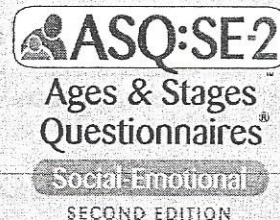




# 12 Month Questionnaire

9 months 0 days through 14 months 30 days



Date ASQ:SE-2 completed: \_\_\_\_\_

## Baby's information

Baby's first name: \_\_\_\_\_ Baby's middle initial: \_\_\_\_\_ Baby's last name: \_\_\_\_\_

Baby's date of birth: \_\_\_\_\_ If baby was born 3 or more weeks premature, please enter the number of weeks: \_\_\_\_\_

Baby's gender:  Male  Female

## Person filling out questionnaire

First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/province: \_\_\_\_\_ ZIP/postal code: \_\_\_\_\_

Country: \_\_\_\_\_ Home telephone number: \_\_\_\_\_ Other telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to baby:  Parent  Guardian  Teacher  Other: \_\_\_\_\_  
 Grandparent/other relative  Foster parent  Child care provider

People assisting in questionnaire completion: \_\_\_\_\_

## Program information

(For program use only.)

Baby's ID #:	Age at administration in months and days:
Program ID #:	If premature, adjusted age in months and days:
Program name:	



# 12 Month Questionnaire 9 months 0 days through 14 months 30 days



Questions about behaviors babies may have are listed on the following pages. Please read each question carefully and check the box  that best describes your baby's behavior. Also, check the circle  if the behavior is a concern.

### Important Points to Remember:

- Answer questions based on what you know about your baby's behavior.
- Answer questions based on your baby's *usual* behavior, not behavior when your baby is sick, very tired, or hungry.
- Caregivers who know the baby well and spend more than 15–20 hours per week with the baby should complete ASQ:SE-2.
- Please return this questionnaire by: \_\_\_\_\_
- If you have any questions or concerns about your baby or about this questionnaire, contact: \_\_\_\_\_
- Thank you and please look forward to filling out another ASQ:SE-2 in \_\_\_\_\_ months.


	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
1. Does your baby laugh or smile at you and other family members? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
2. Does your baby look for you when a stranger comes near?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
3. Does your baby like to play near or be with family and friends?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
4. Does your baby like to be picked up and held?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
5. When upset, can your baby calm down within a half hour?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
6. Does your baby stiffen and arch her back when picked up?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
7. Does your baby like to play games such as Peekaboo? 	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE \_\_\_\_\_

# 12 Month Questionnaire



Check the box  that best describes your child's behavior. Also, check the circle  if the behavior is a concern.


	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
8. Is your baby's body relaxed?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
9. Does your baby cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
10. Is your baby able to calm himself down (for example, by sucking his hand or pacifier)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
11. Is your baby interested in things around her, such as people, toys, and foods?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
12. Does it take longer than 30 minutes to feed your baby?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
13. Do you and your baby enjoy mealtimes together?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
14. Does your baby have any eating problems, such as gagging, vomiting, or _____? (Please describe.)	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
_____					
_____					
15. Does your baby have trouble falling asleep at naptime or at night?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
16. Does your baby make babbling sounds? For example, does he put sounds together such as "ba-ba-ba-ba" or "na-na-na-na?"	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____

TOTAL POINTS ON PAGE \_\_\_\_\_

# 12 Month Questionnaire



Check the box  that best describes your child's behavior. Also, check the circle  if the behavior is a concern.

	OFTEN OR ALWAYS	SOME-TIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN	
17. Does your baby sleep at least 10 hours in a 24-hour period?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
					
18. Does your baby get constipated or have diarrhea?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
19. Does your baby let you know when she is hungry, hurt, or tired?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
20. When you talk to your baby, does he turn his head, look, or smile?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
21. Does your baby try to hurt other children, adults, or animals (for example, by kicking or biting)?	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
22. Does your baby try to show you things? For example, does she hold out a toy and look at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
23. Does your baby respond to his name when you call him? For example, does he turn his head and look at you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
24. When you point at something, does your baby look in the direction you are pointing?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
25. Does your baby make sounds or use gestures to let you know she wants something (for example, by reaching)?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
26. When you copy sounds your baby makes, does your baby repeat the same sounds back to you?	<input type="checkbox"/> z	<input type="checkbox"/> v	<input type="checkbox"/> x	<input type="radio"/> v	_____
27. Has anyone shared concerns about your baby's behaviors? If "sometimes" or "often or always," please explain:	<input type="checkbox"/> x	<input type="checkbox"/> v	<input type="checkbox"/> z	<input type="radio"/> v	_____
					_____
					_____
					_____

TOTAL POINTS ON PAGE \_\_\_\_\_

# 12 Month Questionnaire



**OVERALL** Use the space below for additional comments.

28. Do you have concerns about your baby's eating or sleeping behaviors? If yes, please explain:  YES  NO

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29. Does anything about your baby worry you? If yes, please explain:  YES  NO

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30. What do you enjoy about your baby?

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# 12 Month Information Summary 9 months 0 days through 14 months 30 days



Baby's name: \_\_\_\_\_ Date ASQ:SE-2 completed: \_\_\_\_\_

Baby's ID #: \_\_\_\_\_ Baby's date of birth: \_\_\_\_\_

Person who completed ASQ:SE-2: \_\_\_\_\_ Baby's age/adjusted age in months and days: \_\_\_\_\_

Administering program/provider: \_\_\_\_\_ Baby's gender:  Male  Female

## 1. ASQ:SE-2 SCORING CHART:

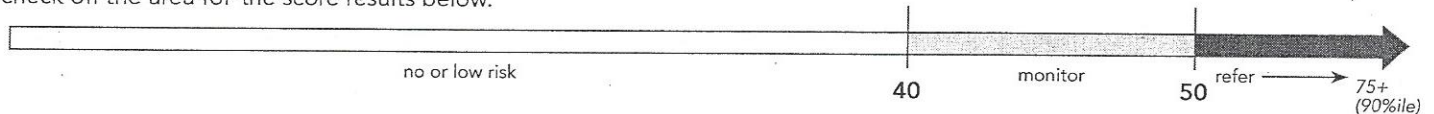
- Score items (Z = 0, V = 5, X = 10, Concern = 5).
- Transfer the page totals and add them for the total score.
- Record the baby's total score next to the cutoff.

