

PARENT QUESTIONNAIRE FOR EVALUATION OF DEVELOPMENT AND BEHAVIOUR IN 5-15-YEAR OLD CHILDREN

This questionnaire contains questions concerning the skills and behaviours of your child in various domains of development. For the purpose of obtaining a comprehensive evaluation of your child's abilities please reply to all statements. Feel free to make your own comments.

Children act and behave differently at different ages. Compare your child to other children of the same age.

The statements given are followed by boxes marked "Does not apply", "Applies sometimes/to some extent" or "Definitely applies". Tick the box that contains the statement that you think best corresponds to your child's functioning in everyday situations.

If the statement is not relevant because of the child's age please note irrelevant in the margin

Your child's name:

Date of birth:

This form was completed by:.....

Date:.....

The use of this questionnaire requires knowledge about normal and atypical child development as well as basic knowledge in psychometrics. The questionnaire aims at elucidating the parent's views on their child's strengths and weaknesses in several developmental domains. It is not meant to serve as the sole basis for diagnostic decisions.

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Björn Kadesjö, Gothenburg, Lars-Olof Janols, Uppsala, Marit Korkman, Helsinki, Katarina Mickelsson, Helsinki, Gerd Strand, Oslo, Anegen Trillingsgaard, Aarhus, Christopher Gillberg Gothenburg

Coping for own use is allowed

Gross motor skills:

	Does not apply	Applies sometimes/to some extent	Applies
1. Difficulty acquiring new motor skills, such as learning how to ride a bike, skate, swim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Difficulty throwing and catching a ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Difficulty running fast and smoothly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has difficulties or does not like to participate in game sports such as soccer/football, land hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Balance problems; for instance, has difficulty standing on one leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Often stumbles and falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Clumsy or awkward movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fine motor skills:

8. Does not like to draw, has difficulties drawing figures that represent something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Difficulty handling, assembling and manipulating small objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Difficulty pouring water into a glass without spilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Often spills food onto clothes or table when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Difficulty using knife and fork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Difficulty buttoning or tying shoe-laces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Difficulty using a pen (e.g., presses too hard, hand is shaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Has not developed clear hand preference, i.e., is neither clearly right-handed nor left-handed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Writing is slow and laborious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Immature pencil-grip, holds the pen in an unusual manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Feel free to specify which motor activities you think your child is good at:

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Ability to pay attention and to concentrate on various tasks and activities:

Does not apply Applies sometimes/to some extent Applies

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|---|--------------------------|--------------------------|--------------------------|
| 18. Often fails to pay close attention to details or makes careless mistakes
(in schoolwork, work assignments, or other activities) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Often has difficulty sustaining attention in tasks or play activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Often does not seem to listen when spoken to directly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Often does not follow instructions and fails to finish schoolwork, chores, or duties (not due to oppositional behaviour or failure to understand instruction) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Often has difficulty organizing tasks and activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as homework) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Often loses things necessary for tasks or activities (e.g., toys, school equipment, pencils, books, or tools) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is often easily distracted by extraneous stimuli (e.g., irrelevant sounds like other people talking, cars driving by) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is often forgetful in daily activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Children’s ability to concentrate well varies a lot. Feel free to describe situations in which your child is able to concentrate well:

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Impulsivity or tendency to become too active or too passive

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|---|--------------------------|--------------------------|--------------------------|
| 27. In constant motion (squirms in seat, fidgets with fingers, plucks at things etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Difficulty remaining seated (squirms in seat gets up and moves about | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Often runs about or climbs excessively in situations in which is inappropriate
(in older children or adolescents this may be limited to subjective feelings of restlessness) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Difficulty playing calmly and quietly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Is often "on the go" or often acts as if "driven by a motor" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Often talks excessively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Often blurts out answers before the question has been completed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Difficulty awaiting turns (in games, during meals etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Does not apply	Applies sometimes/to some extent	Applies
35. Often interrupts or intrudes on others (e.g., butts into conversations or games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Difficulty getting started on tasks/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Difficulty completing a task/activity, does not get things done like the rest of the group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Often "in own world" or daydreaming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Seems slow, inert, or lacking energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ability to plan and organise activities

40. Difficulty understanding consequences of own actions (e.g., climbs in dangerous places)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Difficulty planning and preparing for tasks (e.g., collecting equipment needed for an outing or for school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Difficulty completing sequential tasks (e.g., young children: getting dressed in the morning without constant reminders; older children: completing home work without constant reminders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Perception

43. Difficulty finding his/her way around (even in well known places)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Seems disturbed by height differences (even slight) such as in connection with climbing stairs etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Difficulty judging distance or size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Difficulty comprehending orientation and spatial directions (young children turning clothes back to front, older children confusing letters such as b, p, d, or digits such as 6, 9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Bumps into other people, especially in narrow places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Concepts of time

