6 Month ASQ:SE Questionnaire

(For infants ages 3 through 8 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

1. When upset, can your baby calm down within a half hour?
   □ Z □ V □ X
   ○

2. Does your baby smile at you and other family members?
   □ Z □ V □ X
   ○

3. Does your baby like to be picked up and held?
   □ Z □ V □ X
   ○

4. Does your baby stiffen and arch her back when picked up?
   □ Z □ V □ X
   ○

5. When talking to your baby, does he look at you and seem to be listening?
   □ Z □ V □ X
   ○

6. Does your baby let you know when she is hungry or sick?
   □ Z □ V □ X
   ○

7. When awake, does your baby seem to enjoy watching or listening to people?
   □ Z □ V □ X
   ○

8. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?
   □ Z □ V □ X
   ○

9. Does your baby cry for long periods of time?
   □ X □ V □ Z
   ○

10. Is your baby’s body relaxed?
    □ Z □ V □ X
    ○

TOTAL POINTS ON PAGE ___
<table>
<thead>
<tr>
<th></th>
<th>MOST OF THE TIME</th>
<th>SOMETIMES</th>
<th>RARELY OR NEVER</th>
<th>CHECK IF THIS IS A CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>Does your baby have trouble sucking from a bottle or breast?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
</tr>
<tr>
<td>12.</td>
<td>Does it take longer than 30 minutes to feed your baby?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
</tr>
<tr>
<td>13.</td>
<td>Do you and your baby enjoy mealtimes together (including breast and bottle feeding)?</td>
<td>☐ z</td>
<td>☐ v</td>
<td>☐ x</td>
</tr>
<tr>
<td>14.</td>
<td>Does your baby have any eating problems, such as gagging, vomiting, or _______________? (You may write in another problem.)</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
</tr>
<tr>
<td>15.</td>
<td>During the day, does your baby stay awake for an hour or longer at one time?</td>
<td>☐ z</td>
<td>☐ v</td>
<td>☐ x</td>
</tr>
<tr>
<td>16.</td>
<td>Does your baby have trouble falling asleep at naptime or at night?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
</tr>
<tr>
<td>17.</td>
<td>Does your baby sleep at least 10 hours in a 24-hour period?</td>
<td>☐ z</td>
<td>☐ v</td>
<td>☐ x</td>
</tr>
<tr>
<td>18.</td>
<td>Does your baby get constipated or have diarrhea?</td>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
</tr>
</tbody>
</table>

TOTAL POINTS ON PAGE ___
19. Has anyone expressed concerns about your baby’s behavior? If you checked “sometimes” or “most of the time,” please explain:

<table>
<thead>
<tr>
<th>MOST OF THE TIME</th>
<th>SOMETIMES</th>
<th>RARELY OR NEVER</th>
<th>CHECK IF THIS IS A CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ x</td>
<td>☐ v</td>
<td>☐ z</td>
<td>☐</td>
</tr>
</tbody>
</table>

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

TOTAL POINTS ON PAGE ___
6 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 = _____
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).

<table>
<thead>
<tr>
<th>Questionnaire interval</th>
<th>Cutoff score</th>
<th>Child's ASQ:SE score</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months</td>
<td>45</td>
<td></td>
</tr>
</tbody>
</table>

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?, 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?)