

«2 – 5»

QUESTIONNAIRE FOR EVALUATION OF DEVELOPMENT AND BEHAVIOUR IN 2 – 5 YEAR OLD CHILDREN

This questionnaire contains statements concerning the skills and behaviours of your child in various domains of development. Children are individuals. This means that their skills and behaviours vary from one child to another, and according to age.

Report how you feel that your child functions compared to children of the same age. Base your answers on your experience of the last 3 months.

Put an X next to the degree to which you feel that the statement corresponds to how you generally perceive your child (“**Does not apply**”, “**Applies sometimes/to some extent**” or “**Applies**”).

If you feel that the statement is not applicable (not relevant) due to the child’s age, write “**not applicable**” in the margin.

The questionnaire includes questions about how the child’s behaviour creates problems in everyday life. Make a collective evaluation and base your answers on whether the behaviour in question is a burden to the child him/herself, his/her family, or the preschool.

For these questions, there are four options: **No – A little – A great deal – Very much.**

In order to get as complete a picture as possible, we ask you to fill out the entire questionnaire. Feel free to make your own comments at the end of the questionnaire.

Child’s name:

Date of birth:

Questionnaire filled out by: mum dad other **Who?**

.....

Date:

Creators of the questionnaire:

Björn Kadesjö, Gothenburg, Carmela Miniscalco, Gothenburg, Bibbi Hagberg, Gothenburg, Anu Haavisto, Helsinki, Christopher Gillberg, Gothenburg

To professionals:

Using this questionnaire requires knowledge about what constitutes normal and abnormal development in children, as well as basic knowledge about psychometrics. The questionnaire is meant to shed light on parents’ perception of their child’s strengths and difficulties in a number of areas of development. It is not to be used on its own for diagnostic determinations.

Does not apply	Applies sometimes/ to some extent	Applies
-------------------	--	---------

Gross motor skills; how the child uses his/her body in different activities

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has difficulty learning new motor skills. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is clumsy or bumping in his/her movements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has difficulty running smoothly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Easily tumbles and falls. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is unsteady in his/her balance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has difficulty kicking a ball. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has difficulty throwing and catching a big ball. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has difficulty spinning around the pedals of a tricycle. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fine motor skills; what the child does with his/her hands:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 9. Has difficulty using a spoon. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has difficulty building eight-block towers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is unable to twist off lids. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has difficulty cutting notches into a piece of paper. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has difficulty using, assembling and handling small objects. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has difficulty buttoning buttons when getting dressed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Has not developed a clear hand dominance, i.e. he/she is not clearly right-handed or left-handed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is your child's everyday function affected by gross or fine motor skill difficulties?

Not at all A little Quite a bit Very much

Attention and concentration: the child's ability to be attentive and concentrated in play and other activities

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 16. Is often inattentive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Has difficulty staying attentive to tasks in play or activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Often doesn't seem to listen to what one says to him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has difficulty finishing what he/she has started, goes from one thing to the other. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has difficulty knowing how to perform an action (e.g. what should be done first). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Either tires of or avoids tasks requiring endurance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Loses things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Is easily distracted or disturbed (e.g. by irrelevant sounds like others talking, cars driving by). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Forgetting where he/she has his/her things. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is your child's everyday function affected by his/her ability to be attentive and concentrated in play and other activities?

Not at all A little Quite a bit Very much

Does not apply Applies sometimes/ to some extent Applies

Overactivity and impulsiveness; the child's impulsiveness or tendency to be all too active

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 25. Is constantly in motion somehow (e.g. fidgeting with things). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Has difficulty being still in his/her chair (e.g. twists and turns, gets up and walks around) . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Is constantly running around, rambling and climbing more than is appropriate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Has difficulty playing in a calm and peaceful manner. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Is constantly at "full speed", he/she often does things at an overly high pace. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Speaks, makes noise, babbles constantly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Constantly interrupts adults' conversations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Has difficulty waiting his/her turn (e.g. in play, at preschool or at meals) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Acts impulsively or unpredictably (e.g. runs away from his/her parent, runs out into the street). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is your child's everyday function affected by impulsiveness or a tendency to become overly active?

Not at all A little Quite a bit Very much

Passiveness/inactivity; the child's inactivity or tendency to become all too passive:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 34. Has difficulty getting started with tasks/activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Has difficulty finishing, doesn't complete tasks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Is very passive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Is often "in his/her own world". | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is your child's everyday function affected by passiveness or inactivity?

Not at all A little Quite a bit Very much

Perception; how the child reacts to various sensory impressions:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 38. Has difficulty finding his/her way around even in familiar places. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Constantly bumps into other people or things at meetings or in cramped spaces. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Has difficulty imitating the movements of others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Has difficulty managing puzzles intended for his/her age group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Has an unexpectedly <u>strong</u> reaction to sound, taste, smell, cold, heat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Has an unexpectedly <u>weak</u> reaction to sound, taste, smell, cold, heat. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Is overly sensitive to touch (e.g. to having his/her hair combed, showered, having his/her hair washed). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Gets unexpectedly afraid (of e.g. vacuum cleaners, height differences, a person's beard). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Does not apply	Applies sometimes/ to some extent	Applies
-------------------	--	---------

Is your child's everyday function affected by difficulties in perception?