48. Poor concepts of time, e.g., does not have an intuitive feeling for how long "five minutes" or "one hour" take or is uncertain about how long ago something happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Has only a vague idea about what time it is, whether it is morning or afternoon, whether it is time or not to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Repeatedly asks about when something is going to happen, e.g., how much time is left before an outing or before it is time to go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Can read the clock mechanically but does not understand the actual time concept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Perception of own body

	Does not apply	Applies sometimes/to some extent	Applies
52. Does not have a sense of how clothes fit, does not straighten socks or trousers that have slid down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Surprisingly poor perception of cold, pain etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Poor body awareness (uncertain of size of own body in relation to the environment, e.g., bumps into or tumbles over things without intention to do so)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Oversensitive to touch (is irritated by tight clothing, perceives soft touch as rough etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Difficulty imitating other people's movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visual form perception

57. Tends to misinterpret pictures; e.g., may perceive of a picture of an egg as that of a flower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Difficulty noticing small differences in shapes, figures, words and patterns that look alike	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Difficulty drawing pictures such as that of a car, a house etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Difficulty with jigsaw puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Memory

61. Difficulty remembering information about personal data, such as date of birth, home address etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Difficulty remembering the names of other people (e.g., name of teacher, school peers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Difficulty remembering the names of weekdays, months and seasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Difficulty remembering non-personal facts learned at school (e.g., historic events, chemical formulas etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Difficulty remembering what has occurred recently, as who has phoned or, what he/she ate a few hours ago etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Difficulty remembering events that occurred some time ago, such as what happened on a trip, what Christmas presents he/she got etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Difficulty remembering where he/she put things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Difficulty remembering appointments with peers or what home-work he/she has got	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Difficulty learning rhymes, songs, multiplication tables etc by heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Difficulty remembering long or multiple-step instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Difficulty acquiring new skills, such as rules of new play or games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comprehension of spoken language

	Does not apply	Applies sometimes/to some extent	Applies
72. Difficulty understanding explanations and instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Difficulty following and comprehending stories read aloud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Difficulty perceiving what other people say (often says "what?", "what do you mean?")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Difficulty with abstract concepts such as "the day after tomorrow", "in the right order"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Tends to misinterpret what is said	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expressive language skills

77. Uncertain of speech sounds and tends to misarticulate words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Difficulty learning the names of colours, people, letters etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Difficulty finding words or explaining to other people, says: "the, the, the ..."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Tends to remember words incorrectly, says "armbow" instead of "elbow", refers to "pointer" instead of "index" etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Difficulty explaining what he/she wants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Difficulty speaking fluently without any breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Difficulty expressing him/herself in whole sentences, in grammatically correct sentences, or inflecting words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Pronounces specific sounds incorrectly (has a lisp, difficulty pronouncing the sound of "r", nasal voice etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:.....

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85. Difficulty pronouncing complex words such as "electric", "screwdriver" etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. Has a hoarse voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. Stutters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. Speaks so rapidly that it is difficult to comprehend what he/she is saying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89. Has a muddled speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:.....

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Language use in conversation and communication with others

Does not apply Applies sometimes/to some extent Applies

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|--|--------------------------|--------------------------|--------------------------|
| 90. Difficulty telling about experiences or situations so that the listener understands (e.g., what happened during the day or during the summer vacation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 91. Difficulty keeping "on track" when telling other people something | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 92. Difficulty taking part in a conversation, e.g., problems shifting from listening to talking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Acquisition of reading, writing and maths skills

(these questions concerns only school-aged children)

Questions relating to children's learning can be difficult for parents without information from the child's teacher.

Nevertheless, please try to respond to the following questions based on what you know or what you have heard from the child's teacher.

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|--|--------------------------|--------------------------|--------------------------|
| 93. Acquiring reading skills is more difficult than expected considering his/her ability to learn other things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 94. Has difficulties to understand what he/she is reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. Difficulty reading aloud at normal speed (reads too slowly, too quickly, or fails to read fluently) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. Does not like reading (e.g., avoids reading books) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 97. Makes guesses while reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. Difficulty spelling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 99. Has difficulties with the shape of letters and to write neatly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. Difficulty formulating him/herself in writing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. Difficulty acquiring basic maths skills (addition, subtraction; i.e., plus, minus) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. Difficulty with maths problems given in written form | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. Difficulty applying various mathematical rules | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. Difficulty learning multiplication tables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 105. Difficulty with mental arithmetic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General learning and cognitive skills

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|---|--------------------------|--------------------------|--------------------------|
| 106. Difficulty understanding verbal instructions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 107. Difficulty understanding or using abstract terms, e.g., terms relating to size, volume, spatial directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 108. Difficulty participating in discussions with other children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 109. Difficulty learning facts or acquiring knowledge about the surrounding world, for example, science subjects in school, facts about own country, of how things work, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	Does not apply	Applies sometimes/to some extent	Applies
I 10. Exceptional knowledge or skills in some area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide examples:

