

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**

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

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|--|------------|-----------|
| 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

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|--|------------|-----------|
| 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**

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|--|-----|----|
| 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 |