


ASQ-3
Ages & Stages
Questionnaires®
THIRD EDITION

ASQ:SE-2
Ages & Stages
Questionnaires®
Social-Emotional
SECOND EDITION

Using the ASQ-3™ and ASQ:SE-2™ Together

BROOKES
PUBLISHING CO.


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Brief Introduction

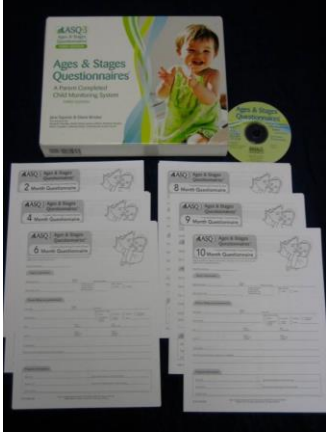
- What are the ASQ-3 and ASQ:SE-2?
 - Parent-completed screening tools
 - Screen children from 1 month to 6 years
- What is the purpose for using the ASQ-3 and ASQ:SE-2?
 - Starts a conversation with families about child development
 - Identify infants and young children who should be referred for developmental or social-emotional evaluation
 - Offers guidance to program staff on follow-up recommendations and referrals.

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What Is ASQ-3™?

- Developmental screening tool widely used in child care & preschool, Child Find, pediatrics, and public health
- Screens 5 domains—Gross Motor, Fine Motor, Communication, Problem Solving, and Personal-Social

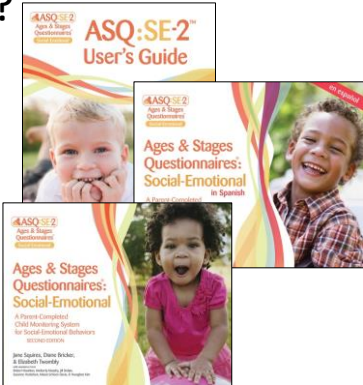


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What Is ASQ:SE-2™?

- Parent-completed questionnaires that reliably identify young children at risk for social or emotional difficulties
- Screens 7 key behavioral areas—self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people
- Publishing in September 2015




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What's new for ASQ:SE-2?


- 2 month questionnaire
- Expanded age range: 1–72 months
- New data and cutoffs
- Monitoring zone
- New behavior and communication items
- Updated questionnaire design
- Item and response refinements
- Revised Spanish translation
- Quick Start Guide
- Learning Activities book in 2016

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How the ASQ-3 and ASQ:SE-2 Differ

- The ASQ-3 screens for:
 - Communication
 - Gross Motor
 - Fine Motor
 - Problem Solving
 - Personal-Social
- The Personal-Social domain asks mostly adaptive (i.e., self-help) questions. The few items that address social and emotional content are not sufficient to identify risk for social and emotional delay. They overlap with adaptive skills in that they help a child get their needs met.




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How the ASQ-3 and ASQ:SE-2 Differ

- The Social-Emotional domain of development in and of itself is broad and complex.
- To accurately identify children who are typically developing or at-risk for delay in this area, more than 6 questions were required.
- The social-emotional domain of the ASQ system exists as a separate companion tool to help providers guide families to support their child's development.

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Why Use the ASQ-3 and ASQ:SE-2 Together

- Using both the ASQ-3 and ASQ:SE-2 presents a whole picture that cannot be gleaned from just one tool or the other.
 - one of the referral considerations listed on the ASQ:SE-2 summary sheet is “Developmental Factors”
 - one of the overall questions on the ASQ-3 is “do you have concerns about your baby/child’s behavior”

This is because of the interrelationship between behavior and development.
- Head Start and IDEA call for 6 areas to be considered. The ASQ-3 addresses 5 of the 6. The ASQ:SE-2 addressed the 6th area.


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How to Use the ASQ-3 and ASQ:SE-2 Together


- The most important aspect of this question is not about the *how* and *when*, but rather that when results are shared and recommendations are made, that the results from both questionnaires are taken into consideration.
- Remember that both the ASQ-3 and ASQ:SE-2 can be completed independently by parents or facilitated by a professional.