TOTAL POINTS ON PAGE 1	
TOTAL POINTS ON PAGE 2	
TOTAL POINTS ON PAGE 3	
<b>Total score</b>	

Cutoff	Total score
<b>50</b>	

## 2. ASQ:SE-2 SCORE INTERPRETATION:

Review the approximate location of the baby's total score on the scoring graphic. Then, check off the area for the score results below.



- \_\_\_ The baby's total score is in the  area. It is below the cutoff. Social-emotional development appears to be on schedule.
- \_\_\_ The baby's total score is in the  area. It is close to the cutoff. Review behaviors of concern and monitor.
- \_\_\_ The baby's total score is in the  area. It is above the cutoff. Further assessment with a professional may be needed.

## 3. OVERALL RESPONSES AND CONCERNS:

Record responses and transfer parent/caregiver comments. YES responses require follow-up.

- 1-27. Any Concerns marked on scored items?    YES    no    Comments: \_\_\_\_\_
28. Eating/sleeping concerns?    YES    no    Comments: \_\_\_\_\_
29. Other worries?    YES    no    Comments: \_\_\_\_\_

## 4. FOLLOW-UP REFERRAL CONSIDERATIONS:

Mark all as Yes, No, or Unsure (Y, N, U). See pages 98-103 in the ASQ:SE-2 User's Guide.

- \_\_\_ **Setting/time factors** (e.g., Is the baby's behavior the same at home as at school?)
- \_\_\_ **Developmental factors** (e.g., Is the baby's behavior related to a developmental stage or delay?)
- \_\_\_ **Health factors** (e.g., Is the baby's behavior related to health or biological factors?)
- \_\_\_ **Family/cultural factors** (e.g., Is the baby's behavior acceptable given the baby's cultural or family context? Have there been any stressful events in the baby's life recently?)
- \_\_\_ **Parent concerns** (e.g., Did the parent/caregiver express any concerns about the baby's behavior?)

## 5. FOLLOW-UP ACTION:

Check all that apply.

- \_\_\_ Provide activities and rescreen in \_\_\_\_\_ months.
- \_\_\_ Share results with primary health care provider.
- \_\_\_ Provide parent education materials.
- \_\_\_ Provide information about available parenting classes or support groups.
- \_\_\_ Have another caregiver complete ASQ:SE-2. List caregiver here (e.g., grandparent, teacher): \_\_\_\_\_
- \_\_\_ Administer developmental screening (e.g., ASQ-3).
- \_\_\_ Refer to early intervention/early childhood special education.
- \_\_\_ Refer for social-emotional, behavioral, or mental health evaluation.
- \_\_\_ Other: \_\_\_\_\_

# Hello, Parent!

Welcome to parenthood—a journey like no other, and one that reminds us of our own childhoods.

How were you parented as a child? Do you want to parent the same way, or differently? What kind of experience do you want your child to have? Whatever your answers to these questions, one thing is certain: None of us is born knowing how to take care of babies and young children!

It's important to let go of any embarrassment you might feel and ask questions about parenting. Ask for help when you need it, and let someone know when you feel frustrated, exhausted, or overwhelmed. Talk to family members or friends you trust. Talk to your child's doctor, your child care provider, or other supportive people in your life.

## We know that

- Your child's brain develops fastest in the first 5 years of life
- How you interact with your child affects the way their brain develops
- Positive, loving interactions between you and your child support healthy social-emotional development
- Healthy social-emotional development is the most important foundation your child needs to be ready for school

## Social-emotional development is your child's ability to

- Experience, manage, and express positive and negative emotions. Your child is able to
  - Experience a range of emotions, such as anger, fear, sadness, joy, and pride
  - Talk about their feelings
  - Learn how to calm down *with your help* (baby or toddler)
  - Learn how to calm down *on their own*, even when all worked up (preschooler)
- Develop close, enjoyable relationships with other children and adults. Your child is able to
  - Attach to you or other primary caregivers (baby or toddler)
  - Develop close relationships with other family members and friends as they get older
- Actively explore the environment with curiosity and confidence. Your child is able to show interest in
  - You and other family members
  - Who they are as a person, their body, and their likes and dislikes
  - Objects and the environment around them
  - Trying new things, learning new skills, and experiencing everything!

**Learning More.** Use the handouts from ASQ®:SE-2 *Learning Activities & More* to explore social-emotional information about your child and find tips about

- What your child may experience during each stage of development
- Ways you can support your child's social-emotional development
- Parent-child activities that promote social-emotional development
- What you might be experiencing or feeling during each stage of development
- How to take care of yourself

**Your Home, Your Family.** These handouts offer suggestions and ideas for being with your child in ways that support their healthy social-emotional development. You may feel that some of these ideas are not appropriate for you or your child. Over time, as you and your child get to know each other and grow together, you will learn what works for you both. You may remember games or songs from your own childhood, or family traditions and routines that were part of your life when you were younger. Passing these on to your child is a gift. Your child will learn about your family through the traditions and routines you pass on and those you develop together.

***Most important, take joy in this amazing journey!***

