE

About the Authors

ASQ Training

End User License Agreement

· P A U L · H ·  
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# About this CD-ROM



This CD-ROM contains 1) your End User License Agreement, 2) printable ASQ:SE PDFs, 3) information about the ASQ:SE, 4) information about the authors, 5) training information, and 6) order forms. The ASQ:SE PDFs are organized into a single comprehensive set, which you are viewing now. The PDFs are also available individually to help you easily locate and print the specific materials you need.

The master set ("Master Set.pdf") includes in a single PDF file all ASQ:SE questionnaires, cover sheets, family information sheets, scoring sheets (Information Summary sheets), intervention activity sheets, and supplemental materials. You may print this PDF in its entirety, or you may print specific pages by clicking on the appropriate bookmark, selecting "Print," and typing in the corresponding page number(s) you wish to print.

This CD-ROM also contains a folder of separate PDFs for each questionnaire, each intervention activity sheet, and the mail-back sheet. The folder is called "Posting." The questionnaires, intervention activity sheets, and mail-back sheet are identical to those included on the master set. You may print the contents of the "Posting" folder as needed.

You may print and photocopy these PDF documents from a computer located within your own facilities at a single physical site in the course of your service provision to children and their families. Printed copies may only be made from this original ASQ:SE CD-ROM. Electronic reproduction is prohibited. These PDFs may also be posted on and printed from a local area network (LAN) provided that all other stipulations of the End User License Agreement are met and all employees with access to the PDFs on this CD-ROM work at the same physical site as the purchaser. This CD-ROM cannot be shared among agency sites. See the End User License Agreement for further details regarding conditions related to the posting and printing of the files on this CD-ROM.

# Master Set Contents



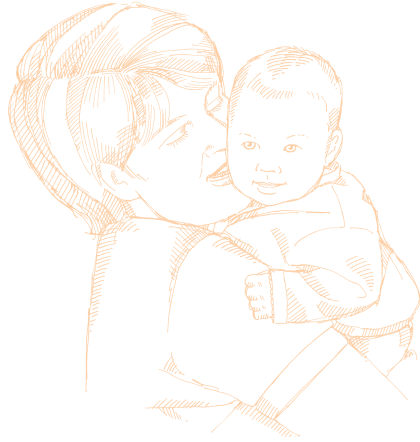
About this CD-ROM . . . . .	2
ASQ:SE Questionnaires	
6 Month Questionnaire . . . . .	5
6 Month Information Summary . . . . .	10
12 Month Questionnaire . . . . .	11
12 Month Information Summary . . . . .	17
18 Month Questionnaire . . . . .	18
18 Month Information Summary . . . . .	24
24 Month Questionnaire . . . . .	25
24 Month Information Summary . . . . .	31
30 Month Questionnaire . . . . .	32
30 Month Information Summary . . . . .	38
36 Month Questionnaire . . . . .	39
36 Month Information Summary . . . . .	46
48 Month Questionnaire . . . . .	47
48 Month Information Summary . . . . .	54
60 Month Questionnaire . . . . .	55
60 Month Information Summary . . . . .	62
Intervention Activity Sheets . . . . .	
Activities for Infants 0–6 Months Old . . . . .	64
Activities for Infants 6 Months Old . . . . .	66
Activities for Infants 12 Months Old . . . . .	68
Activities for Toddlers 18 Months Old . . . . .	70
Activities for Toddlers 24 Months Old . . . . .	72
Activities for Children 30 Months Old . . . . .	74
Activities for Children 36 Months Old . . . . .	76
Activities for Children 48 Months Old . . . . .	78
Activities for Children 60 Months Old . . . . .	80

## Master Set Contents

---

Mailing Sheet . . . . .	82
About the ASQ:SE . . . . .	83
About the Authors . . . . .	88
ASQ Training . . . . .	91
ASQ Ordering Guide . . . . .	93
End User License Agreement . . . . .	97

Ages & Stages Questionnaires®: Social-Emotional  
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# 6 Month Questionnaire

(For infants ages 3 through 8 months)

.....

*Important Points to Remember:*

- Please return this questionnaire by \_\_\_\_\_ .
- If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in \_\_\_\_\_ months.



# 6 Month ASQ:SE Questionnaire

(For infants ages 3 through 8 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? \_\_\_\_\_

Your telephone: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

List people assisting in questionnaire completion: \_\_\_\_\_

\_\_\_\_\_

Administering program or provider: \_\_\_\_\_



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. When upset, can your baby calm down within a half hour?

 z

 v

 x

2. Does your baby smile at you and other family members?


 z

 v

 x

3. Does your baby like to be picked up and held?

 z

 v

 x

4. Does your baby stiffen and arch her back when picked up?

 x

 v

 z

5. When talking to your baby, does he look at you and seem to be listening?

 z

 v

 x

6. Does your baby let you know when she is hungry or sick?

 z

 v

 x

7. When awake, does your baby seem to enjoy watching or listening to people?

 z

 v

 x

8. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?


 z

 v

 x

9. Does your baby cry for long periods of time?

 x

 v

 z

10. Is your baby's body relaxed?

 z

 v

 x

TOTAL POINTS ON PAGE \_\_\_\_

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
11. Does your baby have trouble sucking from a bottle or breast?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
12. Does it take longer than 30 minutes to feed your baby?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
13. Do you and your baby enjoy mealtimes together (including breast and bottle feeding)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
14. Does your baby have any eating problems, such as gagging, vomiting, or _____ ? (You may write in another problem.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
15. During the day, does your baby stay awake for an hour or longer at one time?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
16. Does your baby have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
17. Does your baby sleep at least 10 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
18. Does your baby get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>



TOTAL POINTS ON PAGE \_\_\_\_



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

19. Has anyone expressed concerns about your baby's behavior? If you checked "sometimes" or "most of the time," please explain:

x       v       z     

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20. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:

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

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22. What things do you enjoy most about your baby?

---

---

---

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TOTAL POINTS ON PAGE \_\_\_\_

# 6 Month 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 = \_\_\_\_\_  
 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
6 months	45	

### 3. Referral criteria

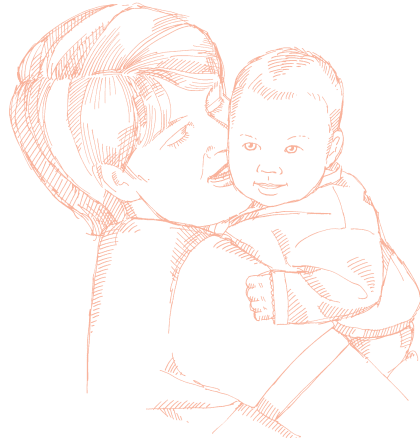
Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.

### 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?)

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# 12 Month/1 Year Questionnaire



(For children ages 9 through 14 months)



*Important Points to Remember:*

- Please return this questionnaire by \_\_\_\_\_ .
- If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in \_\_\_\_\_ months.



# 12 Month/1 Year ASQ:SE Questionnaire

(For children ages 9 through 14 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? \_\_\_\_\_

Your telephone: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

List people assisting in questionnaire completion: \_\_\_\_\_

\_\_\_\_\_

Administering program or provider: \_\_\_\_\_



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 baby laugh or smile at you and other family members?



z       v       x     

2. Does your baby look for you when a stranger approaches?

z       v       x     

3. Does your baby like to play near and be with family members and friends?

z       v       x     

4. Does your baby like to be picked up and held?

z       v       x     

5. When upset, can your baby calm down within a half hour?

z       v       x     

6. Does your baby stiffen and arch her back when picked up?

x       v       z     

7. Does your baby like to play games like Peekaboo?



z       v       x     

8. Is your baby's body relaxed?

z       v       x     

9. Does your baby cry, scream, or have tantrums for long periods of time?

x       v       z     

TOTAL POINTS ON PAGE \_\_\_\_

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

SOMETIMES

10. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?



z

v

x

11. Is your baby interested in things around her, such as people, toys, and foods?

z

v

x

12. Does it take longer than 30 minutes to feed your baby?

x

v

z

13. Do you and your baby enjoy mealtimes together?

z

v

x

14. Does your baby have any eating problems, such as gagging, vomiting, or \_\_\_\_\_ ?  
(You may write in another problem.)

x

v

z

15. Does your baby have trouble falling asleep at naptime or at night?

x

v

z

16. Does your baby make babbling sounds? For example, does he put sounds together, like "ba-ba-ba-ba" or "na-na-na-na"? (If your child often babbles, mark "most of the time.")

z

v

x

17. Does your baby sleep at least 10 hours in a 24-hour period?



z

v

x

TOTAL POINTS ON PAGE \_\_\_\_

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your baby get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
19. Does your baby let you know when she is hungry, hurt, or tired?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
20. When you talk to your baby, does he turn his head, look, or smile?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
21. Does your baby 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"/>
22. Has anyone expressed concerns about your baby'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/>				
23. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:				
<hr/> <hr/> <hr/> <hr/>				
TOTAL POINTS ON PAGE ____				

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

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25. What things do you enjoy most about your baby?

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# 12 Month/1 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	= _____

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
12 months/1 year	48	

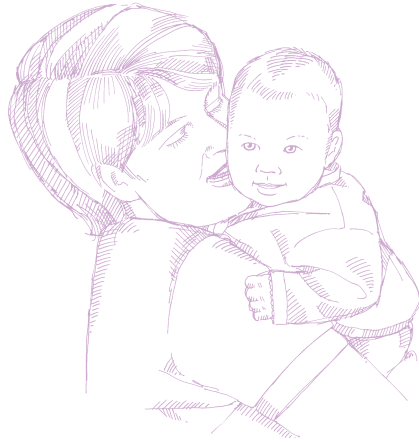
3. *Referral criteria*

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?)
- Development factors  
(e.g., Is the child's behavior related to a developmental stage or a developmental delay?, Have there been any stressful events in the child's life recently?)
- 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?)



# 18 Month Questionnaire

(For children ages 15 through 20 months)

.....

*Important Points to Remember:*

- Please return this questionnaire by \_\_\_\_\_ .
- If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in \_\_\_\_\_ months.



Mailing Sheet . . . . . 83

About the ASQ:SE . . . . . 84

About the Authors . . . . .

