



30 Month Questionnaire

28 months 16 days
through 31 months 15 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.

Notes:

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask your child, "What is this?" does your child correctly <i>name</i> at least one picture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
2. Without your giving him clues by pointing or using gestures, can your child carry out at least <i>three</i> of these kinds of directions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<input type="radio"/> a. "Put the toy on the table." <input type="radio"/> d. "Find your coat." <input type="radio"/> b. "Close the door." <input type="radio"/> e. "Take my hand." <input type="radio"/> c. "Bring me a towel." <input type="radio"/> f. "Get your book."				
3. When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least <i>seven</i> body parts? (<i>She can point to parts of herself, you, or a doll. Mark "sometimes" if she correctly points to at least three different body parts.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
4. Does your child make sentences that are three or four words long? Please give an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
<div style="border: 1px solid black; border-radius: 15px; height: 50px; width: 100%;"></div>				
5. Without giving your child help by pointing or using gestures, ask him to "put the book <i>on</i> the table" and "put the shoe <i>under</i> the chair." Does your child carry out both of these directions correctly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
6. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, "barking," "running," "eating," or "crying")? You may ask, "What is the dog (or boy) doing?"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

COMMUNICATION TOTAL _____

GROSS MOTOR

YES SOMETIMES NOT YET

1. Does your child run fairly well, stopping herself without bumping into things or falling?



2. Does your child walk either up or down at least two steps by himself? He may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)



3. Without holding onto anything for support, does your child kick a ball by swinging his leg forward?



4. Does your child jump with both feet leaving the floor at the same time?



5. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall.



 _____*








6. Does your child stand on one foot for about 1 second without holding onto anything?



GROSS MOTOR TOTAL _____


**If Gross Motor Item 5 is marked "yes" or "sometimes," mark Gross Motor Item 2 "yes."*

FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|---|---|-----------------------|-----------------------|---|
| 1. Does your child use a turning motion with her hand while trying to turn doorknobs, wind up toys, twist tops, or screw lids on and off jars? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 2. After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask him to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | <p>Count as "yes" </p> <p>Count as "not yet" </p> | | | |
| 3. Can your child string small items such as beads, macaroni, or pasta "wagon wheels" onto a string or shoelace? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| |  | | | |
| 4. After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | <p>Count as "yes" </p> <p>Count as "not yet" </p> | | | |
| 5. After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | <p>Count as "yes" </p> <p>Count as "not yet" </p> | | | |
| 6. Does your child turn pages in a book, one page at a time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

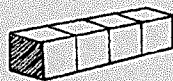
FINE MOTOR TOTAL —

PROBLEM SOLVING

- | | YES | SOMETIMES | NOT YET | |
|---|---|-----------------------|-----------------------|---|
| 1. When looking in the mirror, ask, "Where is _____?" (Use your child's name.) Does your child point to her image in the mirror? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| |  | | | |
| 2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to "help" you in the kitchen)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

PROBLEM SOLVING (continued)

3. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

4. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person or something similar? (Mark "yes" for responses like "snowman," "boy," "man," "girl," "Daddy," "spaceman," and "monkey.") Please write your child's response here:



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

5. When you say, "Say 'seven three,'" does your child repeat *just* the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, "Say 'eight two.'" Your child must repeat just one series of two numbers for you to answer "yes" to this question.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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6. After your child draws a "picture," even a simple scribble, does she tell you what she drew? (You may say, "Tell me about your picture," or ask, "What is this?" to prompt her.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

1. If you do any of the following gestures, does your child copy at least one of them?

- a. Open and close your mouth.
- b. Blink your eyes.
- c. Pull on your earlobe.
- d. Pat your cheek.

