



Questionnaire

Stanley I. Greenspan, M.D.

Child's name: _____

Age in months: _____

Sex: Male Female

Completed by: _____

Relationship to child: _____

Examiner's name: _____

Date of testing: _____

Directions

For each question, place a check mark in the column that best describes how often you observe the behavior. Make **only one** check mark for each question. Complete the questionnaire until you reach the stop point for your child's age. If your child has not displayed the behavior, please mark **Can't tell**.

	Year	Month	Day
Date of Test			
Date of Birth			
Age			
Age in Months and Days	Years x 12 + Months		
Adjustment for Prematurity	Adjust Through 24 Months		
Corrected Age			

BEHAVIOR FREQUENCY

Can't tell	None of the time	Some of the time	Half of the time	Most of the time	All of the time
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1. Does your child take a calm and enjoyable interest in most sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Can you easily get your child's attention without having to be very dramatic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child take a calm and enjoyable interest in most sights, including colorful or bright things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you easily get your child to look at things without them being very bright or colorful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your child calmly enjoy touching or being touched by different things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can you easily get your child to respond to your touch without having to touch your child firmly to get his or her attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child like it when you swing him or her around, dance with him or her in your arms, or quickly lift him or her up in the air?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Can you easily get your child's attention by approaching him or her, or moving him or her around slowly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Sensory Processing Score calculations, total the check marks for each column for Items 1-8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

continued



	BEHAVIOR FREQUENCY					
	Can't tell	None of the time	Some of the time	Half of the time	Most of the time	All of the time
9. Can you help your child calm down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Does your child look at interesting sights, such as your face or a toy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your child look at or turn toward interesting sounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop here if your child is 0–3 months old.			Stage 1			

12. Does your child seem happy or pleased when he or she sees a favorite person (e.g., look or smile, make sounds, or move arms in a way that expresses joy or delight)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your child respond to people talking or playing with him or her by making sounds or faces (e.g., happy sounds or a curious or annoyed look)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop here if your child is 4–5 months old.			Stage 2			

14. Does your child reach for or point at things, or make distinct sounds to show you what he or she wants (e.g., reach out to be picked up or point at a toy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your child exchange two or more smiles, other looks, sounds, or actions (e.g., reaching, giving, or taking) with a favorite person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop here if your child is 6–9 months old.			Stage 3			

16. Does your child show you that he or she understands your actions or gestures by making an appropriate gesture in return (e.g., make a funny face back at you; look at something you point to; stop doing something when you shake your head and use a firm voice to say "No!"; or smile and do more of something when you nod with a big smile and say "Yes!")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your child use many consecutive actions in a back-and-forth way to show you what he or she wants or to have fun with you (e.g., smile, reach out for a hug, and, when you hug, take your hat, put it on his or her head, and smile proudly OR take your hand, lead you to the refrigerator, tug on the handle, and, after you open it, point to something he or she likes, such as food, a bottle of juice, or milk)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop here if your child is 10–14 months old.			Stage 4a			

18. Does your child copy or imitate many of your sounds, words, or actions while playing with you (e.g., if you make funny faces and sounds, does she or he copy them)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Does your child search for something he or she wants by looking or getting you to look for it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Does your child show you what he or she wants or needs by using a few actions in a row (e.g., lead you by the hand to open a door and then touch or bang on the door)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Does your child use words or try to use words when people talk with or play with him or her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop here if your child is 15–18 months old.			Stage 4b			

	BEHAVIOR FREQUENCY					
	Can't tell	None of the time	Some of the time	Half of the time	Most of the time	All of the time
22. Does your child copy or imitate familiar make-believe play (e.g., feed or hug a doll)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Does your child tell you what he or she wants with one or a few words (e.g., "Juice," "Open," or "Kiss")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Does your child show you he or she understands your simple verbal wish (e.g., "Please show me your toy.")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop here if your child is 19–24 months old.	Stage 5a					

25. Does your child play make-believe (e.g., feed a doll, play house, or pretend to be a TV or movie character) with you or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Does your child use words or pictures to tell you what he or she is interested in (e.g., "See truck!")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Does your child use words with one or more peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Does your child use words or pictures to show what he or she likes or dislikes (e.g., "Want that" or "No want")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop here if your child is 25–30 months old.	Stage 5b					

29. Does your child play make-believe with one or more peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does your child play make-believe with you or others where the story makes sense (e.g., have the bears go visit grandmother and then have a big lunch)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does your child use phrases or sentences with you to ask a question about something he or she wants to do (e.g., "Mommy go out?" "What you doing outside?" "Play?")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Can your child explain why he or she wants something or wants to do something (e.g., "Why do you want the juice?" "Because I'm thirsty.")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Does your child describe his or her feelings to explain why he or she is doing something or wants something (e.g., "Because I'm happy/sad/excited.")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Does your child play make-believe with peers as well as adults where the story makes sense and has many parts to it (e.g., the children go to school, do work, have lunch, and meet an elephant on the way home)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Does your child have conversations with adults and peers that make sense, with four or more back-and-forth exchanges about a variety of topics (e.g., feelings, foods, bedtimes, friends, or school)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop here if your child is 31–42 months old.	Stage 6					

Total check marks in each column (Items 1–35)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FOR EXAMINER USE ONLY

	BEHAVIOR FREQUENCY					
	Can't tell	None of the time	Some of the time	Half of the time	Most of the time	All of the time
Total check marks for each column (Items 1–35):						
Multiply	x 0	x 1	x 2	x 3	x 4	x 5
Sum						

Total Growth Chart Score

	BEHAVIOR FREQUENCY					
	Can't tell	None of the time	Some of the time	Half of the time	Most of the time	All of the time
Total check marks for each column (Items 1–8):						
Multiply	x 0	x 1	x 2	x 3	x 4	x 5
Sum						

Sensory Processing Score

Score Summary				
	Possible Challenges	Emerging Mastery	Full Mastery	Highest Stage Mastered (Scores of Most or All of the time): _____
Total Growth Chart Score: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Sensory Processing Score: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Social-Emotional Growth Chart