ASQ Training . . . . . TK

ASQ Ordering Guide . . . . . TK

End User License Agreement . . . . . TK

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 him?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

2. When you leave, does your child remain upset and cry for more than an hour?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

3. Does your child laugh or smile when you play with her?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

4. Does your child look for you when a stranger approaches?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

5. Is your child's body relaxed?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

6. Does your child like to be hugged or cuddled?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

7. When upset, can your child calm down within 15 minutes?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

8. Does your child stiffen and arch his back when picked up?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

9. Does your child cry, scream, or have tantrums for long periods of time?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

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 her, 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 things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ . (You may write in something else.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
12. 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"/>
13. Does your child have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<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 sleep at least 10 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
16. When you point at something, does your child look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
17. Does your child get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
TOTAL POINTS ON PAGE				___

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

18. Does your child let you know how she is feeling with gestures or words? For example, does she let you know when she is hungry, hurt, or tired?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

19. Does your child follow simple directions? For example, does he sit down when asked?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

20. Does your child like to play near or be with family members and friends?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

21. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

22. Does your child like to hear stories or sing songs?

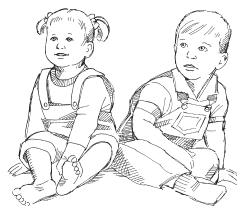


<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

23. Does your child hurt herself on purpose?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

24. Does your child like to be around other children?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

25. 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"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE \_\_\_\_

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

26. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:

x       v       z     

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27. Do you have concerns about your child's eating or sleeping behaviors? If so, please explain:

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

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

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TOTAL POINTS ON PAGE \_\_\_\_

# 18 Month 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 = \_\_\_\_\_

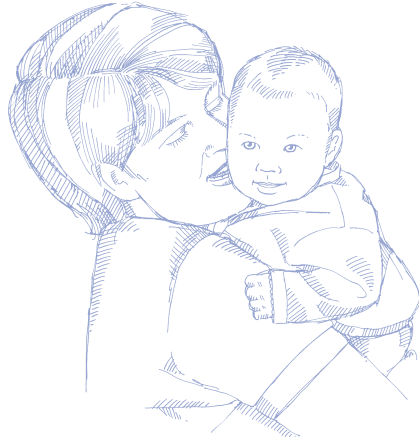
## SCORE INTERPRETATION

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
18 months	50	

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?)





# 24 Month/2 Year Questionnaire



(For children ages 21 through 26 months)

.....

*Important Points to Remember:*

- Please return this questionnaire by \_\_\_\_\_ .
- If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in \_\_\_\_\_ months.



# 24 Month/2 Year ASQ:SE Questionnaire

(For children ages 21 through 26 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? \_\_\_\_\_

Your telephone: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

List people assisting in questionnaire completion: \_\_\_\_\_

\_\_\_\_\_

Administering program or provider: \_\_\_\_\_



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 him?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

2. Does your child seem too friendly with strangers?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

3. Does your child laugh or smile when you play with her?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

4. Is your child's body relaxed?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

5. When you leave, does your child remain upset and cry for more than an hour?



<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

6. Does your child greet or say hello to familiar adults?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

7. Does your child like to be hugged or cuddled?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

8. When upset, can your child calm down within 15 minutes?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

9. Does your child stiffen and arch his back when picked up?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

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 her, 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 cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
12. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
13. 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"/>
14. Does your child sleep at least 10 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
15. When you point at something, does your child look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
16. Does your child have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
17. Does your child get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
18. Does your child follow simple directions? For example, does he sit down when asked?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
TOTAL POINTS ON PAGE ____				

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

19. Does your child let you know how she is feeling with either words or gestures? For example, does she let you know when she is hungry, hurt, or tired?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

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.)

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

22. Does your child like to hear stories or sing songs?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

23. Does your child hurt himself on purpose?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

24. Does your child like to be around other children?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

25. 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"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE \_\_\_\_

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

26. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:

x       v       z     

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27. Do you have concerns about your child's eating or sleeping behaviors? If so, please explain:

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

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

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TOTAL POINTS ON PAGE \_\_\_\_

# 24 Month/2 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
24 months/2 years	50	

### 3. Referral criteria

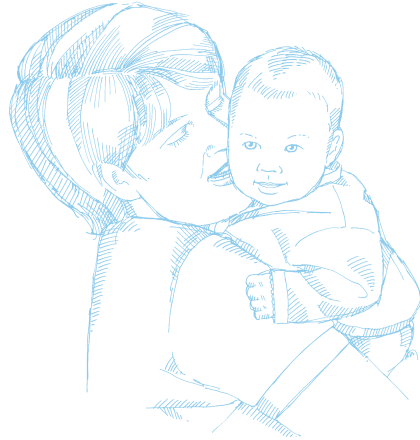
Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.

### 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?)

Ages & Stages Questionnaires®: Social-Emotional  
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors  
By Jane Squires, Diane Bricker, & Elizabeth Twombly  
with assistance from Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim  
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❁ 30 Month ❁  
Questionnaire

(For children ages 27 through 32 months)

.....

*Important Points to Remember:*

- Please return this questionnaire by \_\_\_\_\_ .
- If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in \_\_\_\_\_ months.





# 30 Month ASQ:SE Questionnaire

(For children ages 27 through 32 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? \_\_\_\_\_

Your telephone: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

List people assisting in questionnaire completion: \_\_\_\_\_

\_\_\_\_\_

Administering program or provider: \_\_\_\_\_



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 him?

 z

 v

 x

2. Does your child like to be hugged or cuddled?

 z

 v

 x

3. Does your child cling to you more than you expect?


 x

 v

 z

4. Does your child greet or say hello to familiar adults?

 z

 v

 x

5. Does your child seem happy?

 z

 v

 x

6. Does your child like to hear stories and sing songs?

 z

 v

 x

7. Does your child seem too friendly with strangers?

 x

 v

 z

8. Does your child seem more active than other children her age?


 x

 v

 z

9. Can your child settle himself down after periods of exciting activity?

 z

 v

 x

10. Does your child cry, scream, or have tantrums for long periods of time?

 x

 v

 z

11. 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

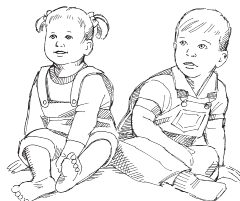
 z

TOTAL POINTS ON PAGE \_\_\_\_

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
12. Can your child stay with activities she enjoys for at least 3 minutes (not including watching television)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
13. Does your child do what you ask him to do?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
14. Is your child interested in things around her, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
15. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
16. 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"/>
17. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
18. When you point at something, does your child look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
19. 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"/>
20. Does your child let you know how he is feeling with either words or gestures? For example, does he let you know when he is hungry, hurt, or tired?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
TOTAL POINTS ON PAGE				___



	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
21. Does your child follow routine directions? For example, does she come to the table or help clean up her toys when asked?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
22. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
23. Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
24. Does your child stay away from dangerous things, such as fire and moving cars?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
25. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
26. Does your child hurt himself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
27. Does your child play alongside other children?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
28. 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"/>



TOTAL POINTS ON PAGE \_\_\_\_

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

29. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:

x       v       z     

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30. Do you have concerns about your child's eating and sleeping behaviors or about her toilet training? If so, please explain:

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

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

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TOTAL POINTS ON PAGE \_\_\_\_

# 30 Month 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
30 months	57	

### 3. Referral criteria

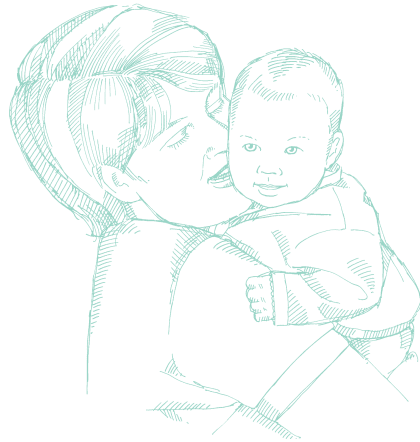
Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.

### 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?)
- 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?)

Ages & Stages Questionnaires®: Social-Emotional  
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors  
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with assistance from Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim  
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# 36 Month/3 Year Questionnaire



(For children ages 33 through 41 months)



## *Important Points to Remember:*

- Please return this questionnaire by \_\_\_\_\_ .
- If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in \_\_\_\_\_ months.



# 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? \_\_\_\_\_

Your telephone: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

List people assisting in questionnaire completion: \_\_\_\_\_

\_\_\_\_\_

Administering program or provider: \_\_\_\_\_





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	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
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18. Does your child follow routine directions?  
For example, does she come to the table or help clean up her toys when asked?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------



19. Does your child cry, scream, or have tantrums for long periods of time?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------



20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

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.)

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
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22. Does your child hurt himself on purpose?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

23. Does your child stay away from dangerous things, such as fire and moving cars?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------



24. Does your child destroy or damage things on purpose?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

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"?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

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:

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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

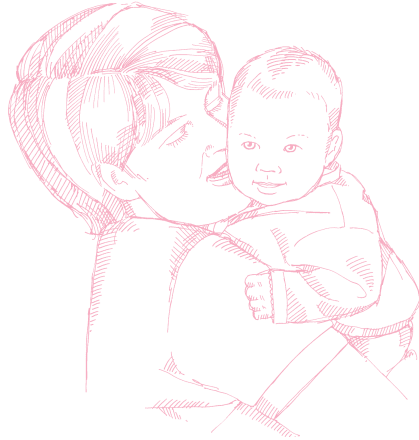
Compare the child's total score with the cutoff in the table above. If the child's score falls above the cutoff and the factors in Step 4 have been considered, refer the child for a mental health evaluation.

### 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?)

Ages & Stages Questionnaires®: Social-Emotional  
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors  
By Jane Squires, Diane Bricker, & Elizabeth Twombly  
with assistance from Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim  
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# 48 Month/4 Year Questionnaire



(For children ages 42 through 53 months)



## *Important Points to Remember:*

- Please return this questionnaire by \_\_\_\_\_ .
- If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_ .
- Thank you and please look forward to filling out another ASQ:SE questionnaire in \_\_\_\_\_ months.



