



GWINNETT PEDIATRICS & ADOLESCENT MEDICINE



Child's Name: _____

Date of Birth: _____

Today's Date: _____

Please fill out the following about how your child **usually** is. Please try to answer every question. If the behavior is rare (e.g. you've seen it once or twice), please answer as if the child does not do it.

- | | | |
|---|-----|----|
| 1. Does your child enjoy being swung, bounced on your knee, etc.? | YES | NO |
| 2. Does your child take an interest in other children? | YES | NO |
| 3. Does your child like climbing on things, such as up stairs? | YES | NO |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek? | YES | NO |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of dolls,
or pretend other things? | YES | NO |
| 6. Does your child ever use his/her index finger to point, to ask for something? | YES | NO |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something? | YES | NO |
| 8. Can your child play properly with small toys (e.g. cars or bricks) without just
mouthing, fiddling, or dropping them? | YES | NO |
| 9. Does your child ever bring objects over to you (parent) to show you something? | YES | NO |
| 10. Does your child look you in the eye for more than a second or two? | YES | NO |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) | YES | NO |
| 12. Does your child smile in response to your face or your smile? | YES | NO |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) | YES | NO |
| 14. Does your child respond to his/her name when you call? | YES | NO |
| 15. If you point at a toy across the room, does your child look at it? | YES | NO |
| 16. Does your child walk? | YES | NO |
| 17. Does your child look at things you are looking at? | YES | NO |
| 18. Does your child make unusual finger movements near his/her face? | YES | NO |
| 19. Does your child try to attract your attention to his/her own activity? | YES | NO |
| 20. Have you ever wondered if your child is deaf? | YES | NO |
| 21. Does your child understand what people say? | YES | NO |
| 22. Does your child sometimes stare at nothing or wander with no purpose? | YES | NO |
| 23. Does your child look at your face to check your reaction when faced with
something unfamiliar? | YES | NO |
| 24. Have you ever filled out this form for this child before? | YES | NO |