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**

ASQ:SE™

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.

ASQ:SE™

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(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: _____

ASQ:SE™

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 seem too friendly with strangers?	❑ x	❑ v	❑ z	❍
3. Does your child laugh or smile when you play with her?	❑ z	❑ v	❑ x	❍
4. Is your child's body relaxed?	❑ z	❑ v	❑ x	❍
5. When you leave, does your child remain upset and cry for more than an hour? 	❑ x	❑ v	❑ z	❍
6. Does your child greet or say hello to familiar adults?	❑ z	❑ v	❑ x	❍
7. Does your child like to be hugged or cuddled?	❑ z	❑ v	❑ x	❍
8. When upset, can your child calm down within 15 minutes?	❑ z	❑ v	❑ x	❍
9. Does your child stiffen and arch his back when picked up?	❑ x	❑ v	❑ z	❍

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?	❑ z	❑ v	❑ x	❍
11. Does your child cry, scream, or have tantrums for long periods of time?	❑ x	❑ v	❑ z	❍
12. Do you and your child enjoy mealtimes together?	❑ z	❑ v	❑ x	❍
13. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____ ? (You may write in another problem.)	❑ x	❑ v	❑ z	❍
14. Does your child sleep at least 10 hours in a 24-hour period?	❑ z	❑ v	❑ x	❍
15. When you point at something, does your child look in the direction you are pointing?	❑ z	❑ v	❑ x	❍
16. Does your child have trouble falling asleep at naptime or at night?	❑ x	❑ v	❑ z	❍
17. Does your child get constipated or have diarrhea?	❑ x	❑ v	❑ z	❍
18. Does your child follow simple directions? For example, does he sit down when asked?	❑ z	❑ v	❑ x	❍

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?	❑ z	❑ v	❑ x	❍
20. Does your child check to make sure you are near when exploring new places, such as a park or a friend's home?	❑ z	❑ v	❑ x	❍
21. Does your child do things over and over and can't seem to stop? Examples are rocking, hand flapping, spinning, or _____ . (You may write in something else.)	❑ x	❑ v	❑ z	❍
22. Does your child like to hear stories or sing songs? 	❑ z	❑ v	❑ x	❍
23. Does your child hurt himself on purpose?	❑ x	❑ v	❑ z	❍
24. Does your child like to be around other children? 	❑ z	❑ v	❑ x	❍
25. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?	❑ x	❑ v	❑ z	❍

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	❍

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

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

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

TOTAL POINTS ON PAGE ___