



This questionnaire has been used at Tinsley House Clinics for children of four years and upwards. It is only a rough guide and is not a replacement for a proper diagnosis.

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|---|--|---|
| Question 1
Is there a family history of any learning or behavioural problems? | Points
Yes: <input type="checkbox"/> 10 | Points
No: <input type="checkbox"/> 0 |
| Question 2
Were you and the baby fit and well during the pregnancy? | Yes: <input type="checkbox"/> 0 | No: <input type="checkbox"/> 1 |
| Question 3
Did the pregnancy go to full term? | Yes: <input type="checkbox"/> 0 | No: <input type="checkbox"/> 2 |
| Question 4
Was the delivery natural or assisted (venous, Caesarean or forceps)? | Natural: <input type="checkbox"/> 0 | Assisted: <input type="checkbox"/> 5 |
| Question 5
Was there any concern over foetal distress? | Yes: <input type="checkbox"/> 5 | No: <input type="checkbox"/> 0 |
| Question 6
When did your child sit unaided? | Less 6 Months: <input type="checkbox"/> 0 | More 6 Months: <input type="checkbox"/> 2 |
| Question 7
Did your child crawl? | Yes: <input type="checkbox"/> 0 | No: <input type="checkbox"/> 2 |
| Question 8
When did your child walk? | Less 1 Year : <input type="checkbox"/> 0 | More 1 Year : <input type="checkbox"/> 1 |
| Question 9
In the first year did your child have a collection of single words? | Yes: <input type="checkbox"/> 0 | No: <input type="checkbox"/> 1 |
| Question 10
In the second year did your child put two words together? | Yes: <input type="checkbox"/> 0 | No: <input type="checkbox"/> 1 |

Question 11

By the third year was your child making mini-sentences?

Yes: 0No: 1**Question 12**

When was your child potty-trained by day?

Less 2.5
Years : 0More 2.5
Years : 1**Question 13**

When was your child no longer wetting the bed at night?

Less 3
Years : 0More 3
Years : 2**Question 14**

Have there been any bed-wetting incidents since?

Yes: 1No: 0**Question 15**

Has your child ever soiled?

Yes: 2No: 0**Question 16**

Does your child have problems with reading/writing?

Yes: 2No: 0**Question 17**

Does your child have problems in concentrating?

Yes: 1No: 0**Question 18**

Is your child ever hyperactive?

Yes: 2No: 0**Question 19**

How is your child's short-term memory?

Good: 0Poor: 1**Question 20**

Has your child ever had any rituals or obsessions?

Yes: 3No: 0**Question 21**

Has your child ever had any involuntary movements, tics, excessive blinking, grimacing, or made repeated sounds?

Yes: 5No: 0**Question 22**

Is your child, or was your child ever, clumsy or accident-prone?

Yes: 2No: 0Total **Results - Total the numbers and refer to the notes below**

15 points or less means that you have very little to worry about

16-29 points means there is a high probability of developmental delay

30 points or more means that a developmental delay is virtually certain