# 48 Month/4 Year ASQ:SE Questionnaire

(For children ages 42 through 53 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? \_\_\_\_\_

Your telephone: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

List people assisting in questionnaire completion: \_\_\_\_\_

\_\_\_\_\_

Administering program or provider: \_\_\_\_\_





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
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1. Does your child look at you when you talk to him?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
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2. Does your child cling to you more than you expect?



<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

3. Does your child talk and/or play with adults she knows well?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

4. When upset, can your child calm down within 15 minutes?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
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5. Does your child like to be hugged or cuddled?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

6. Does your child seem too friendly with strangers?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
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7. Can your child settle himself down after periods of exciting activity?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

8. Does your child cry, scream, or have tantrums for long periods of time?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
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9. Is your child interested in things around her, such as people, toys, and foods?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE \_\_\_\_

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
10. Does your child stay dry during the day?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
11. 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"/>
12. Do you and your child enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
13. 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"/>
14. Does your child seem happy?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
15. 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"/>
16. Does your child seem more active than other children his age?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
17. Does your child use words to tell you what she wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
18. Can your child stay with activities he enjoys for at least 10 minutes (not including watching television)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
TOTAL POINTS ON PAGE				___

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
19. 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"?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
20. Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
21. Does your child explore new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
22. 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.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
23. Does your child hurt himself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
24. Does your child follow rules (at home, at child care)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
25. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
26. Does your child stay away from dangerous things, such as fire and moving cars?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>



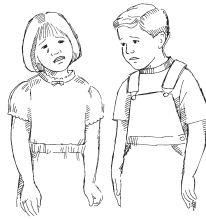
TOTAL POINTS ON PAGE \_\_\_\_

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
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27. Can your child name a friend?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

28. Does your child show concern for other people's feelings? For example, does she look sad when someone is hurt?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

29. Do *other* children like to play with your child?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

30. Does *your child* like to play with other children?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

31. 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"/>
----------------------------	----------------------------	----------------------------	-----------------------

32. Does your child show an interest or knowledge of adult sexual language and activity?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

33. 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"/>
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TOTAL POINTS ON PAGE \_\_\_\_

34. Do you have concerns about your child's eating, sleeping, or toileting habits? If so, please explain:

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

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

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# 48 Month/4 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:

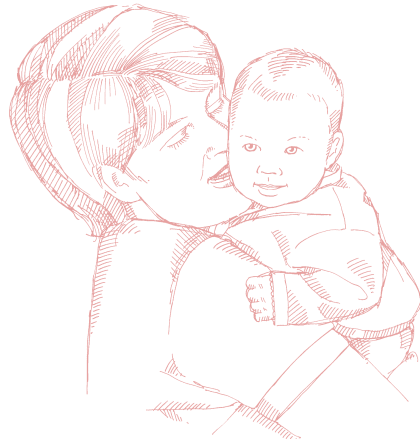
Total points on page 3	= _____
Total points on page 4	= _____
Total points on page 5	= _____
Total points on page 6	= _____
Child's total score	= _____

## 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
48 months/4 years	70	

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?)



# 60 Month/5 Year Questionnaire

(For children ages 54 through 65 months)

.....

## *Important Points to Remember:*

- Please return this questionnaire by \_\_\_\_\_ .
- If you have any questions or concerns about your child or about this questionnaire, please call: \_\_\_\_\_ .
- Thank you for your participation in this project.



# 60 Month/5 Year ASQ:SE Questionnaire

(For children ages 54 through 65 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? \_\_\_\_\_

Your telephone: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

List people assisting in questionnaire completion: \_\_\_\_\_

\_\_\_\_\_

Administering program or provider: \_\_\_\_\_





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?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

2. Does your child cling to you more than you expect?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

3. Does your child like to be hugged or cuddled?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

4. Does your child talk and/or play with adults he knows well?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

5. When upset, can your child calm down within 15 minutes?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

6. Does your child seem too friendly with strangers?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

7. Can your child settle herself down after periods of exciting activity?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

8. Does your child seem happy?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

9. Does your child cry, scream, or have tantrums for long periods of time?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

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 go to the bathroom by herself? (Reminders and help with wiping are okay.)



z

v

x

12. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or \_\_\_\_\_? (You may write in another problem.)

x

v

z

13. Can your child stay with activities he enjoys for at least 15 minutes (not including watching television)?

z

v

x

14. Do you and your child enjoy mealtimes together?

z

v

x

15. Does your child do what you ask her to do?

z

v

x

16. Does your child seem more active than other children his age?

x

v

z

17. Does your child sleep at least 8 hours in a 24-hour period?

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 use words to tell you what she wants or needs?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
19. Does your child use words to describe his feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
20. Does your child move from one activity to the next with little difficulty, such as from playtime to mealtime?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
21. Does your child explore new places, such as a park or a friend's home?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
22. 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.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
23. Does your child hurt herself on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
24. Does your child follow rules (at home, at child care)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
25. Does your child destroy or damage things on purpose?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>



TOTAL POINTS ON PAGE \_\_\_\_

MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
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26. Does your child stay away from dangerous things, such as fire and moving cars?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

27. Does your child show concern for other people's feelings? For example, does he look sad when someone is hurt?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

28. Do *other* children like to play with your child?



<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

29. Does *your child* like to play with other children?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

30. 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"/>
----------------------------	----------------------------	----------------------------	-----------------------

31. Does your child take turns and share when playing with other children?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

32. Does your child show an interest or knowledge of adult sexual language and activity?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

33. 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"/>
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TOTAL POINTS ON PAGE \_\_\_\_

34. Do you have concerns about your child's eating, sleeping, or toileting habits? If so, please explain:

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

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

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# 60 Month/5 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
60 months/5 years	70	

### 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?)

# Intervention Activity Sheets



The following social-emotional behavior development lists and activities coordinate with the ASQ:SE questionnaire intervals at 6, 12, 18, 24, 30, 36, 48 and 60 months. In addition, a social-emotional behavior development list and an activity sheet are included for birth to 6 months of age. After a child has been screened with the ASQ:SE and program staff have determined that there is no need to refer this child, staff may give the development lists and activities to the family as additional resources. The development lists are intended to provide parents with guidance about what types of behaviors they may expect from their growing child, while the activities provide ideas or ways to assist their young child's social-emotional development. Please consider the following points when using these resources.

First, the ASQ:SE development lists and activities

- May include behaviors or suggestions that are inappropriate for certain cultures
- Are not an intervention. Rather, these resources can be used in a preventive manner when children do not need further assessment.
- Should not be considered comprehensive
- May need to be modified to be appropriate for families (e.g., translated, shared verbally with families, illustrated)

Second, the following information, which is not included in the development lists or activities, should be made available to families. Parents may need support and/or information about developmentally appropriate expectations and strategies related to these topics to feel successful with their young children.

- Feeding young children (including breast feeding)
- Sleeping patterns
- Toilet training
- Guidance and discipline
- Safety and childproofing home environments
- Health and nutrition



## SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

### **From birth to 6 months . . .**

- When she is a newborn, your baby lets you know when she is hungry and uncomfortable by crying.
- Your baby often responds to your attempts to soothe him.
- Your baby likes to look at your face and will look in your eyes, but only for a couple of seconds at first.
- Your baby lets you know she is content by cooing.
- When he is a couple of months old, your baby lets you know he is happy by smiling, laughing, and gurgling.
- Your baby likes to be picked up, hugged, and cuddled by people she knows.
- Your baby enjoys being with other children and people and will sometimes be fussy just because he wants your attention.
- Around 5 months your baby will sometimes stop crying when you talk to her (rather than pick her up).
- Your baby likes to play with his fingers, hands, feet, and toes.
- She often holds onto you and enjoys your hugs.
- He recognizes familiar people by their voices.
- Your baby sometimes sucks on her fingers or hands to calm herself down.



## SOCIAL-EMOTIONAL ACTIVITIES FOR INFANTS FROM BIRTH TO 6 MONTHS OLD

<p>Sing lullabies and tell your baby nursery rhymes. Use a soft and gentle voice when you talk to him.</p>	<p>When your baby is a newborn, show her black-and-white pictures. Place them close to your baby (8–10 inches) so that she can look at them.</p>	<p>Let your baby hear new, gentle sounds. Quiet musical toys or soft bells will be interesting to him.</p>	<p>Hold your baby and look in her eyes and smile. Gently rub and touch her and tell her how much you love her.</p>
<p>If your baby cries, pick her up and tell her you love her. She may be hungry or uncomfortable.</p>	<p>Talk to your baby about things he is seeing, hearing, and feeling. Talk softly and gently to him during routines of the day.</p>	<p>Talk to your baby about things she seems to like or dislike. “You don’t like that big noise, do you?”</p>	<p>Let your baby lie on a blanket on the floor and get down on the floor with him. See the world from his point of view.</p>
<p>Make life interesting for your baby. Introduce new sounds and places to him from the safety of your arms.</p>	<p>Praise your baby often. Tell her how strong she is getting and what a sweet girl she is. Tell her you love her.</p>	<p>Begin to play simple games with your baby such as Peekaboo. You can put a cloth over <i>your</i> head and peek out.</p>	<p>Introduce new, safe* objects for your baby to explore. Simple objects such as plastic cups and big wooden spoons are all new to her.</p>
<p>Place interesting objects on the wall close to your baby’s bed or close to her line of vision. Simple pictures from magazines are great.</p>	<p>It’s never too early to start reading books with your baby. Choose simple books first and talk about the pictures he sees. Cuddle up close.</p>	<p>Learn your baby’s special language. She will “talk” to you with sounds and gestures and let you know when she is happy, uncomfortable, or hungry.</p>	<p>Gently rock your baby and dance with him to music. Your baby will love to move like this and be close to you.</p>

\*Be sure to review safety guidelines with your health care provider at each new age level.



## SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

### **At 6 months . . .**

- Your baby responds to your smile and is beginning to laugh when looking at you.
- Your baby is babbling or talking by putting sounds together such as “ma-ma-ma,” “ba-ba-ba,” and “da-da-da.”
- Your baby responds to your soothing and comforting and loves to be touched or held close.
- Your baby responds to your affection and may begin to initiate signs of affection.
- Your baby enjoys watching other babies and children.
- Your baby tries to talk with noises and gurgles.
- Your baby focuses on your voice and turns her head to your voice. She may turn to you when you call her name.
- Your baby may be frightened by loud or unfamiliar noises.
- Your baby wants quiet and soothing sometimes and talking and playing at other times.
- Your baby enjoys simple games like Peekaboo or This Little Piggy.
- A lot of the time, your baby wants you and no one else!

