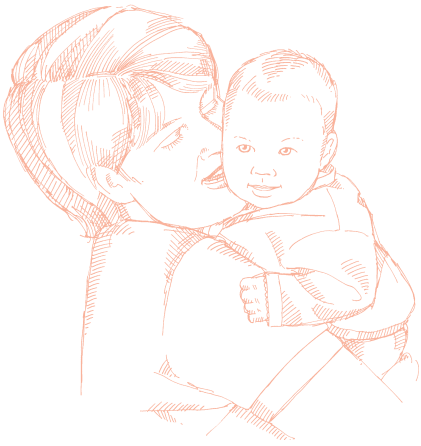
Ages & Stages Questionnaires®: Social-Emotional
A Parent-Completed, Child-Monitoring System for Social-Emotional Behaviors
By **Jane Squires, Diane Bricker, & Elizabeth Twombly**
with assistance from **Suzanne Yockelson, Maura Schoen Davis, & Younghee Kim**

ASQ:SE™



12 Month/1 Year Questionnaire

(For children ages 9 through 14 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™

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12 Month/1 Year ASQ:SE Questionnaire

(For children ages 9 through 14 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 baby laugh or smile at you and other family members? 	❑ z	❑ v	❑ x	❍
2. Does your baby look for you when a stranger approaches?	❑ z	❑ v	❑ x	❍
3. Does your baby like to play near and be with family members and friends?	❑ z	❑ v	❑ x	❍
4. Does your baby like to be picked up and held?	❑ z	❑ v	❑ x	❍
5. When upset, can your baby calm down within a half hour?	❑ z	❑ v	❑ x	❍
6. Does your baby stiffen and arch her back when picked up?	❑ x	❑ v	❑ z	❍
7. Does your baby like to play games like Peekaboo? 	❑ z	❑ v	❑ x	❍
8. Is your baby's body relaxed?	❑ z	❑ v	❑ x	❍
9. Does your baby cry, scream, or have tantrums for long periods of time?	❑ x	❑ v	❑ z	❍

TOTAL POINTS ON PAGE ___

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
10. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)? 	❑ z	❑ v	❑ x	❍
11. Is your baby interested in things around her, such as people, toys, and foods?	❑ z	❑ v	❑ x	❍
12. Does it take longer than 30 minutes to feed your baby?	❑ x	❑ v	❑ z	❍
13. Do you and your baby enjoy mealtimes together?	❑ z	❑ v	❑ x	❍
14. Does your baby have any eating problems, such as gagging, vomiting, or _____ ? (You may write in another problem.)	❑ x	❑ v	❑ z	❍
15. Does your baby have trouble falling asleep at naptime or at night?	❑ x	❑ v	❑ z	❍
16. Does your baby make babbling sounds? For example, does he put sounds together, like "ba-ba-ba-ba" or "na-na-na-na"? (If your child often babbles, mark "most of the time.")	❑ z	❑ v	❑ x	❍
17. Does your baby sleep at least 10 hours in a 24-hour period? 	❑ z	❑ v	❑ x	❍

TOTAL POINTS ON PAGE ___

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
18. Does your baby get constipated or have diarrhea?	❑ x	❑ v	❑ z	❍
19. Does your baby let you know when she is hungry, hurt, or tired?	❑ z	❑ v	❑ x	❍
20. When you talk to your baby, does he turn his head, look, or smile?	❑ z	❑ v	❑ x	❍
21. Does your baby try to hurt other children, adults, or animals (for example, by kicking or biting)?	❑ x	❑ v	❑ z	❍
22. Has anyone expressed concerns about your baby's behaviors? If you checked "sometimes" or "most of the time," please explain:	❑ x	❑ v	❑ z	❍

_____

_____

_____

_____

23. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:

_____

_____

_____

_____

TOTAL POINTS ON PAGE ___

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

_____

_____

_____

_____

25. What things do you enjoy most about your baby?

_____

_____

_____

_____