

Ages & Stages Questionnaire - Social/Emotional (ASQ-SE-2) - KDHE

SCREENING INFORMATION

Date of Activity: _____

Which Child was involved (Client Name):

Child's age (in months) at time of measurement:

Which Caregiver was involved:

If someone other than a caregiver completed the
screen, please list their name:

Relationship to child: _____

Provider's Name: _____

ASQ-2 Screening Month: (select one)

2

6

12

18

24

30

36

48

60

SCORING INFORMATION

ASQ-SE-2 Score: _____