ASQ·SE™

48 Month/4 Year Questionnaire

(For children ages 42 through 53 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.

ASQ·SE™

48 Month/4 Year ASQ:SE Questionnaire

(For children ages 42 through 53 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: _____

ASQ&SE™

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?	❑ 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	○
9. Is your child interested in things around her, such as people, toys, and foods?	❑ z	❑ v	❑ x	○

TOTAL POINTS ON PAGE ___

3

ASQ:SE   48 months/4 years

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
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	○
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	○

TOTAL POINTS ON PAGE ____

4

ASQ&SE   48 months/4 years

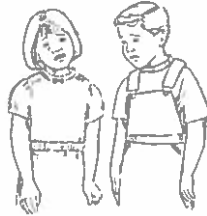|	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
19. Does your child use words to describe her feelings and the feelings of others, such as, "I'm happy," "I don't like that," or "She's sad"?	☐ z	☐ v	☐ x	◯
20. Can your child move from one activity to the next with little difficulty, 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	◯
22. 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.)	☐ 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	◯

TOTAL POINTS ON PAGE ___

ASQ:SE   48 months/4 years

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
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	○
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 interest or knowledge of adult sexual language and activity?	☐ x	☐ v	☐ z	○
33. Has anyone expressed concerns about your child's behaviors? If you checked "sometimes" or "most of the time," please explain:	☐ x	☐ v	☐ z	○

_____

_____

_____

_____

TOTAL POINTS ON PAGE ___

ASQ:SE   48 months/4 years

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?

_____
_____
_____
_____

ASQ:SE   48 months/4 years

48 Month/4 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	= _____
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
48 months/4 years	70	

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?, Have there been any stressful events in the child's life recently?)

   - 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?)