



48 Month Questionnaire

(For children ages 42 through 53 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.

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48 Month/4 Year ASQ:SE Questionnaire

(For children ages 42 through 53 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

OFTEN
OR
ALWAYS

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 cling to you more than you expect?



X

V

Z

3. Does your child talk and/or play with adults she knows well?

Z

V

X

4. When upset, can your child calm down within 15 minutes?

Z

V

X

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



Z

V

X

6. Does your child seem too friendly with strangers?

X

V

Z

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

Z

V

X

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

X

V

Z

TOTAL POINTS ON PAGE ____

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CONCERN

9. Is your child interested in things around her, such as people, toys, and foods?

 Z

 V

 X

10. Does your child stay dry during the day?

 Z

 V

 X

11. Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _____? (You may write in another problem.)

 X

 V

 Z

12. Do you and your child enjoy mealtimes together?

 Z

 V

 X

13. Does your child do what you ask her to do?

 Z

 V

 X

14. Does your child seem happy?

 Z

 V

 X

15. Does your child sleep at least 8 hours in a 24-hour period?

 Z

 V

 X

TOTAL POINTS ON PAGE ____

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16. Does your child seem more active than other children his age?

X

V

Z

17. Does your child use words to tell you what she wants or needs?

Z

V

X

18. Can your child stay with activities he enjoys for at least 10 minutes (not including watching television)?

Z

V

X

19. Does your child use words to describe her feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?

Z

V

X

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

Z

V

X

21. Does your child explore new places, such as a park or a friend's home?

Z

V

X

TOTAL POINTS ON PAGE ____

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22. Does your child do things over and over and get upset when you try to stop her? Examples are rocking, hand flapping, spinning, or _____.
(You may write in something else.)

X

V

Z

23. Does your child hurt himself on purpose?

X

V

Z

24. Does your child follow rules (at home, at child care)?

Z

V

X

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



X

V

Z

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

Z

V

X

27. Can your child name a friend?

Z

V

X

28. Does your child show concern for other people's feelings? For example, does she look sad when someone is hurt?



Z

V

X

TOTAL POINTS ON PAGE ____

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CONCERN

29. Do other children like to play with your child?

 Z

 V

 X

30. Does your child like to play with other children?


 Z

 V

 X

31. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)?

 X

 V

 Z

32. Does your child show an unusual interest or knowledge of sexual language and activity?

 X

 V

 Z

33. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "often," please explain:

 X

 V

 Z

A. Does your child wake 3 or more times during the night?

B. Is your child too worried or fearful? If you checked "sometimes" or "often" please explain:

C. Does your child have simple conversations with you? An example of a back and forth conversation might be:

Parent: "It's raining!"
 Child: "And cold outside."
 Parent: "Let's get your coat."
 Child: "I got it!"

TOTAL POINTS ON PAGE _____

34. Do you have concerns about your child's eating, sleeping, or toileting habits? If so, please explain:

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

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