

YOUNG CHILD QUESTIONNAIRE (3-5 year old)

CHILD'S NAME:	DATE:
DOB:	AGE:
DIAGNOSIS (IF ANY):	
REASON FOR REFERRAL:	
DEVELOPMENTAL HISTORY: Prenatal/Birth complications:	
As closely as you can recall, comment briefly condevelopment in the following areas:	ncerning your child's
Sucking pattern:	
Sleeping pattern:	
Creeping-hands and knees (e.g.absent or brief crewalking):	eping before
Walking:	

Early eating habits (e.g. transition to solids):
Present eating skills (e.g. use of utensils, cup):
Dressing skills:
Toileting: Bowel:
Bladder:
Self-Regulation: (Does your child transition easily? Does he or she seem overly stressed by separation from primary caregivers?)
Speech:
Other areas of Concern:

CHECK THE BOX THAT $\underline{\text{BEST}}$ DESCRIBES FREQUENCY OF THE FOLLOWING BEHAVIORS: $\underline{\text{UNDERLINE SPECIFIC PROBLEMS}}$ STAR (*) PROMINENT DIFFICULTIES.

Does the child exhibit the	Fre-	Some-	Never	Comments
following behaviors?	quently	times	Never	
Tollowing Deliaviols.	quenery	CIMOS		
MOTOR SKILLS				
1. Difficulty moving a riding toy,				
with feet pushing or propelling,				
(e.g. big wheel).				
2. Difficulty or hesitance in				
climbing up or down stairs				
alternating feet.				
3. Dislikes or avoids playing with				
puzzles.				
4. Dislikes or avoids coloring or				
drawing.				
5. Dislikes or avoids playing with				
small manipulative toys (e.g.				
Duplos, Legos, beads, blocks). 6. Difficulty with the use of a				
spoon or cup.				
spoon of cup.				
7. Has very messy eating habits.				
7. Has very messy caering habites.				
8. Seems weaker or tires more				
easily than other children his/her				
age.				
9. Appears 'stiff', awkward, or				
clumsy in movement.				
10.Difficulty learning new motor				
tasks (frustrates easily or avoids				
tasks).				
11.Uses too much or too little				
force when playing with toys or				
interacting with children or pets.				
12. Walks on toes, now, or in the				
past.				
MOVEMENT & BALANCE				
1. Fearful of ascending and/or				
descending stairs.				
accellating scarrs.				
2. Gets nauseated or vomits from				+
some movement experiences (e.g.				
swinging, spinning, rotation, car				
rides).				
3. Hesitates to climb or play on				
playground equipment.				
4. Difficulty or hesitance in				
learning to catch a ball.				
5. Dislikes or tires quickly during				
active running games (e.g. tag).				
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Does the child exhibit the	Fre-	Some-	Never	Comments
following behaviors?	quently	times	1.0.01	
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MOVEMENT & BALANCE-CONT.				
6. Appears to be in constant				
motion, unable to sit still for an				
activity.				
7. Seeks large quantities of				
twirling or spinning.				
8. Seeks large quantities of stimulation on amusement park rides				
and swings.				
9. Rocks himself/herself or bangs				
head when stressed.				
10. Seems to fall frequently.				
11. Has poor safety awareness when				
moving through space.				
12. Fearful of going down slides or				
on a swing.				
on a swing.				
TOUCH				
1. Seems overly sensitive to being				
touched, pulls away from light				
touch.				
2. Has trouble remaining in busy or				
group situations (e.g. circle time,				
recess).				
3. Complains that clothing is				
uncomfortable or is bothered by the				
tags in the back of shirts. 4. Resists wearing short-sleeved				
shirts or short pants (or long-				
sleeved shirts and long pants when				
appropriate).				
5. Dislikes being cuddled or hugged				
unless on his or her terms.				
6. Avoids putting hands in messy				
substances (e.g. Play-Doh, finger				
<pre>paint, glue). 7.Is a picky eater; refuses many</pre>				
foods.				
100ab.				
8. Seems overly sensitive to light				
bumps or scrapes.				
9.Frequently pushes or hits other				
children.				
10 0 1 1				
10. Seeks large quantities of				
jumping and crashing.				
11.Seems unaware of being touched			1	
or bumped.				
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Does the child exhibit the	Fre-	Some-	Never	Comments
following behaviors?	quently	times		
MOTICIT (COMM)				
TOUCH (CONT)				
12. Continues to examine objects by putting in the mouth (past the age of 1.5 years).				
13.Pinches, bites, or otherwise hurts self.				
14.Dislikes tooth brushing or dentist visits.				
15.Often unaware of bruises and				
cuts until someone calls it to his or her attention.				
16.Tends to touch things constantly.				
AUDITORY/LANGUAGE				
1. Has or has had repeated ear infections.				
2. Particularly distracted by sounds, seeming to hear sounds that				
go unnoticed by others (e.g. outside noises, refrigerator).				
3. Is overly sensitive to mildly loud noises (e.g. bells, toilet flush).				
4. Is hard to understand when he or she speaks.				
5. Has trouble following 1-2 step commands.				
6. History of delayed speech development.				
EMOTIONAL				
1. Does not accept changes in routine easily.				
2. Becomes easily frustrated.				
3. Apt to be impulsive, heedless, accident-prone.				
4. Has frequent outbursts or tantrums.				
5. Tends to withdraw from groups; plays on the outskirts.				
6. Has trouble making needs known in an appropriate manner.				
7. Avoids eye contact.				

Strengths:	
Weaknesses:	
Comments:	
Parent Signature	Date
Adapted from OTAWatertown	