

BEHAVIOR AND COMMUNICATION QUESTIONNAIRE

Name of Child: _____ Child's Birth Date: _____
Name of Parent / Caregiver: _____ Today's Date: _____

Behavior

1. Does your child prefer to be alone?
 Yes
 No
2. Is it difficult for your child to understand what other people are feeling?
 Yes
 No
3. Is it difficult for your child to show an interest in other people?
 Yes
 No
4. Does your child get upset by changes in the surroundings or daily routine?
 Yes
 No
5. Are your child's interests limited to few things, but those things are remarkably interesting?
 Yes
 No
6. Does your child ever play the same way, with the same toy, over and over again?
 Yes
 No
7. Does your child perform repetitive movements such as flapping, rocking, or spinning?
 Yes
 No
8. Does your child have unusual (and often extreme) reactions to sound, smell, taste, texture, light, or color?
 Yes
 No

Please explain any "yes" responses to behavior.

Communication

9. Did your child smile at people by 6 months of age?
 Yes
 No
10. Did your child engage in eye contact by 6 months of age?
 Yes
 No
11. Was your child babbling by 12 months of age?
 Yes
 No
12. Did your child gesture to communicate (e.g. pointing or reaching) by 12 months of age?
 Yes
 No
13. When called, did your child respond to his or her name by 12 months of age?
 Yes
 No
14. Was your child speaking single words by 16 months of age?
 Yes
 No
15. Was your child speaking two-word phrases by 24 months of age?
 Yes
 No
16. How often does your child repeat certain words or phrases over and over?
 Rarely
 Sometimes
 Quite Often
17. How does your child communicate?
 Inconsistent Phrases
 Consistent Phrases
 Complete Sentences
 Other (Please Explain)

Please explain any “no” responses to communication.