



 **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)

.....

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 child look at you when you talk to him?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

2. Does your child like to be hugged or cuddled?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

3. Does your child cling to you more than you expect?



<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

4. Does your child greet or say hello to familiar adults?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

5. Does your child seem happy?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

6. Does your child like to hear stories and sing songs?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

7. Does your child seem too friendly with strangers?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

8. Does your child seem more active than other children her age?



<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

9. Can your child settle himself down after periods of exciting activity?

<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

10. Does your child cry, scream, or have tantrums for long periods of time?

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

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.)

<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/>
----------------------------	----------------------------	----------------------------	-----------------------

TOTAL POINTS ON PAGE ____

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A 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 _____ ? (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 OF THE TIME RARELY OR NEVER CHECK IF THIS IS A CONCERN

21. Does your child follow routine directions?
For example, does she come to the table or help clean up her toys when asked?

z v x

22. 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

23. Can your child move from one activity to the next with little difficulty, such as from playtime to mealtime?

z v x

24. Does your child stay away from dangerous things, such as fire and moving cars?

z v x

25. Does your child destroy or damage things on purpose?



x v z

26. Does your child hurt himself on purpose?

x v z

27. Does your child play alongside other children?



z v x

28. 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
------------------------	-----------	-----------------------	----------------------------------

29. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:

x v z

30. Do you have concerns about your child's eating and sleeping behaviors or about her toilet training? If so, please explain:

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

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

TOTAL POINTS ON PAGE ____

30 Month 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 39 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 39, 41, and 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	= _____
Total points on page 6	= _____

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
30 months	57	

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 44–46 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?)
- 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?)