UNIVERSITY OF CAMBRIDGE

SOCIAL & COMMUNICATION DEVELOPMENT QUESTIONNAIRE - KEY

Please read the following questions carefully, and circle the appropriate answer. All responses are confidential.

1. Does s/he join in playing games with other children easily?	Yes	No
2. Does s/he come up to you spontaneously for a chat?	Yes	No
3. Was s/he speaking by 2 years old?	Yes	No
4. Does s/he enjoy sports?	Yes	No
5. Is it important to him/her to fit in with the peer group?	Yes	No
6. Does s/he appear to notice unusual details that others miss?	Yes	No
7. Does s/he tend to take things literally?	Yes	No
8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., play-acting being a superhero, or holding teddy's tea parties)?	Yes	No
9. Does s/he like to do things over and over again, in the same way all the time?	Yes	No
10. Does s/he find it easy to interact with other children?	Yes	No
11. Can s/he keep a two-way conversation going?	Yes	No
12. Can s/he read appropriately for his/her age?	Yes	No
13. Does s/he mostly have the same interests as his/her peers?	Yes	No
14. Does s/he have an interest which takes up so much time that s/he does little else?	Yes	No
15. Does s/he have friends, rather than just acquiantances?	Yes	No
16. Does s/he often bring you things s/he is interested in to show you?	Yes	No

17. Does s/he enjoy joking around? Yes No

18. Does s/he have difficulty understanding the rules for polite behaviour? Yes No

19. Does s/he appear to have an unusual memory for details? Yes No

20. Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? Yes No

21. Are people important to him/her? Yes No

22. Can s/he dress him/herself? Yes No

23. Is s/he good at turn-taking in conversation? Yes No

24. Does s/he play imaginatively with other children, and engage in role-play? Yes No

25. Does s/he often do or say things that are tactless or socially inappropriate? Yes No

26. Can s/he count to 50 without leaving out any numbers? Yes No

27. Does s/he make normal eye-contact Yes No

28. Does s/he have any unusual and repetitive movements? Yes No

29. Is his/her social behaviour very one-sided and always on his/her own terms? Yes No

30. Does s/he sometimes say "you" or "s/he" when s/he means "I"? Yes No

31. Does s/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists of facts? Yes No

32. Does s/he sometimes lose the listener because of not explaining what s/he is talking about? Yes No

33. Can s/he ride a bicycle (even if with stabilisers)? Yes No

34. Does s/he try to impose routines on him/herself, or on others, in such a way that it causes problems? Yes No

35. Does s/he care how s/he is perceived by the rest of the group? Yes No

36. Does s/he often turn conversations to his/her favourite subject rather than following what the other person wants to talk about? Yes No

37. Does s/he have odd or unusual phrases? Yes No

SPECIAL NEEDS SECTION

38. Have teachers/health visitors ever expressed any concerns about his/her development? Yes No

If Yes, please specify.....

39. Has s/he ever been diagnosed with any of the following?

Language delay Yes No

Hyperactivity/Attention Deficit Disorder (ADD) Yes No

Hearing or Visual Difficulties Yes No

Autism Spectrum Condition, incl. Asperger's Syndrome Yes No

A physical disability Yes No

Other (please specify) Yes No