60 Month/5 Year Questionnaire

(For children ages 54 through 65 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 for your participation in this project.
60 Month/5 Year ASQ:SE Questionnaire

(For children ages 54 through 65 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 check the box ☑️ that best describes your child’s behavior and check the circle ☑️ if this behavior is a concern.

<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>1.</td>
<td>Does your child look at you when you talk to her?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑️ Z</td>
<td>☐ V</td>
<td>☑️ X</td>
<td>☑️</td>
</tr>
<tr>
<td>2.</td>
<td>Does your child cling to you more than you expect?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑️ X</td>
<td>☐ V</td>
<td>☑️ Z</td>
<td>☐</td>
</tr>
<tr>
<td>3.</td>
<td>Does your child like to be hugged or cuddled?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑️ Z</td>
<td>☐ V</td>
<td>☑️ X</td>
<td>☑️</td>
</tr>
<tr>
<td>4.</td>
<td>Does your child talk and/or play with adults he knows well?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑️ Z</td>
<td>☐ V</td>
<td>☑️ X</td>
<td>☑️</td>
</tr>
<tr>
<td>5.</td>
<td>When upset, can your child calm down within 15 minutes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑️ Z</td>
<td>☐ V</td>
<td>☑️ X</td>
<td>☑️</td>
</tr>
<tr>
<td>6.</td>
<td>Does your child seem too friendly with strangers?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑️ X</td>
<td>☐ V</td>
<td>☑️ Z</td>
<td>☑️</td>
</tr>
<tr>
<td>7.</td>
<td>Can your child settle herself down after periods of exciting activity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑️ Z</td>
<td>☐ V</td>
<td>☑️ X</td>
<td>☑️</td>
</tr>
<tr>
<td>8.</td>
<td>Does your child seem happy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑️ Z</td>
<td>☐ V</td>
<td>☑️ X</td>
<td>☑️</td>
</tr>
<tr>
<td>9.</td>
<td>Does your child cry, scream, or have tantrums for long periods of time?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☑️ X</td>
<td>☐ V</td>
<td>☑️ Z</td>
<td>☑️</td>
</tr>
</tbody>
</table>

**TOTAL POINTS ON PAGE:** ___
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th>CHECK IF THIS IS A CONCERN</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Is your child interested in things around him, such as people, toys, and foods?</td>
<td>◐ Z</td>
<td>◐ V</td>
<td>◐ X</td>
</tr>
<tr>
<td>11.</td>
<td>Does your child go to the bathroom by herself? (Reminders and help with wiping are okay.)</td>
<td>◐ Z</td>
<td>◐ V</td>
<td>◐ X</td>
</tr>
<tr>
<td>12.</td>
<td>Does your child have eating problems, such as stuffing foods, vomiting, eating nonfood items, or _______________________? (You may write in another problem.)</td>
<td>◐ X</td>
<td>◐ V</td>
<td>◐ Z</td>
</tr>
<tr>
<td>13.</td>
<td>Can your child stay with activities he enjoys for at least 15 minutes (not including watching television)?</td>
<td>◐ Z</td>
<td>◐ V</td>
<td>◐ X</td>
</tr>
<tr>
<td>14.</td>
<td>Do you and your child enjoy mealtimes together?</td>
<td>◐ Z</td>
<td>◐ V</td>
<td>◐ X</td>
</tr>
<tr>
<td>15.</td>
<td>Does your child do what you ask her to do?</td>
<td>◐ Z</td>
<td>◐ V</td>
<td>◐ X</td>
</tr>
<tr>
<td>16.</td>
<td>Does your child seem more active than other children his age?</td>
<td>◐ X</td>
<td>◐ V</td>
<td>◐ Z</td>
</tr>
<tr>
<td>17.</td>
<td>Does your child sleep at least 8 hours in a 24-hour period?</td>
<td>◐ Z</td>
<td>◐ V</td>
<td>◐ X</td>
</tr>
</tbody>
</table>

TOTAL POINTS ON PAGE ___
18. Does your child use words to tell you what she wants or needs?  
☐ Z  ☐ V  ☐ X  ☐

19. Does your child use words to describe his feelings and the feelings of others, such as, “I’m happy,” “I don’t like that,” or “She’s sad”?  
☐ Z  ☐ V  ☐ X  ☐

20. Does your child move from one activity to the next with little difficulty, such as from playtime to mealtime?  
☐ Z  ☐ V  ☐ X  ☐

21. Does your child explore new places, such as a park or a friend’s home?  
☐ Z  ☐ V  ☐ X  ☐

22. 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  ☐

23. Does your child hurt herself on purpose?  
☐ X  ☐ V  ☐ Z  ☐

24. Does your child follow rules (at home, at child care)?  
☐ Z  ☐ V  ☐ X  ☐

25. Does your child destroy or damage things on purpose?  
☐ X  ☐ V  ☐ Z  ☐
26. Does your child stay away from dangerous things, such as fire and moving cars? □ Z □ V □ X ☐

27. Does your child show concern for other people’s feelings? For example, does he look sad when someone is hurt? □ Z □ V □ X ☐

28. Do other children like to play with your child? □ Z □ V □ X ☐

29. Does your child like to play with other children? □ Z □ V □ X ☐

30. Does your child try to hurt other children, adults, or animals (for example, by kicking or biting)? □ X □ V □ Z ☐

31. Does your child take turns and share when playing with other children? □ Z □ V □ X ☐

32. Does your child show an interest or knowledge of sexual language and activity? □ X □ V □ Z ☐

33. Has anyone expressed concerns about your child’s behaviors? If you checked “sometimes” or “most of the time,” please explain: □ X □ V □ Z ☐

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

TOTAL POINTS ON PAGE ___
34. Do you have concerns about your child’s eating, sleeping, or toileting habits? If so, please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

36. What things do you enjoy most about your child?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
60 Month/5 Year 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:
   
   \[
   \begin{align*}
   &Z \text{ (for zero) next to the checked box} = 0 \text{ points} \\
   &V \text{ (for Roman numeral V) next to the checked box} = 5 \text{ points} \\
   &X \text{ (for Roman numeral X) next to the checked box} = 10 \text{ points} \\
   &\text{Checked concern} = 5 \text{ points}
   \end{align*}
   \]

   Add together:
   
   \[
   \begin{align*}
   &\text{Total points on page 3} = _____ \\
   &\text{Total points on page 4} = _____ \\
   &\text{Total points on page 5} = _____ \\
   &\text{Total points on page 6} = _____
   \end{align*}
   \]

   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>60 months/5 years</td>
<td>70</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?)