## SOCIAL-EMOTIONAL ACTIVITIES FOR INFANTS 6 MONTHS OLD

Learn your baby's special routines, and try to settle into a consistent routine for eating, sleeping, and diapering. Talk to your baby about his routines. This will help your baby feel secure and content.	Your baby likes to hear new sounds. Bells, whistles, and barking dogs are all new and interesting. Talk to your baby about what she is hearing.	Get down on the floor with your baby and play with him on his level. Look at toys, books, or objects together. Have fun, laugh, and enjoy your special time together.	When your baby cries, respond to her. Whisper in her ear to quiet her. Hold her close and make soft sounds. This will help her know you are always there and that you love her.
Play Peekaboo and Pat-a-Cake with your baby. Be playful, have fun, and laugh with your baby. She will respond with smiles and laughs.	Read to your baby. Snuggle up close, point to pictures, and talk about what you are seeing. Your baby will begin to choose favorite books as he gets a bit older.	Bring your baby to new places to see new things. Go on a walk to a park or in the mall, or just bring her shopping. She will love to see new things while you keep her safe.	When you are working in your home, place your baby in new areas or in new positions. The world looks very different from a new spot!
Let your baby begin to feed himself bits of food and help feed himself with a spoon and a cup. He will begin to enjoy doing things by himself.	Use your baby's name when you dress, feed, and diaper her: "Here is Dusty's finger," "Here is Jen's foot."	Provide new objects for your baby to explore.* Everything is interesting to him. Plastic cups, large wooden spoons, and wet washcloths are all new and interesting.	"Talk" with your baby. When your baby makes a sound, imitate the sound back to her. Go back and forth as long as possible.
Sing songs to your baby and tell her nursery rhymes. Make up songs about your baby using her name. This will make her feel special and loved.	Bath time* is a wonderful time to have fun and be close with your baby. Sponges, plastic cups, and washcloths make simple, inexpensive tub toys.	Enjoy music with your baby. Pick her up, bounce gently, and twirl with her in your arms. Try new and different types of music to dance to.	Go over and visit a friend who has a baby or young child. Stay close to your baby and let him know that these new people are okay. It takes a little time to warm up.

\*Be sure to review safety guidelines with your health care provider at each new age level.



## SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

### **At 12 months (1 year) . . .**

- Your baby responds to her name when you call her.
- Your baby is interested in other babies and children.
- Your baby is showing many emotions, such as happiness, sadness, discomfort, and anger.
- Your baby may be shy around new people and seem jealous if you pay attention to someone else. He may need some time to watch and warm up to new people and new places.
- Your baby may have fears such as of falling, darkness, large animals, loud sounds, or changes in routines.
- Your baby responds differently to strangers than she does to family members and friends that she sees a lot.
- Your baby wants you in his sight all of the time and may get upset when you leave him with someone else.
- Your baby is imitating other children and adults. She may imitate things such as sounds, actions, and facial expressions.
- Your baby gives affection by hugging and kissing people, pets, or stuffed animals.
- Your baby watches other people and may respond to someone's distress by crying or showing distress himself.
- Your baby is beginning to show her likes and dislikes and may push things away that she does not like. She may be attached to a special toy or blanket.
- Your baby is becoming more independent and may seem stubborn or frustrated when he can't do something himself.

## SOCIAL-EMOTIONAL ACTIVITIES FOR INFANTS 12 MONTHS OLD (1 YEAR OLD)

<p>Keep a routine at home for eating, sleeping, diapering, and playtimes. Talk to your baby about routines and what will be next. This will help her feel secure.</p>	<p>Let your baby know how much you love him and how special he is every day—when he wakes up in the morning and when he goes to sleep at night.</p>	<p>Play on the floor with your baby every day. Crawl around with her, or just get down and play on her level. She will really enjoy having you to herself.</p>	<p>Play simple games with your baby such as Pat-a-Cake, Peekaboo, and Hide and Seek, or chase each other. Laugh and have fun together!</p>
<p>While you are making dinner, your baby can “help.” Have a drawer or cupboard that he can empty that is full of safe kitchen things such as measuring cups and big spoons.</p>	<p>Play gentle tickle games with your baby, but make sure to stop when she lets you know she has had enough. Watch her carefully and you will know.</p>	<p>Dance to music with your baby. Hold his hands while he bends up and down. Clap and praise him when he “dances” by himself.</p>	<p>Play name games with your baby like, “Where is Rita?”</p>
<p>Go on a walk to a park or a place where children play. Let your baby watch them and visit a little if she is ready.</p>	<p>Play with child-safe mirrors* with your baby. Make silly expressions and talk to your baby about what he is seeing in the reflection.</p>	<p>Twirl your baby around. She will enjoy a little rough-and-tumble play, but make sure you stop when she has had enough.</p>	<p>Read together with your baby. Before naptime and bedtime is a great time to read together. Let your baby choose the book and snuggle up!</p>
<p>Let your baby have as many choices about foods, clothing, toys, and events as possible. He will enjoy making choices.</p>	<p>Invite a friend over who has a baby or young child. Make sure you have enough toys for both children. It’s a little early for them to know about sharing.</p>	<p>Sit on the floor with your baby and roll a ball back and forth. Clap your hands when your baby pushes the ball or “catches” the ball with his hands.</p>	<p>When you are dressing or diapering your baby, talk about her body parts and show her your body parts: “Here is Mommy’s nose; here is Mary’s nose.”</p>

\*Be sure to review safety guidelines with your health care provider at each new age level.



## SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

### **At 18 months . . .**

- Your toddler is generally happy and smiles at people, including other children.
- Your toddler likes to talk and is using more words every day.
- Your toddler likes to show affection and give hugs and kisses.
- Your toddler may be showing different emotions such as fear, sympathy, modesty, guilt, or embarrassment.
- Your toddler likes to do things by himself. He may seem stubborn, but this is normal.
- Your toddler likes to help out with simple household tasks.
- Your toddler turns to you for help when she is in trouble.
- He enjoys playing near other children, but not with them yet.
- She may hand objects to other children, but she doesn't understand how to share and wants the toys right back.
- Your toddler can play by himself for short periods of time.
- Your toddler has specific likes and dislikes.
- Your toddler likes to say "No!" She may have a quick temper and sometimes hits when frustrated.
- Your toddler loves to be held and read to and becomes upset when separated from you.
- Your toddler loves to imitate others.
- Your toddler likes to be the center of attention.
- Your toddler recognizes himself in mirror or pictures.

## SOCIAL-EMOTIONAL ACTIVITIES FOR INFANTS 18 MONTHS OLD

<p>Your toddler likes to have a consistent daily routine. Talk to him about what you are doing now and what will be happening next. Give him time to be active and time to be quiet.</p>	<p>Your toddler loves to have lots of hugs and kisses. Give big hugs, little hugs, loud kisses, soft kisses. Tell him you love him soooo much!</p>	<p>Your toddler will enjoy gentle roughhousing and tickling games. Make sure he can let you know when he has had enough. He will like quiet snuggle-up times, too.</p>	<p>Have a pretend party with stuffed animals or dolls. You can cut out little “presents” from a magazine, make a pretend “cake,” and sing the birthday song.</p>
<p>Your toddler needs a lot of time to move around and exercise.* Go for a walk to the park, visit a playground, or make a trip to a shopping mall.</p>	<p>Your toddler will love to help out with daily tasks. Give him simple “jobs” to do and let him know what a big boy he is. He can wipe off a table, put his toys away, or help sweep up.</p>	<p>Play simple games such as Hide and Seek and Chase with your toddler. Have fun and laugh together.</p>	<p>Dance with your toddler. Make a simple instrument out of a large plastic food tub (for a drum) or a small plastic container filled with beans or rice (for a shaker).</p>
<p>Help your child learn about emotions. In front of a mirror make happy faces, sad faces, mad faces, and silly faces. This is fun!</p>	<p>Let your toddler help out during mealtimes by bringing some things to the table or setting a place.</p>	<p>Your child might enjoy having a little place to hide. Use a blanket or sheet to make a tent or secret spot for her to play in.</p>	<p>Your child can help clean up after playtimes. Make it simple by putting things in a big tub or box and help him clean. Clap and praise him for his help.</p>
<p>Make playhouse furniture for your child out of boxes. For a stove, turn a box upside down and draw “burners.” Some plastic containers make safe pots, and wooden spoons stir the soup.</p>	<p>Set up playtimes with other children. Your child doesn’t understand how to share yet, so make sure there are plenty of toys. Stay close by and help her learn how to play with other children.</p>	<p>Your toddler is getting big and wants to do things by himself! Let him practice eating with a spoon and drinking with a tippy cup during mealtimes. Get ready for some spilling!</p>	<p>Story times, especially before naptime and bedtime, are a great way to settle down before sleep. Let your child choose books to read and help turn pages, and help her name what she sees.</p>

\*Be sure to review safety guidelines with your health care provider at each new age level.



## SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

### **At 24 months (2 years) . . .**

- Your toddler likes to imitate you, other adults, and her friends.
- Your toddler wants to do everything by himself, even though he can't!
- Your toddler's favorite words are "mine," "no," "me do it."
- Your toddler has a lot of emotions, and her emotions can be very "big." She can get angry and have temper tantrums.
- Your toddler likes to imitate household tasks and can put some of his toys away with help from you.
- Your toddler loves to try new things and explore new places but wants to know you are nearby to keep her safe.
- Your toddler is very interested in other children and is still learning how to play with them.
- He will play nearby other children, but not really with them. He doesn't understand how to share his things yet.
- Your toddler has a hard time waiting and wants things right now.
- Your toddler loves attention from familiar adults and children but may act shy around strangers.
- Your toddler is learning how to show affection by returning a hug or kiss. She tries to comfort familiar people who are in distress.
- Your toddler knows his name and knows what he likes and dislikes. He may be very attached to certain things such as a special book, toy, or blanket.
- Your toddler enjoys simple pretend play like pretending to cook or talk on the telephone.
- Your toddler is learning about the routines in your home, but generally she is unable to remember rules.



