Social Communication Questionnaire (SCQ)

Child's Name:	**Child's Age:**	**Child's DoB:**
Informant's Name:	**Relationship to Child:**	
Clinician's Name:	**Date of Interview:**	
School/Clinic's Name:		

Instruction: Please answer each question with a YES or NO. Make sure to think about your answers based on your observations from the last three months.

1. Is she/he now able to talk using short phrases or sentences? If no, skip to Question 8.	☐ Yes	☐ No
2. Do you have a to-and-fro "conversation" with her/him that involves taking turns or building on what you have said?	☑ Yes	☐ No
3. Does she/he ever use odd phrases or say the same thing over and over in almost exactly the same way (either phrases that she/he hears other people use or ones that she/he makes up)?	☐ Yes	☐ No
4. Does she/he ever use socially inappropriate questions or statements? For example, does she/he regularly ask personal questions or make personal comments at awkward times?	☐ Yes	☐ No
5. Does she/he ever get her/his pronouns mixed up (e.g. saying you or she/he for I)?	☐ Yes	☐ No
6. Does she/he ever use words that she/he seems to have invented or made up herself/himself; put things in odd, indirect ways; or use metaphorical ways of saying things (e.g. saying hot rain for steam)?	☐ Yes	☐ No
7. Does she/he ever say the same thing over and over in exactly the same way or insist that you say the same thing over and over again?	☐ Yes	☐ No
8. Does she/he ever have things that she/he seems to have to do in a very particular way or order or rituals that she/he insists that you go through?	☐ Yes	☐ No
9. Does her/his facial expression usually seem appropriate to the particular situation, as far as you can tell?	☐ Yes	☐ No
10. Does she/he ever use your hand like a tool or as if it were part of her/his own body (e.g. pointing with your finger, putting your hand on a doorknob to get you to open the door)?	☐ Yes	☐ No
11. Does she/he ever have any interests that preoccupy her/him and might seem odd to other people (e.g. traffic lights, drainpipes, timetables)?	☐ Yes	☐ No
12. Does she/he ever seem to be more interested in parts of a toy or an object (e.g. spinning the wheels of a car), rather than in using the objects as it was intended?	☐ Yes	☐ No
13. Does she/he ever have any special interests that are unusual in their intensity but otherwise appropriate for her/his age and peer group (e.g. trains or dinosaurs)?	☐ Yes	☐ No
14. Does she/he ever seem to be unusually interested in the sight, feel, sound, taste, or smell of things or people?	☐ Yes	☐ No
15. Does she/he ever have any mannerisms or odd ways of moving her/his hands or fingers, such as flapping or moving her/his fingers in front of her/his eyes?	☐ Yes	☐ No
16. Does she/he ever have any complicated movements of her/his whole body, such as spinning or repeatedly bouncing up and down?	☐ Yes	☐ No
17. Does she/he ever injure herself/himself deliberately, such as biting her/his arm or banging her/his head?	☐ Yes	☐ No
18. Does she/he ever have any objects (other than a soft toy or comfort blanket) that she/he has to carry around?	☐ Yes	☐ No
19. Does she/he ever have any particular friends or a best friend?	☐ Yes	☐ No
20. Does she/he ever talk to you just to be friendly (rather than to get something)?	☐ Yes	☐ No
21. Does she/he ever spontaneously copy you (or other people) or what you are doing (such as vacuuming, gardening, or mending things)?	☐ Yes	☐ No
22. Does she/he ever spontaneously point at things around her/him just to show you things (not because she/he wants them)?	☐ Yes	☐ No
23. Does she/he ever use gestures, other than pointing or pulling your hand, to let you know what she/he wants?	☐ Yes	☐ No
24. Does she/he nod her/his head to indicate yes?	☐ Yes	☐ No
25. Does she/he shake her/his head to indicate no?	☐ Yes	☐ No
26. Does she/he usually look at you directly in the face when doing things with you or talking with you?	☐ Yes	☐ No
27. Does she/he smile back if someone smiles at her/him?	☐ Yes	☐ No
28. Does she/he ever show you things that interest her/him to engage your attention?	☐ Yes	☐ No

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29. Does she/he ever offer to share things other than food with you?	☐ Yes	☐ No
30. Does she/he ever seem to want you to join in her/his enjoyment of something?	☐ Yes	☐ No
31. Does she/he ever try to comfort you if you are sad or hurt?	☐ Yes	☐ No
32. If she/he wants something or wants help, does she/he look at you and use gestures with sounds or words to get your attention?	☐ Yes	☐ No
33. Does she/he show a normal range of facial expressions?	☐ Yes	☐ No
34. Does she/he ever spontaneously join in and try to copy the actions in social games, such as The Mulberry Bush or London Bridge Is Falling Down?	☐ Yes	☐ No
35. Does she/he play any pretend or make-believe games?	☐ Yes	☐ No
36. Does she/he seem interested in other children of approximately the same age whom she/he does not know?	☐ Yes	☐ No
37. Does she/he respond positively when another child approaches her/him?	☐ Yes	☐ No
38. If you come into a room and start talking to her/him without calling her/his name, does she/he usually look up and pay attention to you?	☐ Yes	☐ No
39. Does she/he ever play imaginative games with another child in such a way that you can tell that each child understands what the other is pretending?	☐ Yes	☐ No
40. Does she/he play cooperatively in games that need some form of joining in with a group of other children, such as hide-and-seek or ball games?	☐ Yes	☐ No

Scoring (For Clinician Only)

Once you receive a fully-accomplished questionnaire, you need to calculate the scores. Each item can score up to a single point, but the scores are different for each number because they are all framed differently. All-in-all, the maximum score for this questionnaire is 25.

To help you calculate the scores, please refer to this table:

1	YES	**11**	YES (1)	**21**	NO (1)	**31**	NO (1)
2	NO (1)	**12**	NO (0)	**22**	NO (1)	**32**	YES (0)
3	YES (1)	**13**	NO (0)	**23**	NO (1)	**33**	NO (1)
4	YES (1)	**14**	YES (1)	**24**	NO (1)	**34**	YES (0)
5	NO (0)	**15**	YES (1)	**25**	NO (1)	**35**	NO (1)
6	YES (1)	**16**	YES (1)	**26**	YES (0)	**36**	YES (0)
7	YES (1)	**17**	NO (0)	**27**	YES (0)	**37**	YES (0)
8	YES (1)	**18**	NO (0)	**28**	NO (1)	**38**	YES (0)
9	NO (1)	**19**	YES (0)	**29**	NO (1)	**39**	NO (1)
10	YES (1)	**20**	NO (1)	**30**	YES (0)	**40**	NO (1)

If Item 1 was marked 'Yes': The Total Score will be calculated based on Items 2-40.

If Item 1 was marked 'No': The Total Score will be calculated based on Items 8-40.

Total Score: .....

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