

Questionnaire for Users to determinate Autism:

Demographics

1. Child's Full Name:
2. Child's Age:
3. Child's Gender:
4. Parent's Full Name:
5. Relationship to Child:

Developmental History

6. At what age did your child start to speak his/her first words?
7. At what age did your child start to speak in sentences?
8. Have you noticed any regression in your child's development, such as loss of words or skills they previously had?
9. How would you describe your child's overall development compared to other children his/her age?

Social Interactions

10. Does your child make eye contact when interacting with others?
11. Does your child show interest in other children and/or seek out social interactions?
12. How does your child respond to his/her name being called?
13. Does your child seem to understand and respond appropriately to the emotions of others?

Communication

14. Does your child use gestures (like pointing) to communicate before they could speak?
15. Does your child engage in pretend play (like pretending a banana is a phone, for example)?
16. Does your child have any repetitive speech patterns or echolalia (repeating words or phrases)?

Behaviour

17. Does your child engage in repetitive behaviors (like hand flapping, rocking, spinning, etc.)?
18. Does your child have any unusually intense interests or preoccupations?
19. Does your child have any rituals or routines that they insist on, and do they get upset if these are interrupted?
20. Does your child have unusual reactions to sensory input, such as textures, sounds, lights, or tastes?

Health and Family History

21. Does your child have any known health issues?
22. Is there a family history of autism or other developmental disorders?

Additional Information

23. Are there any other concerns you have regarding your child's development?
24. Is there any additional information you feel might be important to share?

Questionnaire for Users to determinate ADHD:

Demographics

1. Child's Full Name:
2. Child's Age:
3. Child's Gender:
4. Parent's Full Name:
5. Relationship to Child:

Developmental and Medical History

6. At what age did you first notice that your child might be more active or have more difficulty focusing than other children their age?
7. Has your child ever experienced a major illness or injury?
8. Does your child have any known learning difficulties?

Attention

9. How often does your child make careless mistakes in schoolwork or other activities?
10. How often does your child have difficulty sustaining attention in tasks or play activities?
11. How often does your child seem to not listen when spoken to directly?
12. How often does your child fail to complete schoolwork, chores, or duties in the workplace due to inattention?
13. How often does your child have difficulty organising tasks and activities?

Hyperactivity and Impulsivity

14. How often does your child fidget with or tap hands or feet, or squirm in seat?
15. How often does your child leave their seat in situations when remaining seated is expected?
16. How often does your child run about or climb in situations where it is not appropriate?
17. How often is your child "on the go", acting as if "driven by a motor"?
18. How often does your child interrupt or intrude on others?

Behaviour

19. How often does your child lose things necessary for tasks or activities?
20. How often is your child easily distracted by extraneous stimuli?
21. How often is your child forgetful in daily activities?

Health and Family History

22. Does your child have any known health issues?
23. Is there a family history of ADHD or other mental health disorders?

Additional Information

24. Are there any other behaviours that concern you or that you feel are unusual for your child?
25. Is there any additional information you feel might be important to share?