

## 6 Month Item Response Sheet (continued)

Baby's name: DeJohn Carson Date ASQ:SE-2 completed: 7/7/15  
 Baby's ID #: 03552 Baby's date of birth: 1/3/15  
 Person who completed ASQ:SE-2: Marcus Carson Baby's age/adjusted age in months and days: 6 months 14 days  
 Administering program/provider: Steps Ahead Baby's gender:  Male  Female

This optional sheet is intended for **program use only** and should not be used for questionnaire completion.  
 To record item responses:  
 1. Transfer item response points to the Item score column.  
 2. Enter 5 points in the Concern score column for each item checked as a Concern.  
 3. Circle YES or no for Overall items.  
 4. Record any item comments or notes.

Item no.	Item description	Item score	Concern score	Comments/notes
1.	Calms within half hour when upset?	5	0	
2.	Smiles at you and family members?	0	0	
3.	Likes to be picked up and held?	0	0	
4.	Stiffens and arches back when picked up?	0	0	
5.	Looks at you and seems to listen when you talk?	0	0	
6.	Lets you know when hungry or sick?	0	0	
7.	Seems to enjoy watching or listening to people?	0	0	
8.	Can calm self?	5	0	
9.	Cries for long periods of time?	5	0	
10.	Body relaxed?	0	0	
11.	Trouble sucking from breast or bottle?	0	0	
12.	Feeding takes longer than 30 minutes?	0	0	
13.	Enjoy feeding times together?	0	0	
14.	Eating problems?	0	0	
15.	Stays awake for hour or more at one time during the day?	0	0	
16.	Trouble falling asleep at naptime or night?	5	0	
17.	Sleeps at least 10 hours in a 24-hour period?	5	0	
18.	Gets constipated or has diarrhea?	0	0	

**Item score key:**  
 V = 5  
 X = 10  
**Concern score key:**  
 N = 0  
 Concern marked = 5

## 6 Month Item Response Sheet (continued)

Item no.	Item description	Item score	Concern score	Comments/notes
19.	Makes sounds and looks at you while playing with you?	0	0	
20.	Makes sounds or gestures to get attention?	0	0	
21.	Smiles back at you?	0	0	
22.	Makes sounds back when you talk?	0	0	
23.	Anyone shared concerns about behaviors?	0	0	
24.	Parent concerns about eating or sleeping behaviors?	YES (no)		
25.	Parent worries about baby?	YES (no)		
26.	What parent enjoys about baby?			He smiles and laughs a lot.

25 + 0 = 25

Item score subtotal	25
Concern score subtotal	0
<b>Total score</b>	<b>45</b>

Cutoff

Figure 6.9. A sample Item Response Sheet.