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I 11. Is good at artistic or practical things (playing an instrument, drawing, painting, construction work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please provide examples:

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Ability to solve problems and approach new learning situations

I 12. Difficulty planning and organising activities, (e.g., the order in which things should be done, how much time is needed to manage a specific task)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 13. Difficulty shifting plan or strategy when this is required (e.g., when the initial approach failed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 14. Difficulty comprehending explanations and following instructions given by adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 15. Difficulty solving abstract tasks (i.e., is dependent on learning material that can be seen or touched)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 16. Difficulty keeping on trying and completing tasks, often leaves them half finished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 17. Unmotivated for school work or comparable learning situations requiring mental effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 18. Learning is slow and laborious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 19. Does things too quickly, hastily, or in a hurry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 20. Can/will not take responsibility for own actions, needs a lot of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 21. Very much in need of support, wants to know whether he/she is performing well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social skills i.e., child's capability to participate in social settings and interact with others

I 22. Does not clearly understand other people's social cues, e.g., facial expressions, gestures, tone of voice, or body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 23. Difficulty understanding the feelings of other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 24. Difficulty responding to the needs of other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 25. Difficulty verbally explaining emotions when feeling lonely, being bored etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Does not apply	Applies sometimes/to some extent	Applies
I26. Speaks with a monotonous or strange voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I27. Difficulty expressing emotions and reactions with facial gestures or body language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I28. Markedly "old fashioned" style?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I29. Difficulty behaving as expected by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I30. Difficulty realising how to behave in different social situations, such as when visiting relatives together with parents, when visiting friends, seeing a doctor, going to the cinema, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I31. Is perceived by peers as different, odd, or eccentric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I32. Unintentionally makes a fool of himself so that parents feel embarrassed or peers start laughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I33. Often seems to lack common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I34. Has a weak sense of humour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I35. Often blurts out socially inappropriate comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I36. Difficulty comprehending rules or prohibitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I37. Often quarrels with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I38. Difficulty understanding and respecting other people's rights, for example, that younger children need more help than older ones, and that parents should be left alone when they demand it, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I39. Difficulty in group or team activities or games, invents new rules for own benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I40. Difficulty making good friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I41. Does not often interact with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I42. Difficulty to participate in group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I43. Not accepted by other children to participate in their games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I44. Does not care for physical contact such as hugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I45. Has one or a few interests that take up considerable time and that impinge on relations with family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I46. Repeats or gets stuck in seemingly meaningless behaviours or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I47. Gets very upset by tiny changes in daily routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I48. Eye contact in face to face situations is abnormal or missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 Emotional problems			
I49. Poor self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I50. Seems to be unhappy, sad, depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I51. Often complains about feelings of loneliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Does not apply	Applies sometimes/to some extent	Applies
I 52. Has tried to inflict bodily damage to him-/herself or talks about that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 53. Has a poor appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 54. Often expresses a feeling of being worthless or inferior to other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 55. Often complains about bellyaches, headaches, breathing difficulties or other bodily symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 56. Appears tense and anxious or complains about being nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 57. Becomes very anxious or unhappy when leaving home e.g., when setting to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 58. Often has sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 59. Often has nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 60. Walks in sleep or has nocturnal attacks when he/she cannot be "reached" or comforted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 61. Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 62. Often argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 63. Often refuses to follow the instructions of adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 64. Often teases others by deliberately doing things that are perceived as provocative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 65. Often blames others for own mistakes or bad actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 66. Is easily offended, or disturbed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 67. Often gets into fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 68. Is cruel to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 69. Lies and cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 70. Steals things at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 71. Often destroys the belongings of other family members or other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 72. Has recurrent episodes of a few days with extremely high activity level and flight of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 73. Has recurrent periods of obvious irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Actions or thoughts that he/she appears unable to control

I 74. Compulsively repeats some activities or has habits that are very difficult to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I 75. Has obsessive/fixated ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please exemplify:.....

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	Does not apply	Applies sometimes/to some extent	Applies
176. Has involuntary movements, tics, twitches or facial grimaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177. Repeats meaningless movements, such as head shaking, body jerking and finger drumming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
178. Emits unmotivated sounds such as throat clearing, sneezing, swallowing, barking, shouting etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
179. Difficulty keeping quiet, e.g., whistles, hums, mumbles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180. Repeats words or parts of words in a meaningless way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181. Uses dirty words or language in an exaggerated way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This questionnaire has mostly dealt with various difficulties and problems. It is also important to know about your child's strengths. Please feel free give examples of these:

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Which difficulties or kinds of behaviour do you feel are especially problematic or irritating?

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Thank you for your help!