YES	SOMETIMES	NOT YET	_____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

2. Does your child use a spoon to feed himself with little spilling?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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3. Does your child push a little wagon, stroller, or other toy on wheels, steering it around objects and backing out of corners if she cannot turn?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
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4. Does your child put on a coat, jacket, or shirt by himself?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

5. After you put on loose-fitting pants around her feet, does your child pull them completely up to her waist?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

6. When your child is looking in a mirror and you ask, "Who is in the mirror?" does he say either "me" or his own name?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
-----------------------	-----------------------	-----------------------	-------

PERSONAL-SOCIAL TOTAL _____

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain:

YES

NO

2. Do you think your child talks like other toddlers her age? If no, explain:

YES

NO

3. Can you understand most of what your child says? If no, explain:

YES

NO

4. Can other people understand most of what your child says? If no, explain:

YES

NO

5. Do you think your child walks, runs, and climbs like other toddlers his age?
If no, explain:

YES

NO

6. Does either parent have a family history of childhood deafness or hearing
impairment? If yes, explain:

YES

NO

OVERALL (continued)

7. Do you have any concerns about your child's vision? If yes, explain:

 YES NO

8. Has your child had any medical problems in the last several months? If yes, explain:

 YES NO

9. Do you have any concerns about your child's behavior? If yes, explain:

 YES NO

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

 YES NO



30 Month ASQ-3 Information Summary

28 months 16 days through
31 months 15 days

Child's name: _____ Date ASQ completed: _____

Child's ID #: _____ Date of birth: _____

Administering program/provider: _____

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	33.30		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	36.14		●	●	●	●	●	●	●	●	○	○	○	○	○
Fine Motor	19.25		●	●	●	●	○	○	○	○	○	○	○	○	○
Problem Solving	27.08		●	●	●	●	●	○	○	○	○	○	○	○	○
Personal-Social	32.01		●	●	●	●	●	●	○	○	○	○	○	○	○

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

- | | | | | | |
|---|-----|-----------|---|------------|----|
| 1. Hears well?
Comments: | Yes | NO | 6. Family history of hearing impairment?
Comments: | YES | No |
| 2. Talks like other toddlers his age?
Comments: | Yes | NO | 7. Concerns about vision?
Comments: | YES | No |
| 3. Understand most of what your child says?
Comments: | Yes | NO | 8. Any medical problems?
Comments: | YES | No |
| 4. Others understand most of what your child says?
Comments: | Yes | NO | 9. Concerns about behavior?
Comments: | YES | No |
| 5. Walks, runs, and climbs like other toddlers?
Comments: | Yes | NO | 10. Other concerns?
Comments: | YES | No |

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.

If the child's total score is in the area, it is above the cutoff, and the child's development appears to be on schedule.

If the child's total score is in the area, it is close to the cutoff. Provide learning activities and monitor.

If the child's total score is in the area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.

- Provide activities and rescreen in _____ months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify reason): _____
- Refer to early intervention/early childhood special education.
- No further action taken at this time
- Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication						
Gross Motor						
Fine Motor						
Problem Solving						
Personal-Social						

Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By Jane Squires, Diane Bricker, & Elizabeth Twombly
with assistance from Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim
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❁ 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.



Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
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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?

 z

 v

 x

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

 z

 v

 x

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


 x

 v

 z

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

 z

 v

 x

5. Does your child seem happy?

 z

 v

 x

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

 z

 v

 x

7. Does your child seem too friendly with strangers?

 x

 v

 z

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


 x

 v

 z

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

 z

 v

 x

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

 x

 v

 z

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.)

 x

 v

 z

TOTAL POINTS ON PAGE ____

MOST OF THE TIME 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)?

z v x

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

z v x

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

z v x

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



z v x

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

x v z

17. Do you and your child enjoy mealtimes together?

z v x

18. When you point at something, does your child look in the direction you are pointing?

z v x

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

z v x

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?

z v x

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: _____ City: _____ State: _____ ZIP: _____
 Telephone: _____ Assisting in ASQ:SE completion: _____
 Today's date: _____ Administering program/provider: _____

.....
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?)

