2 Month Questionnaire

1 month 0 days through 2 months 30 days

ASQ:SE-2™
Ages & Stages Questionnaires®
Social-Emotional
SECOND EDITION

Date ASQ:SE-2 completed: _____

Baby's information

Baby's first name: | Baby's middle initial: | Baby's last name:

Baby's date of birth: | If baby was born 3 or more weeks premature, please enter the number of weeks:

Baby'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 baby: ◯ Parent ◯ Guardian ◯ Teacher ◯ Other: _____
◯ Grandparent/ other relative ◯ Foster parent ◯ Child care provider

People assisting in questionnaire completion:

Program information

(For program use only.)

Baby's ID #: | Age at administration in months and days:

Program ID #: | If premature, adjusted age in months and days:

Program name:

P201020000

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2 Month Questionnaire *1 month 0 days through 2 months 30 days*

ASQ:SE-2™

Questions about behaviors babies may have are listed on the following pages. Please read each question carefully and check the box ☑ that best describes your baby'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 baby's behavior.
- ❑ Answer questions based on your baby's *usual* behavior, not behavior when your baby is sick, very tired, or hungry.
- ❑ Caregivers who know the baby well and spend more than 15–20 hours per week with the baby should complete ASQ:SE-2.
- ❑ Please return this questionnaire by: _____
- ❑ If you have any questions or concerns about your baby or about this questionnaire, contact: _____
- ❑ Thank you and please look forward to filling out another ASQ:SE-2 in _____ months.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. When upset, can your baby calm down within a half hour?	☐ z	☐ v	☐ x	◯ v	_____
2. Does your baby like to be picked up and held?	☐ z	☐ v	☐ x	◯ v	_____
3. Does your baby stiffen and arch her back when picked up?	☐ x	☐ v	☐ z	◯ v	_____
4. When you talk to your baby, does he look at you and seem to listen?	☐ z	☐ v	☐ x	◯ v	_____
5. Does your baby let you know when she is hungry, tired, or uncomfortable? For example, does she fuss or cry?	☐ z	☐ v	☐ x	◯ v	_____
6. When awake, does your baby seem to enjoy watching or listening to people? For example, does he turn his head to look at someone talking?	☐ z	☐ v	☐ x	◯ v	_____
7. Is your baby able to calm herself down (for example, by sucking her hand or pacifier)?	☐ z	☐ v	☐ x	◯ v	_____
8. Does your baby cry for long periods of time?	☐ x	☐ v	☐ z	◯ v	_____

TOTAL POINTS ON PAGE _____

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2 Month Questionnaire

ASQ:SE-2™

Check the box ☑ that best describes your child's behavior.
Also, check the circle ◯ if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
9. Is your baby's body relaxed?	☐ z	☐ v	☐ x	◯ v	_____
10. Does your baby have trouble sucking from a breast or bottle?	☐ x	☐ v	☐ z	◯ v	_____
11. Does it take longer than 30 minutes to feed your baby?	☐ x	☐ v	☐ z	◯ v	_____
12. Do you and your baby enjoy feeding times together?	☐ z	☐ v	☐ x	◯ v	_____
13. Does your baby have any eating problems, such as gagging, vomiting, or _____? (Please describe.) _____ _____	☐ x	☐ v	☐ z	◯ v	_____
14. During the day, does your baby stay awake for an hour or longer at one time?	☐ z	☐ v	☐ x	◯ v	_____
15. Does your baby sleep at least 10 hours in a 24-hour period?	☐ z	☐ v	☐ x	◯ v	_____
16. Has anyone shared concerns about your baby's behaviors? If "sometimes" or "often or always," please explain: _____ _____ _____	☐ x	☐ v	☐ z	◯ v	_____

TOTAL POINTS ON PAGE _____

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OVERALL Use the space below for additional comments.

17. Do you have concerns about your baby's eating or sleeping behaviors? If yes, please explain: ◯ YES ◯ NO

_____

_____

_____

18. Does anything about your baby worry you? If yes, please explain: ◯ YES ◯ NO

_____

_____

_____

19. What do you enjoy about your baby?

_____

_____

_____

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2 Month Information Summary *1 month 0 days through 2 months 30 days*

ASQ:SE-2™

Baby's name: _____ Date ASQ:SE-2 completed: _____

Baby's ID #: _____ Baby's date of birth: _____

Person who completed ASQ:SE-2: _____ Baby's age/adjusted age in months and days: _____

Administering program/provider: _____ Baby's gender: ◯ Male ◯ Female

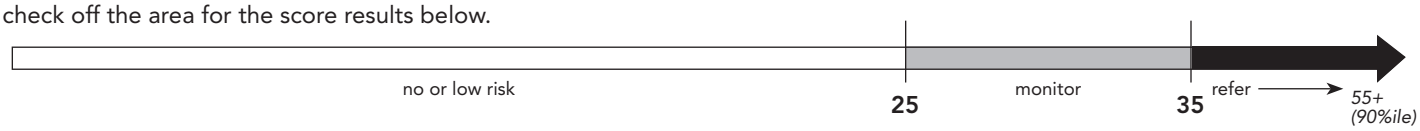
1. ASQ:SE-2 SCORING CHART:

- Score items (*Z* = 0, *V* = 5, *X* = 10, *Concern* = 5).
- Transfer the page totals and add them for the total score.
- Record the baby's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
Total score	

Cutoff	**Total score**
35	

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



____ The baby's total score is in the ▭ area. It is below the cutoff. Social-emotional development appears to be on schedule.

____ The baby's total score is in the ▭ area. It is close to the cutoff. Review behaviors of concern and monitor.

____ The baby'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.

1–16.	Any Concerns marked on scored items?	**YES**	no	Comments:
17.	Eating/sleeping concerns?	**YES**	no	Comments:
18.	Other worries?	**YES**	no	Comments:

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 98–103 in the *ASQ:SE-2 User's Guide.*

____ **Setting/time factors** (e.g., Is the baby's behavior the same at home as at school?)

____ **Developmental factors** (e.g., Is the baby's behavior related to a developmental stage or delay?)

____ **Health factors** (e.g., Is the baby's behavior related to health or biological factors?)

____ **Family/cultural factors** (e.g., Is the baby's behavior acceptable given the baby's cultural or family context? Have there been any stressful events in the baby's life recently?)

____ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the baby'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.

____ Other: _____

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