Final questionnaire:

Gross developmental screening:

|  |  |  |
| --- | --- | --- |
| Holds head steady | 3.8 | Y/N |
| Rolls from back to stomach | 4.8 |  |
| Raises self to sitting position | 11 |  |
| standing with support | 11 |  |
| Walks with support | 13 |  |
| Walks without support | 19 |  |
| Jumps in place | 29 |  |
| Hops continuously | 52 |  |
| Heel to toe walk 4 consecutive steps | 60 |  |
| mature pincer grasp | 11 |  |
| Points to parts of doll | 24.5 |  |
| Removes garments | 25 |  |
| Copy circle | 39 |  |
| Draw person with 3 parts | 55 |  |
| Writes alphabets | 56 |  |
| Copy 3 shapes | 64 |  |
| Picks 5 objects from the group | 66 |  |
| Bottun / Unbotton | 68 |  |
| says 2 words | 19 |  |
| uses word for personal needs | 27 |  |
| Tells gender when asked | 33 |  |
| On instruction place objects | 36 |  |
| Asks simple questions | 36 |  |
| Answer 2 questions | 40 |  |
| Name one colour | 45 |  |
| Tells use of two objects | 45 |  |
| Tells function of 3 body parts | 57 |  |
| Answers why questions | 63 |  |
| Names days of the week in order | 70 |  |
| Uses 5-6 word sentences | 72 |  |
| Social smile | 2 |  |
| Concept of one | 46 |  |
| Plays and talks with peers | 50 |  |
| Points to middle | 65 |  |
| Writes own name | 72 |  |

LEST items (33)

MCHAT R

1. You reported that you have wondered if you child is deaf. What led you to wonder that?
2. Does \_\_\_\_\_\_\_\_ make unusual finger movements near his/her eyes?
3. Does \_\_\_\_\_\_\_\_\_\_ get upset by everyday noises?

If yes, or any of these, increased risk of ASD

Vanderbilt ADHD diagnostic parent scale:

1. Fidgets with hands or feet or squirms in seat
2. Leaves seat when he is suppose to stay in his seat
3. Runs about or climbs too much when he is suppose to stay seated
4. Has difficulty playing or starting quiet games
5. Is “on the go” or often acts as if “driven by a motor”
6. Talks too much
7. Blurts out answers before questions have been completed
8. Has difficulty waiting his/her turn
9. Interrupts or bothers others when they are talking or playing games
10. How is your child doing in reading?
11. How is your child doing in writing?
12. How is your child doing in math?
13. How does your child get along with you?
14. How does the child get along with others

A child meets diagnostic criteria if they have six or more “Often” or “Very Often” on items 10 through 18, plus a performance problem (scores of 1 or 2) on questions 48 to 55.

PSC-17 : For behavioral development: Total score > 15 is positive for behavioral abnormality

Total number of questions (100)