36 Month Questionnaire
33 months 0 days through 41 months 30 days

Child’s information

Child’s first name: ___________________________ Child’s middle initial: __________ Child’s last name: ___________________________

Child’s date of birth: ___________________________

Child’s gender:  
☐ Male  ☐ Female

Person filling out questionnaire

First name: ___________________________ Middle initial: __________ Last name: ___________________________

Street address: ___________________________

City: ___________________________ State/province: ___________________________ ZIP/postal code: ___________________________

Country: ___________________________ Home telephone number: ___________________________

Other telephone number: ___________________________

E-mail address: ___________________________

Relationship to child:  
☐ Parent  ☐ Guardian  ☐ Teacher  ☐ Child care provider  ☐ Foster parent  ☐ Grandparent/other relative  ☐ Other: ___________________________

People assisting in questionnaire completion: ___________________________

Program information (For program use only.)

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

Program ID #: ___________________________

Program name: ___________________________
### 36 Month Questionnaire 33 months 0 days through 41 months 30 days

Questions about behaviors children may have are listed on the following pages. Please read each question carefully and check the box ☑️ that best describes your child’s behavior. Also, check the circle ☰ if the behavior is a concern.

**Important Points to Remember:**
- Answer questions based on what you know about your child’s behavior.
- Answer questions based on your child’s usual behavior, not behavior when your child is sick, very tired, or hungry.
- Caregivers who know the child well and spend more than 15–20 hours per week with the child should complete ASQ:SE-2.
- Please return this questionnaire by: __________________
- If you have any questions or concerns about your child or about this questionnaire, contact: __________________
- Thank you and please look forward to filling out another ASQ:SE-2 in ________ months.

---

<table>
<thead>
<tr>
<th>Question</th>
<th>OFTEN OR ALWAYS</th>
<th>SOMETIMES</th>
<th>RARELY OR NEVER</th>
<th>CHECK IF THIS IS A CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your child look at you when you talk to her?</td>
<td>☑️</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does your child like to be hugged or cuddled?</td>
<td>☑️</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does your child talk or play with adults he knows well?</td>
<td>☑️</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does your child cling to you more than you expect?</td>
<td>☐</td>
<td>☒</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. When upset, can your child calm down within 15 minutes?</td>
<td>☑️</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does your child seem too friendly with strangers?</td>
<td>☐</td>
<td>☒</td>
<td>☑️</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does your child settle herself down after exciting activities?</td>
<td>☑️</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**TOTAL POINTS ON PAGE __________**
### 36 Month Questionnaire

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

<table>
<thead>
<tr>
<th></th>
<th>OFTEN OR ALWAYS</th>
<th>SOME-TIMES</th>
<th>RARELY OR NEVER</th>
<th>CHECK IF THIS IS A CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Does your child move from one activity to the next with little difficulty (for example, from playtime to mealtime)?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
<tr>
<td>9. Does your child seem happy?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
<tr>
<td>10. Is your child interested in things around him, such as people, toys, and foods?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
<tr>
<td>11. Does your child do what you ask her to do?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
<tr>
<td>12. Does your child seem more active than other children his age?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
<tr>
<td>13. Does your child stay with activities she enjoys for at least 5 minutes (other than watching shows or videos, or playing with electronics)?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
<tr>
<td>14. Do you and your child enjoy mealtimes together?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
<tr>
<td>15. Does your child have eating problems? For example, does he stuff food, vomit, eat things that are not food, or ________? (Please describe.)</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
<tr>
<td>16. Does your child sleep at least 8 hours in a 24-hour period?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
<tr>
<td>17. Does your child use words to tell you what she wants or needs?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐ v</td>
</tr>
</tbody>
</table>