## SOCIAL-EMOTIONAL ACTIVITIES FOR INFANTS 24 MONTHS OLD (2 YEARS OLD)

<p>Try to have clear routines during the day, and let your child know what will be happening next. “Remember, after we brush hair, we get dressed.”</p>	<p>Your child is learning about rules but will need lots and lots of reminders. Keep rules short and simple, and be consistent.</p>	<p>Have a special reading time every day with your toddler. Snuggle up and get close. Before bedtimes or naptimes is a great time to read together.</p>	<p>Let your toddler know how special she is! She will love to be praised for new things she learns how to do: “You are so helpful,” “Wow, you did it yourself!”</p>
<p>When your child plays with friends, stay nearby to help them learn about taking turns. It is still early for your child to know how to share, but talking about turns will help her learn.</p>	<p>Give your toddler choices, but keep them simple. While dressing, let him choose a red or a blue shirt. At lunch, let him choose milk or juice.</p>	<p>Provide lots of time to play with other children. Your child will play hard but needs rest times too. Try to learn your child’s rhythms and go with her flow.</p>	<p>Let your child do more things for himself.* Put a stool near the sink so he can wash his hands and brush his teeth. Let him pick out clothes and help dress himself.</p>
<p>Get down on the floor and play with your child. Try to follow your child’s lead by playing with toys he wants to play with and trying his ideas.</p>	<p>Encourage your child to pretend play. With plastic cups, plastic containers, and some spoons, you can make some yummy “soup.” Praise your toddler’s cooking.</p>	<p>Everything is new to your toddler. She can find beauty in the little things like some weeds growing on a path or a pigeon pecking for seeds. Take some time to see the little things with her.</p>	<p>Your toddler is learning all about emotions. Help him label his feelings when he is mad, sad, happy, or silly: “You are really happy,” “You seem really mad.”</p>
<p>Play Parade or Follow the Leader with your toddler. Your child will love to copy you—and be the leader!</p>	<p>If your child has a temper tantrum, stay calm and talk in a quiet tone. If possible, ignore her until she calms down by herself.</p>	<p>Don’t forget to tell your child how much you love him! Give him hugs and kisses and soft touches to let him know.</p>	<p>Teach your child simple songs like “Eensy Weensy Spider” where she can use her fingers.</p>

\*Be sure to review safety guidelines with your health care provider at each new age level.



## SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

### **At 30 months . . .**

- Your child enjoys playing alongside other children.
- He likes using his increasing imagination. Puppets, dress-up clothes, dolls, and play figures are fun playthings.
- Your child is beginning to understand others' feelings. She may be able to identify when another child is angry or happy.
- Your child is beginning to learn about sharing. He doesn't always share but can sometimes.
- Your child is getting louder and bossier at times. She may talk with a loud, urgent voice.
- Your child at this age can follow simple routine directions, such as "Bring me your cup" and "Please go in your room and get your socks."
- He enjoys hearing songs and stories—sometimes over and over again.
- Your child wants to be independent sometimes but also may want you nearby. She will now easily leave your side if she is in familiar surroundings.
- He can identify whether he is a boy or a girl.
- Your child may greet familiar adults and is happy to see familiar friends.
- She may scream and throw temper tantrums at times.
- He likes to be hugged and cuddled—but not in the middle of playtime.

## SOCIAL-EMOTIONAL ACTIVITIES FOR YOUNG CHILDREN 30 MONTHS OLD

<p>Make a “Me Book” with your child. Take some pieces of paper and glue in pictures of your child, family members, pets, or other special things. Tape the pages together.</p>	<p>Tell your child funny stories about things he did when he was a baby. Begin a favorite story and see if he can tell what happens next.</p>	<p>Show your child family photos. Talk about the people in the pictures and who they are: “That’s your Uncle Joe.” Can your child tell you who the people are?</p>	<p>Tell your child a favorite nursery rhyme and ask her how the characters in the story felt.</p>
<p>Give your child directions that have two steps, like “Put all of the Legos in the box, and then put the box away in the closet.” Let her know what a big help she is!</p>	<p>When cooking and cleaning, let your child help.* He can do things like helping to stir, putting flour in a cup, or putting away spoons and forks in the drawer.</p>	<p>Your child loves to imitate you. Try new words, animal sounds, and noises, and see if your child can imitate what you say or how you sound.</p>	<p>Encourage creative play, such as drawing with crayons, painting, and playing with playdough. Playing with chalk on the sidewalk is fun.</p>
<p>Let your child do more things for himself. Put a step stool near the bathroom sink so he can wash his hands and brush his teeth.</p>	<p>Draw and cut out different “feeling” faces, such as angry, frustrated, and happy. Encourage your child to use the faces to tell you how she is feeling.</p>	<p>Every day, tell your child how much you love him. Give him big hugs and little hugs, big kisses and little kisses.</p>	<p>Have a special reading time every day. Snuggle up and get close. Before bedtimes and naptimes is a great time to read together.</p>
<p>Play with your child and help her learn how to share. Show her how to share and praise her when she shares with you. This is a new thing for her, so don’t expect too much at this age.</p>	<p>Encourage your child to tell you his name and age. Sometimes making up a rhyme or song about his name will help him remember. See if he can tell you the name of his friends and teachers.</p>	<p>Sing songs and dance with your child. Play different types of music from the radio. Make simple instruments from boxes, oatmeal cans, or yogurt tubs.</p>	<p>Take your child to a park and play with her near other children. She may just watch children at first but will join in with others when she is ready.</p>

\*Be sure to review safety guidelines with your health care provider at each new age level.



## SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

### **At 36 months (3 years) . . .**

- There are many things your child can do for herself, and she will tell you, “I can do it myself!”
- Although he is more independent, your child is still learning to follow simple rules—and he may need gentle reminders.
- She now plays briefly *with* other children. She is learning more about sharing and taking turns.
- He may have a special friend that he prefers playing with. Boys may prefer playing with boys, and girls with girls.
- She is becoming more independent. When you go on outings, she won’t always hold your hand and stay by your side.
- Your child’s emotions may shift suddenly, from happy to sad, from mad to silly. He’s trying to learn how to handle his emotions.
- She can sometimes express with words the feelings that she is having. She is beginning to think about the feelings of others and may be able to identify their feelings, too.
- Your child uses his imagination to create stories through pretend play with dolls, toy telephones, and action figures.
- Your child may boss people around and make demands. This shows not only that she is independent but also that she values herself. She might do something that is asked of her but may be more willing if she thinks it’s her idea.
- Your child may be fearful and have nightmares. Television shows (even scary cartoons) can give him nightmares.
- Your child’s attention span is increasing, and she often stays with an activity for at least 5 minutes.

## SOCIAL-EMOTIONAL ACTIVITIES FOR YOUNG CHILDREN 36 MONTHS OLD (3 YEARS OLD)

<p>Tell your child a simple story about something she did that was funny or interesting. See if your child can tell a different story about herself.</p>	<p>Encourage your child to identify and label his emotions and those of other children or adults.</p>	<p>Provide opportunities for your child to play with other children in your neighborhood or at a park.*</p>	<p>Many children this age have imaginary friends. Let your child talk and play with these pretend playmates.</p>
<p>Give your child choices. For example, when dressing, let him choose between two shirts or during snack time, let him choose between two snacks.</p>	<p>When you and your child are cooking, dressing, or cleaning,* give her directions that have at least two steps: "Put that pan in the sink and then pick up the red spoon."</p>	<p>Write a letter together to grandparents, a pen pal, or friend. See if your child can tell you what to write about himself to include in the letter.</p>	<p>Play games with your child that involve taking turns, such as Follow the Leader and Hopscotch.</p>
<p>With stuffed animals or dolls, create conflict situations. Talk with your child about what happened, feelings, and how best to work out problems when they come up.</p>	<p>Have a special reading time each day. Snuggle up and get close. Slowly increase the length of the stories so your child can sit and listen a little longer.</p>	<p>Every day, let your child know you love her and how great she is. Give her a "high five," a big smile, a pat on the back, or a hug. Tell her she is super, cool, sweet, and fun.</p>	<p>Tell your child a favorite story such as the Three Little Pigs or Goldilocks and the Three Bears. See if your child can tell you how the animals felt in the story.</p>
<p>Draw and cut out different feeling faces, and then glue them on Popsicle sticks. Let your child act out the different feelings with the puppets.</p>	<p>Get down on the floor and play with your child. Try to follow your child's lead by playing with toys he wants to play with and trying his ideas.</p>	<p>Play games such as Mother May I and Red Light, Green Light that involve following simple directions.</p>	<p>Tell silly jokes with your child. Simple "What am I?" riddles are also fun. Have a good time and laugh with your child.</p>

\*Be sure to review safety guidelines with your health care provider at each new age level.



## SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

### **At 48 months (4 years) . . .**

- Your child likes to play with other children and has favorite games and playmates.
- Your child is beginning to share and take turns but is possessive of favorite toys and playthings.
- Your child expresses extreme emotions at times—laughs, cries, is silly, angry. She may be able to label her own feelings.
- When your child plays, he often uses real-life situations such as going to the store, school, and gas station.
- Your child may continue to have imaginary friends when playing games, sleeping at night, and going to preschool.
- Your child now understands home rules if they are short and simple.
- Your child is starting to understand danger and knows when to stay away from dangerous things.
- Your child loves silly jokes and has a sense of humor.
- Your child is beginning to control her feelings of frustration.
- Your child may use his imagination a lot, and he can be very creative.
- Your child is becoming more independent and adventurous and may be attracted to try new things.
- With her new independence, your child may be boastful and bossy at times.
- Your child may show concern and sympathy for younger siblings and playmates when they're hurt or upset. His ability to empathize—to put himself in someone else's shoes—is increasing.

