Parent info: name , age , dob ,profession , single parent (yes or no (if yes you are mother or father) ) , Both parent works(yes or no if no who work father or mother) , who spend maximum time with child (mother or father or guardians), How many child do you have (number ) , Are you planning for next child (yes or no) ,

Child info: name, age , adopted (Yes or No) , dob , female or male

ADHD and autism questions:

**Do you know your child have condition like ADHD or Autism ?** ( Yes or No)

**Have you consult with doctor ?** ( Yes or No)

**Does your child respond to affection and comfort? If yes, how?**

*Example: Does your child enjoy hugs, respond to soothing words, or have special comfort activities that help during difficult moments?*

**Did your child reach developmental milestones at typical ages?**

*Example: When did your child start walking, talking, or other key milestones compared to typical developmental timelines?*

**What behavioral patterns have you noticed in your child?**

*Example:*

***ADHD (Attention-Deficit/Hyperactivity Disorder):***

* ***Inattention****: Easily distracted, forgetful, trouble focusing.*
* ***Hyperactivity****: Constant movement, fidgeting, difficulty sitting still.*
* ***Impulsivity****: Acts without thinking, interrupts others, impatient.*

***Autism Spectrum Disorder (ASD):***

* ***Social difficulties****: Trouble with eye contact, understanding emotions, or making friends.*
* ***Communication challenges****: Delayed speech, repetitive language, or limited conversation skills.*
* ***Repetitive behaviors****: Routines, hand-flapping, fixations on specific interests.*

***Does your child communicate toileting needs?***

*Example: Does your child tell you when they need to use the bathroom, or do they show specific signs instead of verbal communication?*

***Does your child display hyperactive behaviors?***

*Example: Does your child have difficulty sitting still, seem constantly "on the go," or have trouble engaging in quiet activities?*

***Does your child display impulsive behaviors during urgent situations?***

*Example: Does your child react without thinking when excited or stressed, have difficulty waiting their turn, or make sudden decisions without considering consequences?*

***Does your child engage in social interactions with others?*** *Example: Does your child initiate conversations, respond to greetings, play or share with peers, or show interest in making friends?*

***Does your child make eye contact during interactions?*** *Example: When speaking or listening, does your child look at others in the eye, or do they tend to avoid eye contact even in familiar situations?*

***Can you describe your child’s physical behavior in daily situations? Give me examples of your of real life ?***

***Does your child have difficulty with social communication?****Example: Does your child struggle to start or maintain conversations, understand humor or sarcasm, or interpret verbal and non-verbal cues like gestures and facial expressions?*

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***Who spends the most time with your child on a daily basis?*** *Example: Is it usually the mother, father, grandparent, caregiver, or someone else? This helps us understand who observes the child’s behavior most closely.*

**What is your child’s daily routine like, including sleep and activity patterns?**  
*Example: What time does your child usually wake up and go to sleep? How do they spend their day—such as school, playtime, meals, screen time, naps, or therapy sessions? Are there any difficulties with sleep, transitions, or maintaining a consistent schedule?*

**What does your child’s diet typically consist of?**  
*Example: Does your child follow a regular eating schedule? Are there any specific food preferences, restrictions, or sensitivities, such as avoiding certain textures, flavors, or ingredients? How do they react to changes in their diet?*