



# 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)

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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 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<br>OF THE<br>TIME     | SOMETIMES                  | RARELY<br>OR<br>NEVER      | CHECK IF<br>THIS IS A<br>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 _____?<br>(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<br>OF THE<br>TIME     | SOMETIMES                  | RARELY<br>OR<br>NEVER      | CHECK IF<br>THIS IS A<br>CONCERN |
|--|----------------------------|----------------------------|----------------------------|----------------------------------|
| 21. Does your child follow routine directions?<br>For example, does she come to the table or<br>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<br>near when exploring new places, such as a<br>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<br>next with little difficulty, such as from playtime<br>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<br>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<br>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<br>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,<br>adults, or animals (for example, by kicking<br>or biting)?                      | <input type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/>            |



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

|   | MOST<br>OF THE<br>TIME                | SOMETIMES                  | RARELY<br>OR<br>NEVER      | CHECK IF<br>THIS IS A<br>CONCERN |
|---|---------------------------------------|----------------------------|----------------------------|----------------------------------|
| 29. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain: | <input checked="" type="checkbox"/> x | <input type="checkbox"/> v | <input type="checkbox"/> z | <input type="radio"/>            |
| <hr/> <hr/> <hr/> <hr/>   |                                       |                            |                            |                                  |
| 30. Do you have concerns about your child's eating and sleeping behaviors or about her toilet training? If so, please explain:    | <hr/> <hr/> <hr/> <hr/>               |                            |                            |                                  |
| 31. Is there anything that worries you about your child? If so, please explain:   | <hr/> <hr/> <hr/> <hr/>               |                            |                            |                                  |
| 32. What things do you enjoy most about your child?   | <hr/> <hr/> <hr/> <hr/>               |                            |                            |                                  |

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