## SOCIAL-EMOTIONAL ACTIVITIES FOR YOUNG CHILDREN 48 MONTHS OLD (4 YEARS OLD)

Introduce a new feeling each day using pictures, gestures, and words. Encourage your child to use a variety of words to describe how he feels.	Encourage activities that involve sharing, such as blocks, crayons, playdough, acting out stories. Give your child lots of time to play with other children.	Provide opportunities for your child to be creative. Empty containers, glue, newspapers, rubber bands, and magazines can be used for making new inventions.	Take your child to the store, to a restaurant or the library. Explore lots of new places.* Talk with her about similarities and differences in people.
When doing housework or yard work, allow your child to do a small part on her own. Let her empty the wastebasket or clean crumbs off the table.	Talk with your child about possible dangers in your home, such as electrical outlets and stovetops. Talk about outdoor dangers, too, such as crossing the street or talking with strangers.*	Encourage your child's independence. Let him fix a sandwich like peanut butter and jelly. At bedtime, let him choose his clothes to wear the next day.	Develop a conflict or argument with stuffed animals or puppets. Talk first about how the different animals are feeling. Discuss with your child how to resolve the conflict.
Tell a favorite nursery rhyme or story. Talk about what is make-believe and what is real.	Using stuffed animals or play figures, create a party or group playtime. Play different people and talk about how they might feel and act.	Tell a favorite nursery rhyme or story about "anger," and talk about positive ways the characters in the story resolved their differences.	Take your child to the library for story hour. She can learn about sitting in a group and listening to stories.
Your child is learning more about rules but will still need reminders. Talk about your family rules. Keep rules short and simple, and be consistent.	Have simple props like old clothes, boxes, and plastic utensils for playing store, fire station, and school.	Remember at least once a day to hug and cuddle and to praise your child for new skills—independence, creativity, expressing emotions, and sharing toys.	Try to have clear routines during the day, and let your child know what will happen next. Have a reading time and quiet time each day.

\*Be sure to review safety guidelines with your health care provider at each new age level.



## SOCIAL-EMOTIONAL BEHAVIOR DEVELOPMENT IN YOUNG CHILDREN

### **At 60 months (5 years) . . .**

- Your child likes to play best with one or two other children at a time.
- He likes to choose his own friends and may have a best friend.
- Your child now plays simple table games like Candy Land and Lotto.
- Your child likes to play in small groups at the park or at school and may play with most of the children in her class.
- He understands and can follow simple rules at home and at school.
- Your child is showing a variety of emotions. She may be jealous of other children at times, especially of a younger brother or sister who is getting attention.
- Your child is now very independent and likes to make his own choices about clothes, foods to eat, and activities.
- Your child is sensitive to other children's feelings and can identify feelings in others: "He's sad."
- Your child likes to talk with familiar adults and children.
- Your child understands how to take turns and share at home and at school, but she may not want to all of the time.
- Your child is beginning to understand the meaning of right and wrong. He doesn't always do what is right, though.
- Adult approval is very important to your child. Your child looks to adults for recognition and acknowledgment.
- Your child is showing some self-control in group situations and can wait for her turn or stand in a line.
- Your child is usually able to respond to requests such as "Use your quiet voice" or "Inside is for walking."
- Your child's attention span is increasing. He is able to focus his attention for a necessary length of time such as when directions are being given or when a story is being read.



## SOCIAL-EMOTIONAL ACTIVITIES FOR YOUNG CHILDREN 60 MONTHS OLD (5 YEARS OLD)

<p>Tell simple jokes and riddles. Your child will love it when you laugh at her jokes. The sillier, the better.</p>	<p>Gather old shirts, skirts, hats, and so forth from friends or a thrift store. Encourage dramatic play—acting out stories, songs, and scenes from the neighborhood.</p>	<p>Encourage your child to make choices as often as possible. Let him choose between two or three different shirts when dressing, or give choices of foods for lunch.</p>	<p>Most of the time, your child will feel good about doing small jobs around the house.* Give her a lot of praise when she does a good job, and tell her what a big help she is.</p>
<p>Your child may need some help resolving conflicts, especially with his friends. Let him know he should use his words but can come to you for help.</p>	<p>Make sure your child has plenty of rest and quiet and alone time when she needs it.</p>	<p>When your child has friends over, encourage them to play games that require working together. Building a tent out of old blankets or playing balls are examples.</p>	<p>Tell your child a favorite nursery rhyme that involves the idea of “right” and “wrong,” and discuss what kinds of choices the characters made in the story.</p>
<p>Let your child know how special she is. Give her a lot of love, praise, and hugs every day.</p>	<p>Show your child pictures cut out from magazines of people from different cultures. Talk about things that are the same or different between your family and other families.</p>	<p>Ask your child his birthday, telephone number, and first and last name. Practice what he would do if he got separated from you at the store.</p>	<p>Play games with your child. Board games or card games that have three or more rules are great. Go Fish, Checkers, or Candy Land are examples.</p>
<p>Have a special time for reading each day. Snuggle up and get close. Before bedtime is a great time to read together.</p>	<p>Using hand-drawn pictures or pictures cut out from a magazine, talk about real dangers (fire, guns, cars) and make-believe dangers (monsters under the bed, the dark).</p>	<p>Build a store, house, puppet stage, or fire truck out of old boxes. Your child can invite a friend over to play store or house, have a puppet show, or be firefighters.</p>	<p>Encourage your child to talk about the different rules at home and at school. Talk about why we have rules.</p>

\*Be sure to review safety guidelines with your health care provider at each new age level.

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# About the ASQ:SE



The *Ages & Stages Questionnaires®: Social-Emotional* (ASQ:SE) are meant to be used in conjunction with a general developmental tool (like ASQ-3) that assesses cognitive, communicative, and motor development. ASQ:SE helps to identify the need for further social and emotional behavioral assessment in children from 3 months to 5½ years old at eight age intervals: 6, 12, 18, 24, 30, 36, 48, and 60 months. These eight ASQ:SE questionnaires each address seven behavioral areas: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. Like the ASQ-3, the ASQ:SE system is designed to be completed by the parents or caregivers of young children rather than by trained professionals. (For more information about the development and developers of the ASQ:SE system, see *The ASQ:SE User's Guide*.)

## THE ASQ:SE USER'S GUIDE

*The ASQ:SE User's Guide* is a companion to these questionnaires and contains necessary information for using the entire ASQ:SE monitoring system. Procedures for planning a monitoring program, using and scoring the questionnaires, making referrals, and evaluating the monitoring program throughout implementation are included in the *User's Guide*. A number of useful sample letters and forms are also provided—in both English and Spanish—in the *User's Guide*. In addition, the *User's Guide* includes information about other ASQ products, a description of typical stages of social and emotional development, suggested intervention activities for distribution to families, and case studies, as well as a compilation of the data and analyses conducted on the questionnaires. In particular, validity, sensitivity, specificity, and overreferral and underreferral rates are addressed.

## THE QUESTIONNAIRES

The *Ages & Stages Questionnaires: Social-Emotional*, which are also available in Spanish, are color coded for easy reference. They are intended to be photocopied or printed from hardcopy or PDF in the course of service provision to families. (Please see Photocopying Release on pp. 10–11 of the

Product Overview in this box for detailed information about permitted uses of the ASQ:SE.) The questionnaires can be mailed to parents and completed by them in the home environment; completed with the assistance of a nurse, social worker, or other professional on a home visit or during a telephone interview; completed by parents at a medical clinic prior to a well-child check-up; or completed by a child's regular caregiver at a child care center. When a program or center has an online subscription (see [www.agesandstages.com](http://www.agesandstages.com) for details), professionals can also offer parents the option to complete the questionnaires electronically through the ASQ Family Access website at home, wherever they access the Internet, or online at the center or office's computer.

Each questionnaire in this box has a cover sheet with an area containing a shaded drawing of a parent and child. A program logo or agency contact information may be placed in this shaded area so that it will appear on all duplicated questionnaires. If the questionnaires are to be used in mail-back format, the address of the program should be typed or stamped on the mail-out and mail-back sheet, which is also included in this box, for easy return by parents.

Each questionnaire contains 22–36 questions addressing seven behavioral areas: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. To promote readability and parental identification with the forms, questionnaire items are worded with alternating male and female pronouns.

Anyone who spends time with a child on a regular basis, such as parents, caregivers, foster parents, grandparents, aunts, and uncles, is qualified to answer the questionnaire items. If parents or caregivers are not sure whether a child exhibits a particular behavior described in a questionnaire item, professionals should not advise or lead parents but instead should encourage them to use their judgment.

Because a screening tool is brief, mistakes will occur; children who do not have difficulties may be referred for further assessment, and children with difficulties may not be identified as needing further assessment. Thus, results from the ASQ:SE will not identify which children have difficulties and which ones do not. Rather, the results will suggest which children *should* be referred for further evaluation and which ones appear to be developing typically. Because the *Ages & Stages Questionnaires: Social-Emotional* involve parents as screeners of their young child's development, completing the questionnaires may enhance parents' knowledge of their child's developmental status while involving them in the assessment process. In addition, serial or sequential monitoring has been shown to be more effective than one-time screening. Therefore, having parents complete the ASQ:SE questionnaires at regular intervals as their child develops may prove to be more effective and cost efficient than one-time screening programs conducted by professionals.

No one questionnaire or screening tool will be culturally appropriate for all children and families. Modifications may need to be made, such as translating certain phrases into a family's native language or seeking advice from a mental health professional who is familiar with the cultural "norm."

If parents cannot read English or Spanish at a fifth- to sixth-grade level, someone can read the items aloud and help parents who may not answer the questionnaire. There are, however, some parents who may not answer questionnaires accurately. Parents with limited cognitive abilities and those abusing alcohol or drugs are examples of parents who may have difficulty. Other professionally administered screening tools, such as those that are listed in *The ASQ:SE User's Guide*, may be more appropriate for children in these families.

## SCORING PROCEDURES

The ASQ:SE Information Summary is designed to be completed by professionals and maintained by programs as a record of the child's performance on a questionnaire. A cutoff score appears on each ASQ:SE Information Summary that can easily be compared with the child's performance at that age interval to determine whether the child should be referred for further evaluation. Factors to consider when making referral decisions, such as the child's current health status and family/cultural factors such as stressful events, are also included.

