

UNIVERSITY OF CAMBRIDGE

SOCIAL & COMMUNICATION DEVELOPMENT QUESTIONNAIRE - KEY
ASD relevant responses are underlined and score '1'. Maximum score possible is 31,
cut-off currently is 15 for possible ASD or related social-communication difficulties.
Questions that are not underlined are controls

Please read the following questions carefully, and circle the appropriate answer. All responses are confidential.

- | | | |
|--|------------|-----------|
| 1. Does s/he join in playing games with other children easily? | Yes | <u>No</u> |
| 2. Does s/he come up to you spontaneously for a chat? | Yes | <u>No</u> |
| 3. Was s/he speaking by 2 years old? | Yes | No |
| 4. Does s/he enjoy sports? | Yes | No |
| 5. Is it important to him/her to fit in with the peer group? | Yes | <u>No</u> |
| 6. Does s/he appear to notice unusual details that others miss? | <u>Yes</u> | No |
| 7. Does s/he tend to take things literally? | <u>Yes</u> | No |
| 8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., play-acting being a superhero, or holding teddy's tea parties)? | Yes | <u>No</u> |
| 9. Does s/he like to do things over and over again, in the same way all the time? | <u>Yes</u> | No |
| 10. Does s/he find it easy to interact with other children? | Yes | <u>No</u> |
| 11. Can s/he keep a two-way conversation going? | Yes | <u>No</u> |
| 12. Can s/he read appropriately for his/her age? | Yes | No |
| 13. Does s/he mostly have the same interests as his/her peers? | Yes | <u>No</u> |
| 14. Does s/he have an interest which takes up so much time that s/he does little else? | <u>Yes</u> | No |
| 15. Does s/he have friends, rather than just acquaintances? | Yes | <u>No</u> |

| | | |
|--|------------|-----------|
| 16. Does s/he often bring you things s/he is interested in to show you? | Yes | <u>No</u> |
| 17. Does s/he enjoy joking around? | Yes | <u>No</u> |
| 18. Does s/he have difficulty understanding the rules for polite behaviour? | <u>Yes</u> | No |
| 19. Does s/he appear to have an unusual memory for details? | <u>Yes</u> | No |
| 20. Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)? | <u>Yes</u> | No |
| 21. Are people important to him/her? | Yes | <u>No</u> |
| 22. Can s/he dress him/herself? | Yes | No |
| 23. Is s/he good at turn-taking in conversation? | Yes | <u>No</u> |
| 24. Does s/he play imaginatively with other children, and engage in role-play? | Yes | <u>No</u> |
| 25. Does s/he often do or say things that are tactless or socially inappropriate? | <u>Yes</u> | No |
| 26. Can s/he count to 50 without leaving out any numbers? | Yes | No |
| 27. Does s/he make normal eye-contact | Yes | <u>No</u> |
| 28. Does s/he have any unusual and repetitive movements? | <u>Yes</u> | No |
| 29. Is his/her social behaviour very one-sided and always on his/her own terms? | <u>Yes</u> | No |
| 30. Does s/he sometimes say “you” or “s/he” when s/he means “I”? | <u>Yes</u> | No |
| 31. Does s/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists of facts? | Yes | <u>No</u> |
| 32. Does s/he sometimes lose the listener because of not explaining what s/he is talking about? | <u>Yes</u> | No |
| 33. Can s/he ride a bicycle (even if with stabilisers)? | Yes | No |

- | | | |
|--|------------|-----------|
| 34. Does s/he try to impose routines on him/herself, or on others, in such a way that it causes problems? | <u>Yes</u> | No |
| 35. Does s/he care how s/he is perceived by the rest of the group? | Yes | <u>No</u> |
| 36. Does s/he often turn conversations to his/her favourite subject rather than following what the other person wants to talk about? | <u>Yes</u> | No |
| 37. Does s/he have odd or unusual phrases? | <u>Yes</u> | No |

SPECIAL NEEDS SECTION

- | | | |
|--|-----|----|
| 38. Have teachers/health visitors ever expressed any concerns about his/her development? | Yes | No |
|--|-----|----|

If Yes, please specify.....

- | | | |
|---|-----|----|
| 39. Has s/he ever been diagnosed with any of the following? | | |
| Language delay | Yes | No |
| Hyperactivity/Attention Deficit Disorder (ADD) | Yes | No |
| Hearing or Visual Difficulties | Yes | No |
| Autism Spectrum Condition, incl. Asperger's Syndrome | Yes | No |
| A physical disability | Yes | No |
| Other (please specify) | Yes | No |