

Report: ASQ:SE-2 App Report Date-of-Birth: 01/01/2015  
 Patient ID: 12345678  
 Date: 1/1/2017 12:00:00 PM Device: 1/1/2017 12:00:00 PM

Questionnaire Interval:	Monitor Score:	Cutoff Score:	Child's Score:	Result:
24 Month/2 Year	50	65	90	<b>Above Cutoff</b>



-If the total score is in the **white** area. It is below the cutoff. Social-emotional development appears to be on schedule.

-If the total score is in the **gray** area. It is close to the cutoff. Review behaviors of concern and monitor.

-If the total score is in the **black** area. It is above the cutoff. Further assessment with a professional may be needed.

Any Concerns Marked on scored Items? no  
 Has perseverative behaviors no  
 Has eating problems no  
 Is your child too worried or fearful? no  
 Anyone shared concerns? no  
 Eating/sleeping concerns? no  
 Other worries? no

What do you enjoy about your baby?

He is a loving and caring baby

**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?)

**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: \_\_\_\_\_

<b>Report:</b>	ASQ:SE Report	<b>Date Uploaded:</b>	1/1/2017 12:00:00 PM
<b>ID:</b>	12345678	<b>Name:</b>	John Doe

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<b>Question:</b>	<b>Response:</b>	<b>Concern:</b>
<b><u>Self Regulation:</u></b>		
Body relaxed	Often or Always	(0)
Has trouble falling asleep	<i>Sometimes</i>	(5)
Calms down within time period	<i>Sometimes</i>	(5)
Cries for long periods of time; screams, has tantrums	<i>Often or Always</i>	(10)
	<i>Always</i>	
Hurts others	<i>Sometimes</i>	(5)
Has perseverative behaviors	<i>Sometimes</i>	(5)
<b><u>Compliance:</u></b>		
Follows simple directions/routine; follows rules	<i>Sometimes</i>	(5)
<b><u>Communication :</u></b>		
Listens; turns to look, smiles; looks	Often or Always	(0)
Lets you know/uses words when hungry, tired	<i>Rarely or never</i>	(10)
Follows when you point	<i>Sometimes</i>	(5)
Does your baby respond to his name when you call him? For example, does he turn his head and look at you?	Often or Always	(0)
Does your child try to show you things by pointing at them and looking back at you?	<i>Sometimes</i>	(5)
Does your child play with objects by pretending? For example, does your child pretend to talk on the phone, feed a doll, or fly a toy airplane?	Often or Always	(0)
<b><u>Adaptive Functioning:</u></b>		
Is constipated or has diarrhea	Rarely or never	(0)
Has eating problems	Rarely or never	(0)
Sleeps x hours in 24-hour period	Often or Always	(0)
Hurts self on purpose	Rarely or never	(0)
Does your child wake three or more times during the night?	Rarely or never	(0)
<b><u>Autonomy :</u></b>		
Checks when exploring; explores new places	Often or Always	(0)
Is your child too worried or fearful?	Rarely or never	(0)
<b><u>Affect :</u></b>		
Likes to be picked up and held; likes to be hugged and cuddled	<i>Sometimes</i>	(5)
Stiffens and arches back	<i>Sometimes</i>	(5)
Is interested in things around her	<i>Sometimes</i>	(5)
<b><u>Interaction with People :</u></b>		
Smiles; smiles and laughs	Often or Always	(0)
Watches, listens; plays peek-a-boo; likes stories	<i>Sometimes</i>	(5)
When you leave, cries more than an hour	Rarely or never	(0)
Enjoys mealtimes together	Often or Always	(0)
Plays near; greets; talks to adults	<i>Sometimes</i>	(5)
Looks for you; is too friendly with strangers	Rarely or never	(0)
Likes to be around other children; plays alongside	<i>Rarely or never</i>	(10)

Ages & Stages Questionnaires<sup>®</sup>:Social-Emotional, Squires et al.  
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