CHP Health Center for infants ages 3 through 8 months

Please read each question carefully and
1. Check the box ☐ that best describes your child's behavior *and*
2. Check the circle 0 if this behavior is a concern

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
1. When upset, can your baby calm down within a half hour?	☐ z	☐ v	☐ x	0
2. Does your baby smile at you and other family members?	☐ z	☐ v	☐ x	0
3. Does your baby like to be picked up and	☐ z	☐ v	☐ x	0
4. Does your baby stiffen and arch her back when picked up?	☐ x	☐ v	☐ z	0
5. When talking to your baby, does he look at you and seem to be listening?	☐ z	☐ v	☐ x	0
6. Does your baby let you know when she is hungry or sick?	☐ z	☐ v	☐ X	0
7. When awake, does your baby seem to enjoy watching or listening to people?	☐ z	☐ v	☐ x	0
8. Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?	☐ z	☐ v	☐ x	0
9. Does your baby cry for long periods of time?	☐ x	☐ v	☐ z	0
10. Is your baby's body relaxed?	☐ z	☐ v	☐ x !	0

Name________________ DOB__________ MR#__________ TOTAL POINTS ON PAGE ____

Ages & Stages Questionnaires®: Social-Emotional, Squires et al.
© 2002 Paul H. Brookes Publishing Co.

ASCPW 6 months

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A Concern
11 Does your baby have trouble sucking from a bottle or breast?	☐ x	☐ v	☐ z	0
12. Does it take longer than 30 minutes to feed your baby?	☐ x	☐ v	☐ z	0
13. Do you and your baby enjoy mealtimes together (including breast and bottle feeding)?	☐ z	☐ v	☐ x	0
14. Does your baby have any eating problems, such as gagging, vomiting, or __________ 9 (You may write in another problem.)	☐ x	☐ v	☐ z	0
15. During the day, does your baby stay awake for an hour or longer at one time?	☐ z	☐ v	☐ x	0
16 Does your baby have trouble falling asleep at naptime or at night?	☐ x	☐ v	☐ z	0
1 Does your baby sleep at least 10 hours in a 24-hour period?	☐ z	☐ v	☐ x	0
18. Does your baby get constipated or have diarrhea?	☐ x	☐ v	☐ z	0

TOTAL POINTS ON PAGE ___

© 2002 Paul H. Brookes Publishing Co.

CHP Health Center for infants ages 3 through 8 months

	MOST OF THE TIME	SOMETIMES	RARELY OR NEVER	CHECK IF THIS IS A CONCERN
19. Has anyone expressed concerns about your baby's behavior? If you checked "sometimes" or "most of the time," please explain:	☐ x	☐ v	☐ z	0

____
____
____
____

20. Do you have concerns about your baby's eating or sleeping behaviors? If so, please explain:

____
____
____
____

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

____
____
____
____

22. What things do you enjoy most about your baby?

____
____
____
____

Person filling out form______________________

Relationship to child______________________

Name______________________ DOB____________ MR#__________ TOTAL POINTS ON PAGE ___

© 2002 Paul H. Brookes Publishing Co.