The questionnaires are scored by converting each response—*most of the time*, *sometimes*, and *rarely or never*—to a numerical value. The letters *Z*, *V*, and *X* appear next to each check box on the questionnaires. The numerical values 0, 5, and 10 correspond to *Z*, *V*, and *X*, respectively. Also, each time that parents mark that an item is an area of concern, 5 points are added to the child's score. To score the questionnaires, the numerical equivalents for each answer are added together to determine a total, which is compared with the empirically derived cutoff point for the questionnaire. If a child's total score is higher than the cutoff point, the child should be referred for further evaluation. Again, more explanation of how to score the questionnaires and how to determine when to refer a child for further evaluation can be found in *The ASQ:SE User's Guide*.

## A MESSAGE FROM THE AUTHORS

The *Ages & Stages Questionnaires: Social-Emotional* were designed to encourage screening of large numbers of children in an economical and efficient way. Our goal is to assist you in establishing a system that can identify children in need of intervention services in a timely and cost-effective manner. The ASQ:SE system works with ASQ-3 to provide a more complete assessment of a child's development. The first edition of the Ages & Stages Questionnaires was published in 1995; a second edition was published in 1999; and the latest edition was released in 2009. We have valued the input and enthusiastic feedback we have received from the hundreds of personnel who are using the first, second, and third edition ASQ questionnaires in screening, monitoring, and home visiting programs. The ASQ:SE contains eight questionnaires to be used at intervals at 6, 12, 18, 24, 30, 36, 48, and 60 months. This tool should assist parents, caregivers, and early intervention and early childhood personnel to

identify children who may be at risk for developing social or emotional difficulties. We hope that you will find these materials of use and that, ultimately, the social and emotional developmental outcomes of young children and families will be improved.

## **THE ASQ PRODUCT FAMILY**

In addition to the ASQ:SE questionnaires you have purchased, the ASQ system includes a general developmental screener and a range of materials and components designed to support successful screening. (Ordering information for ASQ products is provided on the order form included in the ASQ:SE box as well as at [www.agesandstages.com](http://www.agesandstages.com) and [www.brookespublishing.com](http://www.brookespublishing.com).) Users may also visit [www.agesandstages.com](http://www.agesandstages.com) to find current information about the entire ASQ product family, including news and updates, answers to frequently asked questions, basic training, and other features designed to support use.

### **ASQ-3**

*Ages & Stages Questionnaires®*, Third Edition (ASQ-3™), is designed to screen young children for developmental delays—this is, to identify those children who are in need of further evaluation and those who appear to be developing typically. The ASQ-3 has 21 questionnaires to use to assess with the screening and monitoring of children with possible developmental delays from 1 month to 5½ years of age. Each ASQ-3 questionnaire addresses five developmental areas: communication, gross motor, fine motor, problem solving, and personal-social.

### **ASQ Online Management System**

The ASQ system's online data management options enable cost-effective and secure recording, scoring, reporting, and tracking for your screening and monitoring program. Two subscription options—ASQ Pro for single-site programs and ASQ Enterprise for multisite programs—offer users automated scoring to improve data accuracy, communication features that help manage mailings, intervention activities for parents to do with their children to encourage development, and key child and program-level reports. For additional information or to subscribe, please visit [www.agesandstages.com](http://www.agesandstages.com), or contact Brookes Publishing at [custserv@brookespublishing.com](mailto:custserv@brookespublishing.com) or 1-800-638-3775.

### **ASQ Online Questionnaire Completion System**

ASQ Family Access enables parents and caregivers to complete ASQ:SE and ASQ-3 questionnaires online, which offers economies in administration for programs. Subscribers are given access to a secure web site customizable with their program logo and contact and resource information.

Parents log in, and the easy-to-use application selects the appropriate questionnaire, guides parents through questionnaire items, and encourages their full completion.

ASQ Family Access integrates with ASQ Pro and ASQ Enterprise for scoring and data management. Because ASQ Family Access makes the questionnaires easy to complete, parents are likely to complete them promptly and accurately, resulting in earlier, more reliable identification of children with delays through the program's preferred screening and monitoring structure. For additional information or to subscribe, please visit [www.agesandstages.com](http://www.agesandstages.com), or contact Brookes Publishing at [custserv@brookespublishing.com](mailto:custserv@brookespublishing.com) or 1-800-638-3775.

### **Training Support**

The ASQ system includes three DVDs appropriate to support training of program staff. For ASQ:SE users, *ASQ:SE in Practice* gives an inside look at a home visitor using the social-emotional screener with the family of a 4-year-old boy. *The Ages & Stages Questionnaires® on a Home Visit* shows how to use the questionnaires in the home environment with families. *ASQ-3™ Scoring & Referral* explains how to score and interpret ASQ-3 questionnaire results. The [www.agesandstages.com](http://www.agesandstages.com) web site will provide information about additional training materials for administrators and program staff as these materials are developed.

### **ASQ Seminars Through Brookes On Location**

Brookes Publishing's professional development program, Brookes On Location, offers customized training and regularly hosts an ASQ:SE and ASQ-3 Introductory Seminar and an ASQ:SE and ASQ-3 Training of Trainers. To learn more about these seminars, please see [www.brookesonlocation.com](http://www.brookesonlocation.com).

# About the Authors



The ASQ:SE system, including the *Ages & Stages Questionnaires®: Social-Emotional* (English and Spanish), *The ASQ:SE User's Guide*, and *ASQ:SE in Practice*, was developed by the following authors:

**Jane Squires, Ph.D.**, Professor and Director, Early Intervention Program, Center on Human Development/University Center for Excellence in Developmental Disabilities and the Early Intervention Program, University of Oregon, Eugene, Oregon 97403

Dr. Squires is a professor of special education, focusing on the field of early intervention/early childhood special education. She has directed several research studies on the *Ages & Stages Questionnaires®* and *Ages & Stages Questionnaires®: Social-Emotional* and has also directed national outreach training activities related to developmental screening and the involvement of parents in the monitoring of their child's development. She has investigated early identification of social-emotional disabilities in preschool children and a linked systems approach to improving social-emotional competence in young children. In addition, Dr. Squires directs a master's and doctoral level personnel preparation program and teaches graduate classes on early intervention/special education.

**Diane Bricker, Ph.D.**, Professor Emerita and Former Director, Early Intervention Program, Center on Human Development, University of Oregon, Eugene

Dr. Bricker served as the director of the Early Intervention Program at the Center on Human Development, University of Oregon, from 1978 to 2004. She was a professor of special education, focusing on the fields of early intervention and communication. Dr. Bricker has been a primary author of the *Ages & Stages Questionnaires®* and directed research activities on the ASQ system starting in 1980. She has published extensively on assessment/evaluation and personnel preparation in early intervention.



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## About the Authors

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**Elizabeth Twombly, M.S.**, Senior Research Assistant, Early Intervention Program, Center on Human Development, University of Oregon, Eugene

Ms. Twombly is a senior research assistant at the Early Intervention Program, Center on Human Development, University of Oregon. For the past 20 years, she has been involved in ongoing research studies on the *Ages & Stages Questionnaires*<sup>®</sup> (ASQ) (including renorming for the third edition of ASQ) and the *Ages & Stages*<sup>®</sup>: *Social-Emotional* (ASQ:SE). Ms. Twombly has provided training and technical assistance nationally, and in other countries, on the use of ASQ and ASQ:SE in social service, educational, health, and medical settings. Her areas of interest and research include the involvement of parents in early childhood and early intervention systems, cultural considerations in assessment and intervention, infant mental health, and systems of care for substance-exposed newborns.

**Suzanne Yockelson, Ph.D.**, Research Associate, Early Intervention Program, Center on Human Development; and Program Coordinator, Educational Studies: Educational Foundations, and Instructor, Teacher Education Program, College of Education, University of Oregon, Eugene, Oregon 97403

Dr. Yockelson earned her doctorate at the University of Oregon in 1999. She consults with various state programs on using the *Ages & Stages Questionnaires*<sup>®</sup> for developmental screening of infants and young children. She teaches courses on child development, research, and curriculum at the University of Oregon's College of Education. Dr. Yockelson's research interests include the social and emotional development of infants and young children and parent education.

**Maura Schoen Davis, Ph.D.**, Private Consultant, Early Intervention, Asheville, North Carolina

Dr. Davis earned her doctorate from the University of Oregon, where she investigated the concurrent validity of the *Ages & Stages Questionnaires*<sup>®</sup>: *Social-Emotional*. She is conducting training in evaluation and management as well as consulting in early intervention and early childhood special education.

**Younghee Kim, Ph.D.**, Associate Professor, Master of Arts in Teaching Program, Education Department, Southern Oregon University, 1250 Siskiyou Boulevard, Ashland, Oregon, 97520

Dr. Kim works with Early Childhood and Elementary Education Master of Arts in Teaching Program students at Southern Oregon University. She graduated from Sogang University in Seoul, Korea, in 1985. She received

## About the Authors

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her master's degree in 1992 and her doctorate in 1996 from the University of Oregon in the area of early intervention/early childhood special education. Her special research interests include alternative assessment for young children with special needs, parent involvement in early intervention, and young children with emotional and social challenges, as well as multicultural education for children with diverse backgrounds. She lives with her husband and two young, bilingual children in Ashland, Oregon.

# ASQ Training



Brookes On Location (BOL) is a program that connects you with the experts behind Brookes books and products for seminars tailored to your organization's specific needs. Brookes offers you an outline of the seminar, and you determine the venue for the seminar and the professional development priorities for the participants.

After you contact BOL about arranging a seminar, Brookes shares your request with the speaker and makes recommendations that will help you meet the needs of your staff. BOL then coordinates with the speaker's schedule to find a date that works for both of you. Seminars range from half-day to a whole week, depending on the subjects and the needs of your staff. The speaker fee varies depending on the seminar subject and length and the number of participants. The total cost will include the speaker fee, the agent fee, and the speaker's travel expenses; selected seminars also have a book or materials requirement.

*Using ASQ:SE to Assess Young Children for Social-Emotional Difficulties* is a seminar developed around the content of ASQ:SE and the speaker's experiences in the field. Focusing on the themes and topics most important to you, the speaker will show your staff how to maximize their use of ASQ:SE. The seminar addresses the ins and outs of using ASQ:SE, from administering the questionnaires, tracking results, and scoring the questionnaires, to communicating results to families and considering the options for following up after questionnaires have been scored.