Not at all A little Quite a bit Very much

Memory; the child's ability to remember:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 46. Learns things, but then it's like he/she forgot it the next day. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Has difficulty remembering names of friends or familiar toys. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Has difficulty remembering well-known rhymes/songs/movement games. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Has difficulty remembering how to carry out familiar activities (e.g. around bedtime). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Has difficulty remembering where he/she has put his/her favourite toys. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Has difficulty resuming an activity after it has been interrupted. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Has difficulty remembering things he/she has experienced during the day. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Has difficulty remembering a specific event he/she has experienced further back in time (e.g. during Christmas, on a trip). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is your child's everyday function affected by memory difficulties?

Not at all A little Quite a bit Very much

Language comprehension; the child's ability to understand spoken language:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 54. Has difficulty understanding words. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Has difficulty understanding simple instructions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Has difficulty with opposite words like yes/no, happy/sad. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Has difficulty with terms like big/small, in/on. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Has difficulty remembering two instructions (e.g. put on your pyjamas and go to the bed). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Has difficulty understanding a story he/she hears read aloud. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Has difficulty with the meaning of if – later (e.g. if you eat food now you will get ice cream later). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Spoken language; the child's ability to speak, pronounce words or express him/herself:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 61. Has difficulty saying single words and short sentences. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Has difficulty speaking so that his/her parents understand him. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Has difficulty speaking so that strange people understand him/her. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Makes language sound mistakes (e.g. says t instead of f, like tota instead of sofa). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Has difficulty finding words or uses alternate words (e.g. says food instead of spoon). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Does not apply	Applies sometimes/ to some extent	Applies
66. Has a hoarse voice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Has a shrill voice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Stutters, or repeats words or parts of words over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Speaks so quickly that it is hard to comprehend what he/she is saying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Speaks very unclearly/mumbles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication: the child's ability to communicate with others:

71. Has difficulty expressing what he/she feels using facial expressions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Has difficulty sticking to the point when he/she is telling a story.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Has difficulty using simple gestures to show what he/she means (like nodding for yes or shaking one's head for no).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Has difficulty making conversation, i.e. "alternating" between listening to someone else and then answering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child's everyday function affected by difficulties in language comprehension, speech or communication?

Not at all A little Quite a bit Very much

Learning; the child's ability to learn new things:

75. Has difficulty understanding instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Has difficulty learning new skills as playing a game or a specific play activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Has exceptional knowledge in some area (ex. puzzles, computers, iPad).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Has difficulty using new skills in more than one situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child's everyday function affected by learning difficulties?

Not at all A little Quite a bit Very much

Social skills; the child's ability to participate in different social situations and interacting with others:

79. Has difficulty understanding other people's facial expressions, gestures, tone of voice or posture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Has difficulty understanding other people's emotions (e.g. mixes up anger-joy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Has difficulty showing consideration for others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Speaks in a monotonous/"strange" voice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Has difficulty following rules, restrictions and prohibitions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Easily gets into conflicts with children of the same age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Has difficulty with group activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Has difficulty playing with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Does not apply	Applies sometimes/ to some extent	Applies
87. Rarely initiates play with children of the same age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Does not answer other children's attempts at contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Is not spontaneously included in other children's play activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
90. Is not interested in physical closeness like e.g. hugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91. Has a clearly abnormal ability to engage in eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
92. Is much too physical in his/her contact with others, sits in strangers' laps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93. Can get totally stuck in one or a select few interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94. Repeats or gets stuck in seemingly meaningless behaviours or actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95. Gets very worried/upset by small changes to his/her daily routines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child's everyday function affected by social difficulties?

Not at all A little Quite a bit Very much

The child's behaviour:

96. Rarely seems happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97. Has poor appetite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98. Constantly wants food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99. Only accepts eating a certain kind of food (e.g. a certain consistency, colour, form).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100. Is anxious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101. Has many fears.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102. Gets very worried or sad when he/she is about to be separated from his/her parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. Sleeps less than most children of the same age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. Has irregular sleeping patterns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. Often has nightmares.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. Often sleepwalks or has nightly "episodes" with screaming, when he/she cannot be "reached" or consoled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. Often refuses to follow the orders of adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. Often teases others by deliberately doing things that are perceived as provocative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. Is prone to outbursts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. Is cruel to animals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Often destroys other people's things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Other children find him/her intimidating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. Subjects other children to danger (deliberately).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Has periods of unusually high activity level that last a few days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Does not apply	Applies sometimes/ to some extent	Applies
I 15. Is periodically noticeably easily irritated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 16. Has difficulty handling even the smallest adversity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 17. Says no to everything that involves any kind of demand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 18. Doesn't forget when he/she has been wronged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 19. Is more shy than children of the same age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 20. Repeats actions in an obsessive manner or has habits that are very difficult to break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 21. Has involuntary facial movements, twitches or grimaces.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 22. Repeats meaningless movements like shaking his/her head, throwing his/her body back and forth, waving his/her hands, rocking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 23. Makes unmotivated sounds like throat-clearing, coughing, swallowing sounds, dog-like barks, sudden squeals etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 24. Repeats words or parts of words in a meaningless manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is your child's everyday function affected by behavioural problems?

Not at all A little Quite a bit Very much

Please describe the problems of your child that you are most worried about:
