

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Please answer the following questions about your child by ticking the appropriate circle.  
Try to answer EVERY question if you can.

1. Does your child look at you when you call his/her name?

- always
- usually
- sometimes
- rarely
- never



2. How easy is it for you to get eye contact with your child?

- very easy
- quite easy
- quite difficult
- very difficult
- impossible



3. When your child is playing alone, does s/he line objects up?

- always
- usually
- sometimes
- rarely
- never



4. Can other people easily understand your child's speech?

- always
- usually
- sometimes
- rarely
- never
- my child does not speak



5. Does your child point to indicate that s/he wants something (e.g. a toy that is out of reach)?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never



6. Does your child point to share interest with you (e.g. pointing at an interesting sight)?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never



7. How long can your child's interest be maintained by a spinning object (e.g. washing machine, electric fan, toy car wheels)?

- several hours
- half an hour
- ten minutes
- a couple of minutes
- less than a minute



8. How many words can your child say?

- none—s/he has not started speaking yet
- less than 10 words
- 10-50 words
- 51-100 words
- over 100 words



9. Does your child pretend (e.g. care for dolls, talk on a toy phone)?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never



10. Does your child follow where you're looking?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never



11. How often does your child sniff or lick unusual objects?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never



12. Does your child place your hand on an object when s/he wants you to use it (e.g. on a door handle when s/he wants you to open the door, on a toy when s/he wants you to activate it)?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never



13. Does your child walk on tiptoe?

- always
- usually
- sometimes
- rarely
- never



14. How easy is it for your child to adapt when his/her routine changes or when things are out of their usual place?

- very easy
- quite easy
- quite difficult
- very difficult
- impossible



15. If you or someone else in the family is visibly upset, does your child show signs of wanting to comfort them (e.g. stroking their hair, hugging them)?

- always
- usually
- sometimes
- rarely
- never



16. Does your child do the same thing over and over again (e.g. running the tap, turning the light switch on and off, opening and closing doors)?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never



17. Would you describe your child's first words as:

- very typical
- quite typical
- slightly unusual
- very unusual
- my child doesn't speak



18. Does your child echo things s/he hears (e.g. things that you say, lines from songs or movies, sounds)?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never



19. Does your child use simple gestures (e.g. wave goodbye)?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never



20. Does your child make unusual finger movements near his/her eyes?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never



21. Does your child spontaneously look at your face to check your reaction when faced with something unfamiliar?

- always
- usually
- sometimes
- rarely
- never



22. How long can your child's interest be maintained by just one or two objects?

- most of the day
- several hours
- half an hour
- ten minutes
- a couple of minutes



23. Does your child twiddle objects repetitively (e.g. pieces of string)?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never



24. Does your child seem oversensitive to noise?

- always
- usually
- sometimes
- rarely
- never



25. Does your child stare at nothing with no apparent purpose?

- many times a day
- a few times a day
- a few times a week
- less than once a week
- never

