

Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
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ASQ:SE™



12 Month/1 Year Questionnaire

(For children ages 9 through 14 months)

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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™

12 Month/1 Year ASQ:SE Questionnaire

(For children ages 9 through 14 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: _____



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

SOMETIMES

RARELY
OR
NEVER

CHECK IF
THIS IS A
CONCERN

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"/>

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

TOTAL POINTS ON PAGE _____				

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

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

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: _____

Telephone: _____

City: _____ State: _____ ZIP: _____

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 40 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 40–42 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 45–50 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?)