

**Please read each question carefully and**

- 1) Check the box  that best describes your child's behavior; and
- 2) Check the circle  if this behavior is a concern.

Questions use both male and female children as examples. Answer all questions whether your child is a boy or a girl.	<b>Most of the Time</b>	<b>Some-times</b>	<b>Rarely or Never</b>	<b>Check if this is a Concern</b>
1. Does your child look at you when you talk to him?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
2. Does your child seem too friendly with strangers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
3. Does your child laugh or smile when you play with her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
4. Is your child's body relaxed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
5. When you leave, does your child remain upset and cry for more than an hour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
6. Does your child greet or say hello to familiar adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
7. Does your child like to be hugged or cuddled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
8. When upset, can your child calm down within 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
9. Does your child stiffen and arch his back when picked up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
10. Is your child interested in things around her such as people, toys and foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
11. Does your child cry, scream or tantrum for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
12. Do you and your child enjoy mealtimes together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

	Most of the Time	Sometimes	Rarely or Never	Check if this is a Concern
13. Does your child have eating problems such as stuffing foods, vomiting, eating non-food items, or _____? (You may write in another problem.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
14. Does your child sleep at least 10 hours in a 24 hour period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
15. When you point at something, does your child look in the direction you are pointing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
16. Does your child have trouble falling asleep at naptime or at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
17. Does your child get constipated or have diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
18. Does your child follow simple directions? For example, does he sit down when asked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
19. Does your child let you know how she is feeling with either words or gestures? For example, do you know when she is hungry, hurt or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
20. Does your child check to make sure you are near when exploring new places such as a park?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
21. Does your child do things over and over and can't seem to stop? Examples are: rocking, hand flapping, spinning, or _____? (You may write in something else.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
22. Does your child like to hear stories or sing songs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
23. Does your child hurt himself on purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

	Most of the Time	Some-times	Rarely or Never	Check if this is a Concern
24. Does your child like to be around other children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
25. Does your child try to hurt other children, adults, or animals (for example, kick, bite)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
26. Has anyone expressed concerns about your child's behavior? If you checked "sometimes" or "most of the time," please explain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
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27. Do you have concerns about your child's eating or sleeping behaviors? If so, please explain:	<hr/> <hr/>			
28. Is there anything that worries you about your child? if so, please explain:	<hr/> <hr/> <hr/>			