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Andrea

- ASQ-3 below cut-off in Gross Motor, above in all other areas
- ASQ overall concerns about her size and crying
- ASQ:SE-2 score is significantly above the cut-off
- Many parent concerns throughout which raised the score considerably (11 = 55 points)
- Concerns about eating, fussing, crying, & sleeping




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12 Month ASQ-3 Information Summary

11 months 9 days through 12 months 30 days



Baby's name: Andrea Q.T. Date ASQ completed: 4/30/2015
 Baby's ID #: _____ Date of birth: 5/5/2015
 Administering program/provider: MMQ Was age adjusted for prematurity when selecting questionnaire? Yes No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total, in the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	20	25	30	35	40	45	50	55	60
Communication	15.04	65	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Gross Motor	21.49	10	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Fine Motor	34.50	60	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Problem Solving	27.32	55	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Personal/Social	21.73	60	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

2. TRANSFER OVERALL RESPONSES: Bolded uppercase responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1. Uses both hands and both legs equally well? **NO**
 Comments: NO, USES RIGHT HAND MORE
2. Plays with sounds or seems to make words? **NO**
 Comments: _____
3. Feet are flat on the surface most of the time? **NO**
 Comments: DOES NOT PUT ANY WEIGHT ON HER FEET
4. Concerns about not making sounds? **NO**
 Comments: _____
5. Family history of hearing impairment? **NO**
 Comments: _____
6. Concerns about vision? **NO**
 Comments: COULD SEE WHEN VEEB, EYELID DROOPS
7. Any medical problems? **NO**
 Comments: Small, low weight
8. Concerns about behavior? **NO**
 Comments: _____
9. Other concerns? **YES**
 Comments: child can't sit, does not crawl, GERD

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.
 If the baby's total score is in the **■** area, it is above the cutoff, and the baby's development appears to be on schedule.
 If the baby's total score is in the **●** area, it is close to the cutoff. Provide learning activities and monitor.
 If the baby's total score is in the **●** area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.


- Provide activities and resources in 2 months.
- Share results with primary health care provider.
- Refer for (circle all that apply) hearing and/or behavioral screening.
- Refer to primary health care provider or other community agency (specify SEE ASQ-SE-2 (DENTIST)).
- Refer to early intervention/early childhood special education.
- No further action taken at this time.
- Other (specify): SEE ASQ-SE

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication	Y	Y	Y	Y	Y	S
Gross Motor	S	S	N	N	N	N
Fine Motor	Y	Y	Y	Y	Y	Y
Problem Solving	Y	Y	Y	Y	Y	S
Personal/Social	Y	Y	Y	Y	Y	Y


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12 Month Questionnaire

9 months 9 days through 14 months 30 days



Date ASQ-SE-2 completed: 5/5/2015

Baby's information

Baby's first name: Andrea Baby's middle name: Q.T. Baby's last name: W----
 Baby's date of birth: 5/1/2015 If baby was born 2 or more weeks premature, please enter the number of weeks: 0
 Baby's gender: Male Female

Person filling out questionnaire

First name: Peggy Middle initial: _____ Last name: W----
 Street address: 123 1st Street
 City: Any where State/province: _____ ZIP/postal code: 99999
 Country: USA Home telephone number: _____ Other telephone number: _____
 E-mail address: _____
 Relationship to baby: Parent Grandparent Teacher Other: _____
 Grandchild Tutor 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, indicated age (in months and days)
Program name	

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12 Month Questionnaire ASQ-SE-2



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 love 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 5/5/2015

- If you have any questions or concerns about your baby or about this questionnaire, contact: 360.571.1111
- Thank you and please look forward to filling out another ASQ-SE-2 in 12 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
2. Does your baby look for you when a stranger comes near?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
3. Does your baby like to play near or be with family and friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
4. Does your baby like to be picked up and held?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
5. When upset, can your baby calm down within a half hour?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10
6. Does your baby stiffen and arch her back when picked up?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0
7. Does your baby like to play games such as Peekaboo? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
TOTAL SCORE TO DATE:					15


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12 Month Questionnaire ASQ-SE-2

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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
9. Does your baby cry, scream, or have tantrums for long periods of time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10
10. Is your baby able to calm himself down (for example, by sucking his hand or pacifier)? 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15
11. Is your baby interested in things around her, such as people, toys, and foods?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
12. Does it take longer than 30 minutes to feed your baby?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15
13. Do you and your baby enjoy mealtimes together?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15
14. Does your baby have any eating problems, such as gagging, vomiting, or _____? (Please describe.) <u>she doesn't want to eat, gags + vomits</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15
15. Does your baby have trouble falling asleep at naptime or at night?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
16. Does your baby make bubbling sounds? For example, does he put sounds together such as "ba-ba-ba" or "no-no-no"?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
TOTAL SCORE TO DATE:					85


