

DATE: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

## ASQ/SE - AGES & STAGES QUESTIONNAIRES: 4 & 6 MONTHS SOCIAL-EMOTIONAL

*Please read each question carefully and*

1. Mark the column that best describes your child's behavior
2. Mark the last column on the left *if this behavior is a concern*

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
1. When upset, can your baby calm down within a half hour?	«Z» <input type="checkbox"/>	«V» <input type="checkbox"/>	«X» <input type="checkbox"/>	« »
2. Does your baby smile at you and other family members?	«Z» <input type="checkbox"/>	«V» <input type="checkbox"/>	«X» <input type="checkbox"/>	« »
3. Does your baby like to be picked up and held?	«Z» <input type="checkbox"/>	«V» <input type="checkbox"/>	«X» <input type="checkbox"/>	« »
4. Does your baby stiffen and arch her back when picked up?	«X» <input type="checkbox"/>	«V» <input type="checkbox"/>	«Z» <input type="checkbox"/>	« »
5. When talking to your baby, does he look at you and seem to be listening?	«Z» <input type="checkbox"/>	«V» <input type="checkbox"/>	«X» <input type="checkbox"/>	« »
6. Does your baby let you know when she is hungry or sick?	«Z» <input type="checkbox"/>	«V» <input type="checkbox"/>	«X» <input type="checkbox"/>	« »
7. When awake, does your baby seem to enjoy watching or listening to people?	«Z» <input type="checkbox"/>	«V» <input type="checkbox"/>	«X» <input type="checkbox"/>	« »
8. Is your baby able to calm himself down (for example, by sucking on his hand or pacifier)?	«Z» <input type="checkbox"/>	«V» <input type="checkbox"/>	«X» <input type="checkbox"/>	« »
9. Does your baby cry for long periods of time?	«X» <input type="checkbox"/>	«V» <input type="checkbox"/>	«Z» <input type="checkbox"/>	« »
10. Is your baby's body relaxed?	«Z» <input type="checkbox"/>	«V» <input type="checkbox"/>	«X» <input type="checkbox"/>	« »
11. Does your baby have trouble sucking from a bottle or breast?	«X» <input type="checkbox"/>	«V» <input type="checkbox"/>	«Z» <input type="checkbox"/>	« »
12. Does it take longer than 30 minutes to feed your baby?	«X» <input type="checkbox"/>	«V» <input type="checkbox"/>	«Z» <input type="checkbox"/>	« »
13. Do you and your baby enjoy mealtimes together (including breast and bottle feeding)?	«Z» <input type="checkbox"/>	«V» <input type="checkbox"/>	«X» <input type="checkbox"/>	« »
14. Does your baby have any eating problems, such as gagging, vomiting, or _____? (You may write in another problem.)	«X» <input type="checkbox"/>	«V» <input type="checkbox"/>	«Z» <input type="checkbox"/>	« »
15. During the day, does your baby stay awake for an hour or longer at one time?	«Z» <input type="checkbox"/>	«V» <input type="checkbox"/>	«X» <input type="checkbox"/>	« »
16. Does your baby have trouble falling asleep at naptime or at night?	«X» <input type="checkbox"/>	«V» <input type="checkbox"/>	«Z» <input type="checkbox"/>	« »
17. Does your baby sleep at least 10 hours in a 24-hour period?	«Z» <input type="checkbox"/>	«V» <input type="checkbox"/>	«X» <input type="checkbox"/>	« »
18. Does your baby get constipated or have diarrhea?	«X» <input type="checkbox"/>	«V» <input type="checkbox"/>	«Z» <input type="checkbox"/>	« »

TOTAL POINTS: \_\_\_\_\_