DATE:_______________ PATIENT NAME:_______________________________

ASQ/SE - AGES & STAGES QUESTIONNAIRES: 15 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. Does your child look at you when you talk to him?	«Z»	«V»	«X»	« »
2. When you leave, does your child remain upset and cry for more than an hour?	«X»	«V»	«Z»	« »
3. Does your child laugh or smile when you play with her?	«Z»	«V»	«X»	« »
4. Does your child look for you when a stranger approaches?	«Z»	«V»	«X»	« »
5. When upset, can your baby calm down within a half hour?	«Z»	«V»	«X»	« »
6. Is your child's body relaxed?	«Z»	«V»	«X»	« »
7. When upset, can your child calm down within15 minutes?	«Z»	«V»	«X»	« »
8. Does your child stiffen and arch his back when picked up?	«X»	«V»	«Z»	« »
9. Does your child cry, scream, or have tantrums for long periods of time?	«X»	«V»	«Z»	« »
10. Is your child interested in things around her, such as people, toys, and food?	«Z»	«V»	«X»	« »
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»	« »
12. Does your child have eating problems such as stuffing foods, vomiting, eating nonfood items, or ______________________? (You may write another problem.)	«X»	«V»	«Z»	« »
13. Does your child have trouble falling asleep at naptime or at night?	«X»	«V»	«Z»	« »
14. Do you and your child enjoy mealtimes together?	«Z»	«V»	«X»	« »
15. Does child sleep at least 10 hours in a 24-hour period?	«Z»	«V»	«X»	« »
16. When you point at something, does your child look in the direction you are pointing?	«Z»	«V»	«X»	« »
17. Does your child get constipated or have diarrhea?	«X»	«V»	«Z»	« »
18. Does your child let you know how she is feeling with gestures or words? For example, does she let you now when she is hungry, hurt, or tired?	«Z»	«V»	«X»	« »
19. Does your child follow simple directions? For example, does he sit when asked?	«Z»	«V»	«X»	« »
20. Does your child like to play near or be with family members and friends?	«Z»	«V»	«X»	« »
21. 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»	« »
22. Does your child like to hear stories or sing songs?	«Z»	«V»	«X»	« »
23. Does your child hurt herself on purpose?	«X»	«V»	«Z»	« »
24. Does child like to be around other children?	«Z»	«V»	«X»	« »
25. Does your child try to hurt other, children adults, or animals (for example by kicking or biting)?	«X»	«V»	«Z»	« »

TOTAL POINTS:________