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12 Month Questionnaire ASQ:SE-2

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

	OPTED OR ALWAYS	SOME TIMES	RARELY OR NEVER	CIRCLE IF THIS IS A CONCERN	
17. Does your baby sleep at least 10 hours in a 24-hour period? 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
18. Does your baby get constipated or have diarrhea?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5
19. Does your baby let you know when she is hungry, hurt, or tired?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5
20. When you talk to your baby, does he turn his head, look, or smile?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
21. Does your baby try to hurt other children, adults, or animals (for example, by licking or biting)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0
22. Does your baby try to show you things? For example, does she hold out a toy and look at you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10
24. When you point at something, does your baby look in the direction you are pointing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10
25. Does your baby make sounds or use gestures to let you know she wants something (for example, by reaching)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
26. When you copy sounds your baby makes, does your baby repeat the same sounds back to you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0
27. Has anyone shared concerns about your baby's behaviors? If "sometimes" or "often or always," please explain: <i>My mother says she is spoiled. My doctor says she isn't gaining weight like she should.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
TOTAL POINTS ON PAGE					40

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12 Month Questionnaire ASQ:SE-2

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
she won't fall asleep on her own. she cries when I walk away from her when she is in her crib. she hates eating!

29. Does anything about your baby worry you? If yes, please explain: Yes No
I worry that she fusses a lot of the time. My mother says it is my fault. she doesn't eat much either, & is low on the weight charts.

30. What do you enjoy about your baby?
she is really smart!! she flirts with everyone & everyone loves her.

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12 Month Information Summary 8 months 2 days through 14 months 26 days ASQ:SE-2


Baby's name: Andrea Q.T Date ASQ:SE-2 completed: 5/5/2015
 Baby's ID #: _____ Baby's date of birth: 5/5/2014
 Person who completed ASQ:SE-2: Peagy Baby's age/estimated age in months and days: 12 months
 Administering program/provider: HHS Baby's gender: Male Female

1. ASQ:SE-2 SCORING CHART:

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

TOTAL QUESTIONS MARKED I	15	Cutoff	Total score
TOTAL QUESTIONS MARKED V	85		
TOTAL QUESTIONS MARKED X	40	50	140
Total score	140		

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 I area. It is below the cutoff. Social-emotional development appears to be on schedule.
 The baby's total score is in the V area. It is close to the cutoff. Review behaviors of concern and monitor.
 The baby's total score is in the X 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: Multiple concerns about calming, sleeping, eating & a few about responding

28. Extinguishing concerns? YES NO Comments: Multiple mention of eating & sleeping concerns

29. Other worries? YES NO Comments: _____

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all as Yes, No, or Unsure (Y, N, U). See pages 000-000 in the ASQ:SE-2 User's Guide.


- Setting/time factors: Is the baby's behavior the same at home as at school? Yes ASQ shows below on Gross
- Developmental factors: Is the baby's behavior related to a developmental stage or delay? Yes Grand - Referral
- Health factors: Is the baby's behavior related to health or biological factors? NO Grand - Referral
- Family/cultural factors: Is the baby's behavior acceptable given the baby's cultural or family context? Has there been any stressful events in the baby's life recently? Grandmother pressures mom to visit when cry
- Parent concerns: Did the parent/caregiver express any concerns about the baby's behavior? Worried about eating, sleeping & concerns about motor

5. FOLLOW-UP ACTION: Check all that apply.

- Provide activities and extension 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 (see caregiver here (e.g., grandparent, teacher): Grandmother
- Administer developmental screening (e.g., ASQ-3).
- Refer to early intervention/early childhood special education. Gross motor
- Refer for social-emotional, behavioral, or mental health evaluation.
- Other: Ask about consult with nutritionist


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Screening on a Home Visit

- Example 1: Leave both questionnaires with parents 2 weeks prior to the scheduled screening visit. Parents can engage with their children and observe and/or mark those items they feel confident about. Parents can also complete the ASQ:SE-2 prior to the scheduled visit.




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Screening on a Home Visit

- Example 2: Administer one tool during one week and the other in a subsequent visit.
 - Traditionally programs have used the ASQ-3 first as it covers the majority of domains
 - There is no general reason as to why a program can't use the ASQ:SE-2 first, but there may be programmatic reasons (e.g., children recently taken into custodial care).