**TOTAL POINTS ON PAGE □**
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Does your child follow routine directions? For example, does he come to the table or help clean up his toys when asked?</td>
<td>Often or Always</td>
<td>Sometimes</td>
<td>Rarely or Never</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>19. Does your child cry, scream, or have tantrums for long periods of time?</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>20. Does your child check to make sure you are near when exploring new places, such as a park or a friend’s home?</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
</tr>
<tr>
<td>21. Does your child do things over and over and get upset when you try to stop her? For example, does she rock, flap her hands, spin, or ______? (Please describe.)</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Does your child hurt himself on purpose?</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>23. Does your child stay away from dangerous things, such as fire and moving cars?</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>24. Does your child destroy or damage things on purpose?</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>25. Does your child use words to describe her feelings and the feelings of others? For example, does she say, “I’m happy,” “I don’t like that,” or “She’s sad”?</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>26. Can your child name a friend?</td>
<td>☑</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

TOTAL POINTS ON PAGE
27. Do other children like to play with your child?  
☐ Often or always  ☐ Sometimes  ☐ Rarely or never  ◯ Check if this is a concern

28. Does your child like to play with other children?  
☐ Often or always  ☐ Sometimes  ☐ Rarely or never  ◯ Check if this is a concern

29. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?  
☐ Often or always  ☐ Sometimes  ☐ Rarely or never  ◯ Check if this is a concern

30. Does your child show an unusual interest in or knowledge of sexual language and activity?  
☐ Often or always  ☐ Sometimes  ☐ Rarely or never  ◯ Check if this is a concern

31. Does your child try to show you things by pointing at them and looking back at you?  
☐ Often or always  ☐ Sometimes  ☐ Rarely or never  ◯ Check if this is a concern

32. Does your child pretend objects are something else? For example, does he pretend a banana is a phone?  
☐ Often or always  ☐ Sometimes  ☐ Rarely or never  ◯ Check if this is a concern

33. Does your child wake three or more times during the night?  
☐ Often or always  ☐ Sometimes  ☐ Rarely or never  ◯ Check if this is a concern

34. Is your child too worried or fearful? If “sometimes” or “often or always,” please describe:  
___________________________________________________________ 
___________________________________________________________ 
___________________________________________________________

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

TOTAL POINTS ON PAGE _______
36. Do you have concerns about your child’s eating, sleeping, or toileting habits? If yes, please explain:

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

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

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

38. What do you enjoy about your child?

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
36 Month Information Summary 33 months 0 days through 41 months 30 days

Child's name: ____________________________________________ Date ASQ:SE-2 completed: ________________________________
Child's ID #: ____________________________________________ Child's date of birth: ________________________________
Person who completed ASQ:SE-2: ___________________________ Child's age in months and days: ___________________________
Administering program/provider: ____________________________ Child's gender: ◯ Male ◯ Female

1. ASQ:SE-2 SCORING CHART:
• Score items (Z = 0, V = 5, X = 10, Concern = 5).
• Transfer the page totals and add them for the total score.
• Record the child's total score next to the cutoff.

<table>
<thead>
<tr>
<th>Cutoff</th>
<th>Total score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>105</td>
</tr>
</tbody>
</table>

2. ASQ:SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.

- The child's total score is in the area. It is below the cutoff. Social-emotional development appears to be on schedule.
- The child's total score is in the area. It is close to the cutoff. Review behaviors of concern and monitor.
- The child's total score is in the area. It is above the cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer parent/caregiver comments. YES responses require follow-up.

1–35. Any Concerns marked on scored items? YES no Comments:

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

37. Other worries? YES no Comments:


- Setting/time factors (e.g., Is the child's behavior the same at home as at school?)
- Developmental factors (e.g., Is the child's behavior related to a developmental stage or delay?)
- Health factors (e.g., Is the child's behavior related to health or biological factors?)
- Family/cultural factors (e.g., Is the child's behavior acceptable given the child's cultural or family context? Have there been any stressful events in the child's life recently?)
- Parent concerns (e.g., Did the parent/caregiver express any concerns about the child's behavior?)

5. FOLLOW-UP ACTION: Check all that apply.

- Provide activities and rescreen in ____ months.
- Share results with primary health care provider.
- Provide parent education materials.
- Provide information about available parenting classes or support groups.
- Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher):
- Administer developmental screening (e.g., ASQ-3).
- Refer to early intervention/early childhood special education.
- Refer for social-emotional, behavioral, or mental health evaluation.
- Follow up with items of concern.
- Other: ______________________________________________________________________________________