Supplemented with case studies, video clips, role-plays, and hands-on activities, the speaker's instruction gives participants experience using ASQ:SE before going out into the field to work with families. This seminar may be combined with instruction in ASQ-3™ so that participants will be prepared to screen young children for developmental delays as well. "Training of trainers" sessions are available for participants interested in instructing colleagues and staff in the use of ASQ:SE.

## ASQ Training

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To schedule a seminar, email [seminars@brookespublishing.com](mailto:seminars@brookespublishing.com).

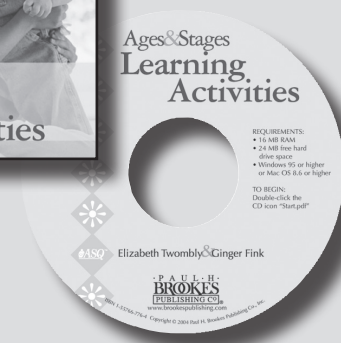
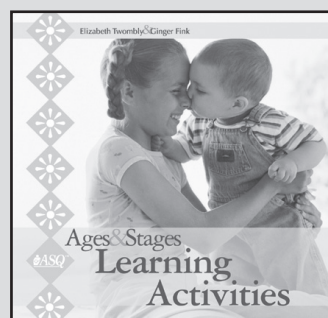
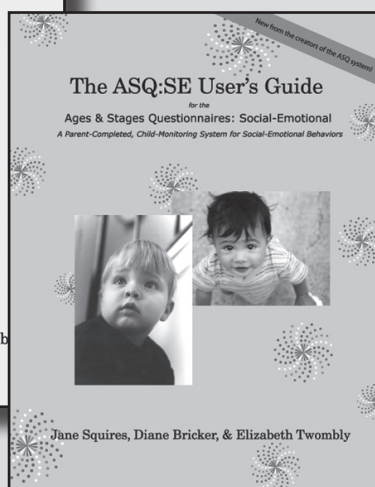
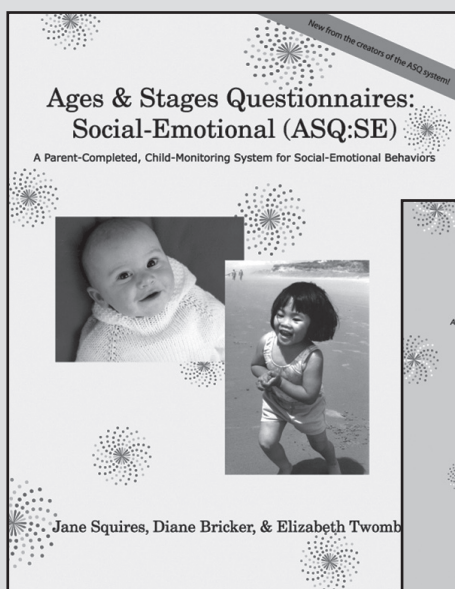
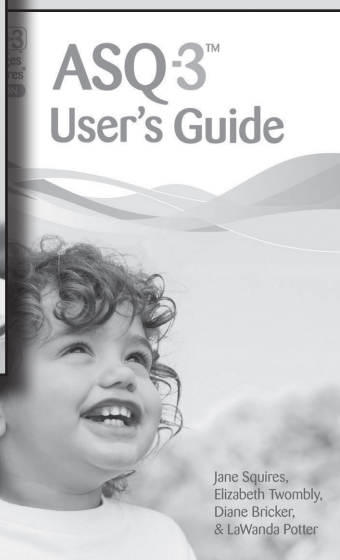
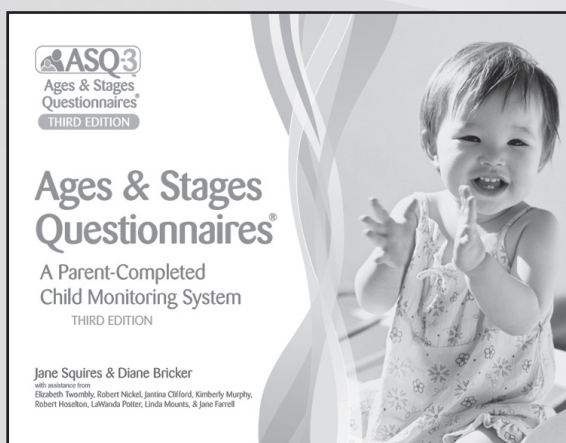
BOL also offers hosted seminars on ASQ:SE and ASQ-3 so that your staff can travel to a location and not only attend introductory and “training of trainers” seminars but also network with and learn from other ASQ:SE users from around the world.

To supplement your staff’s education on ASQ:SE, the training video, *ASQ:SE in Practice*, is available for a fast, engaging introduction to ASQ:SE screening. The DVD gives a overview of emotional and social development and provides viewers with an inside look at the screening system in practice as they watch a home visitor using ASQ:SE with the family of a 4-year-old boy.

See [www.agesandstages.com](http://www.agesandstages.com) for training and professional development.

# ASQ Ordering Guide

Questionnaires, Online System, Training DVDs, and more



## ■ **Ages & Stages Questionnaires®, Third Edition (ASQ-3™)**

*A Parent-Completed Child Monitoring System*

Now enhanced and updated based on extensive user feedback and an unparalleled research sample of more than 15,000 children, ASQ-3™ is the best, most reliable way to identify children from birth to 5 years with developmental delays. The Starter Kit contains everything you need to start screening children with ASQ-3™: 21 paper masters of the questionnaires and scoring sheets, a CD-ROM with printable PDF questionnaires, the ASQ-3™ User's Guide in English, and a FREE ASQ-3™ Quick Start Guide.

### **Starter Kit with English Questionnaires**

US\$275.00 • Stock Number: BA-70410  
2009 • ISBN 978-1-59857-041-0

### **Starter Kit with Spanish Questionnaires**

US\$275.00 • Stock Number: BA-70427  
2009 • ISBN 978-1-59857-042-7

## **Also Sold Separately**

### **ASQ-3™ Questionnaires**

*Masters of the 21 photocopiable questionnaires and scoring sheets, plus a CD-ROM with printable PDFs, in a handy box.*

**English**—US\$225.00 • Stock Number: BA-70021 • 2009 • ISBN 978-1-59857-002-1

**Spanish**—US\$225.00 • Stock Number: BA-70038 • 2009 • ISBN 978-1-59857-003-8 (*Comes with 1 Spanish Quick Start Guide*)

### **ASQ-3™ User's Guide**

*Absolutely essential to using ASQ-3™, this revised and redesigned guide provides step-by-step guidance on administering and scoring the questionnaires, setting up a screening system, working with families effectively, and using ASQ-3™ across a wide range of settings.*

US\$50.00 • Stock Number: BA-70045

2009 • 256 pages • 8.5 x 11 • paperback • ISBN 978-1-59857-004-5

### **ASQ-3™ Quick Start Guide**

*Perfect for busy professionals on the go, this lightweight laminated guide to ASQ-3™ keeps administration and scoring basics close at hand. Sold in packages of 5 so everyone in your program can have a copy.*

US\$24.95 • set of 5, 4 pages each • 8.5 x 11 • gatefold

**English**—Stock Number: BA-70052 • 2009 • ISBN 978-1-59857-005-2

**Spanish**—Stock Number: BA-71974 • 2011 • ISBN 978-1-59857-197-4

### **The Ages & Stages Questionnaires® on a Home Visit (Training DVD)**

*Get a rare inside look at ASQ as a home visitor guides a family with three children through the items on a questionnaire.*

US\$49.95 • Stock Number: BA-69711 • 1995 • 20 minutes • ISBN 978-1-55766-971-1

### **ASQ-3™ Scoring & Referral (Training DVD)**

*Through footage of ASQ-3™ tasks and close-ups of sample questions and scores, learn how to score the questionnaires accurately and decide if a referral for further assessment is needed.*

US\$49.95 • Stock Number: BA-70250 • 2004, 2009 • 16 minutes • ISBN 978-1-59857-025-0

## ■ **ASQ Pro**

*Ideal for single-site programs, this online management option is your key to managing all your ASQ-3™ and ASQ:SE data and ensuring the most accurate results. ASQ Pro gives you automated scoring of questionnaires, easy questionnaire selection, customizable letters to parents, individual child and program reports, and much more. To use ASQ Pro, each site must own print versions of the ASQ-3™ and/or ASQ:SE questionnaires that will be managed in the system.*

US\$149.95 for annual subscription, plus quarterly billing based on screening volume. For cost per screen, see [www.agesandstages.com](http://www.agesandstages.com)  
Stock Number: BA-70380 • ISBN 978-1-59857-038-0

## ■ **ASQ Enterprise**

*Developed to meet the needs of multisite programs, ASQ Enterprise gives you all the data management features of ASQ Pro plus advanced rights management and aggregate reporting. To use ASQ Enterprise, each site must own print versions of the ASQ-3™ and/or ASQ:SE questionnaires that will be managed in the system.*

US\$499.95 for annual subscription, plus quarterly billing based on screening volume. For cost per screen, see [www.agesandstages.com](http://www.agesandstages.com)  
Stock Number: BA-70397 • ISBN 978-1-59857-039-7

## ■ **ASQ Family Access**

*Online questionnaires for parents! Save time and postage with a secure, customizable web site where parents complete ASQ-3™ and ASQ:SE questionnaires and you access the results electronically. Available for purchase when you buy ASQ Pro or Enterprise.*

US\$349.95 for annual subscription

Stock Number: BA-70403 • ISBN 978-1-59857-040-3

Learn more at [www.agesandstages.com](http://www.agesandstages.com)

## ■ **Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE)**

*A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors*

Field-tested with thousands of families, ASQ:SE accurately identifies children 3–66 months of age who are at risk for social and emotional difficulties and helps professionals determine when children need further assessment. ASQ:SE provides a complete picture of a child's social-emotional development by screening seven key behavioral areas: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people. **And now the ASQ:SE box includes the questionnaires on CD-ROM and paper**, so there's no need to choose between formats!

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