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Screening in a Center-Based Program


- Example 1: Parents can be asked to complete both tools at home independently and return them to the teacher when complete.
- Example 2: Parents can complete the ASQ-3 during a parent education night or “slow-warm up”. They can be given the ASQ:SE-2 to complete while children are playing or it can be sent home.

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Screening in a Center-Based Program

- Example 3: Facilitate the administration of the ASQ-3 during a parent conference. Ask parents to independently complete an ASQ:SE-2 either before or after the parent conference and return it to you.

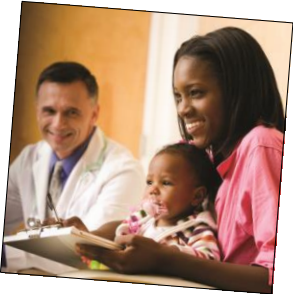


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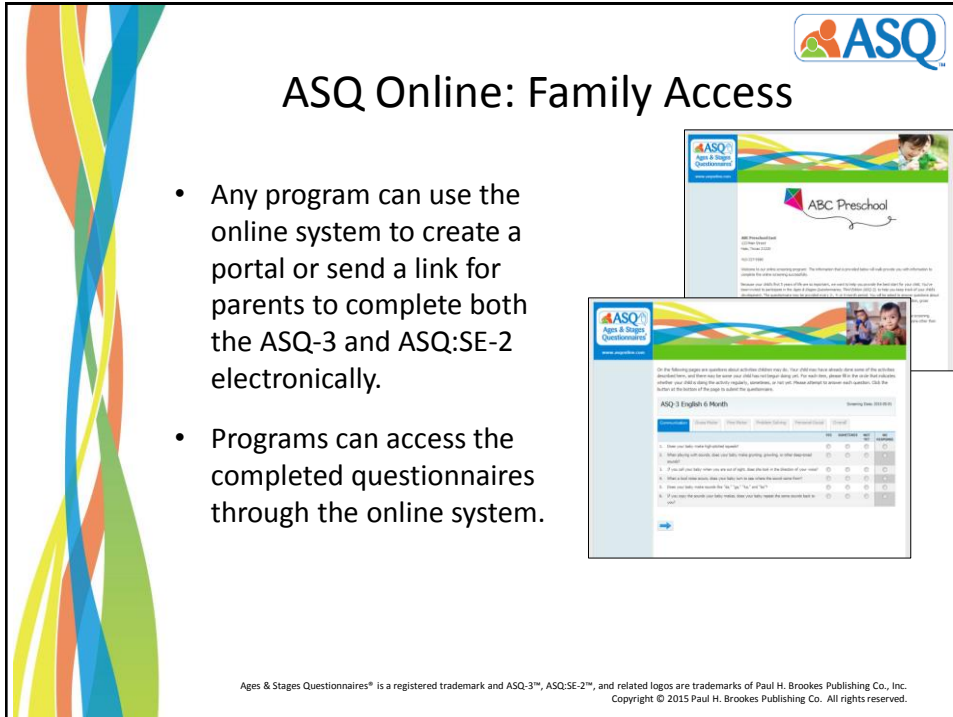


Screening in a Clinical Setting

- Example 1: Patients can be handed both questionnaires upon check-in. It will be important to schedule 30 minutes prior to visit to give families sufficient time.
- Example 2: Questionnaires can be sent home prior to the visit to be completed and returned at the time of the well-child visit.





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ASQ Online: Family Access

- Any program can use the online system to create a portal or send a link for parents to complete both the ASQ-3 and ASQ:SE-2 electronically.
- Programs can access the completed questionnaires through the online system.

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Tying It All Together

- Unless screening is conducted across developmental areas, important information may be missed, leading to erroneous referral decisions that undermine our attempts at early identification and referral.
- Additionally, by not having all of the information needed to make decisions, we are also missing out on an opportunity to best support the families to our greatest ability.



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Training

First chance to be trained on ASQ:SE-2!

ASQ-3 & ASQ:SE-2 Training of Trainers Institute

- August 5–7, 2015
- Philadelphia, PA
- Trainers – Elizabeth Twombly, Jantina Clifford, and Suzanne Yockelson

To learn more, visit

<http://www.brookespublishing.com/asq-institute/>

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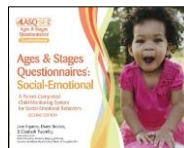
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