|  |  |  |
| --- | --- | --- |
| **A close-up of a logo  Description automatically generated** | CLINICAL EDITION **Caregiver Questionnaire** | |
| Child's Name:  Birth Date:  Date:  Completed by:  Relationship to Child: | Service Provider's Name: Discipline: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | **INSTRUCTIONS** | |  | |
| Please check the box that **best** describes the frequency with which your child does the following behaviors.  If your child is birth to 6 months of age, please only answer the statements that are shaded.  If you are unable to comment because you have not observed the behavior or believe that it does not apply to your child, please draw an X through the number for that item. Write any comments at the end of each section.  Please so not write in the Section Raw Score Total row. |  | **Use the following key to mark your responses** | | | |
|  | **ALWAYS** | | When presented with the opportunity, your infant/toddler always responded in the manner, 100% of the time. | |
|  | **FREQUENTLY** | | When presented with the opportunity, your infant/toddler **frequently** responded in the manner, about 75% 100% of the time. | |
|  | **OCCADIONALLY** | | When presented with the opportunity, your infant/toddler **occasionally** responded in the manner, about 50% of the time. | |
|  | **SELDOM** | | When presented with the opportunity, your infant/toddler **seldom** responded in the manner, about 25% of the time. | |
|  | **NEVER** | | When presented with the opportunity, your infant/toddler **never** responded in the manner, 0% of the time. | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | ALWAYS | FREQUENTLY | OCCASIONALLY | SELDOM | NEVER |
| **Item** | **A. General Processing** |  |  |  |  |  |
| 1 | My child's behaviour deteriorates when the schedule changes. |  |  |  |  |  |
| 2 | My child has difficulty getting to sleep and is easily awakened |  |  |  |  |  |
| 3 | My child is irritable when compared to same age children |  |  |  |  |  |
| 4 | My child is unaware of people coming in and going out of the room |  |  |  |  |  |
|  | **Section Raw Score Total** |  |  |  |  |  |
|  | **Comments** | | | | | |
| **Item** | **B. Auditory Processing** |  |  |  |  |  |
| 5 | My child ignores me when I am talking |  |  |  |  |  |
| 6 | My child is distracted and/or has difficulty eating in noisy environments |  |  |  |  |  |
| 7 | My child seems unaware of continuous noise in the environment (for example TV stereo) |  |  |  |  |  |
| 8 | My child enjoys making sounds with his/her mouth |  |  |  |  |  |
| 9 | My child takes a long time to respond even to familiar voices |  |  |  |  |  |
| 10 | I have to speak loudly to get my child's attention |  |  |  |  |  |
|  | **Section Raw Score Total** |  |  |  |  |  |
| 11 | My child refuses to play with musical toys |  |  |  |  |  |
| 12 | My child finds ways to make noise with toys |  |  |  |  |  |
| 13 | My child prefers to play with noisy toys |  |  |  |  |  |
| 14 | It takes a long time for my child to respond to his/her name when it called |  |  |  |  |  |
|  | **Section Raw Score Total** |  |  |  |  |  |
|  | **Comments** | | | | | |
| **Item** | **C. Visual Processing** |  |  |  |  |  |
| 15 | My child startles at own reflection in the mirror |  |  |  |  |  |
| 16 | My child avoids looking at toys |  |  |  |  |  |
| 17 | My child avoids eye contact with me |  |  |  |  |  |
| 18 | My child enjoys looking at moving or spinning objects (for example ceiling fans toys with wheels floor fans) |  |  |  |  |  |
| 19 | My child enjoys looking at shiny objects |  |  |  |  |  |
| 20 | My child reacts to all faces the same way (for example to strangers parents caregivers grandparents siblings) |  |  |  |  |  |
|  | **Section Raw Score Total** |  |  |  |  |  |
| 21 | My child is distracted by busy picture books |  |  |  |  |  |
| 22 | My child refuses to look at books with me |  |  |  |  |  |
| 23 | My child enjoys looking at on reflection in the mirror |  |  |  |  |  |
|  | **Section Raw Score Total** |  |  |  |  |  |
|  | **Comments** | | | | | |
| **Item** | **D. Tactile Processing** |  |  |  |  |  |
| 24 | My child becomes agitated when having hair washed |  |  |  |  |  |
| 25 | My child resists being held |  |  |  |  |  |
| 26 | My child is it's being cuddled |  |  |  |  |  |
| 27 | My child seems unaware of wet or dirty diapers |  |  |  |  |  |
| 28 | I have to touch my child to gain attention |  |  |  |  |  |
|  | **Section Raw Score Total** |  |  |  |  |  |
| 29 | My child is upset by changes in the bath water temperature, from one bath to the next |  |  |  |  |  |
| 30 | My child avoids contact with rough or cold surfaces (for example squirms, arches, cries) |  |  |  |  |  |
| 31 | My child becomes very upset if own clothing hands/face are messy |  |  |  |  |  |
| 32 | My child gets upset with extreme differences in room temperature (for example hotter, colder) |  |  |  |  |  |
| 33 | My child becomes anxious when walking or crawling on certain surfaces (for example grass, sand, carpet, tile) |  |  |  |  |  |
| 34 | My child enjoys playing with food |  |  |  |  |  |
| 35 | My child seeks opportunities to feel vibrations for (example stereo speakers, washer, dryer) |  |  |  |  |  |
| 36 | My child enjoys splashing during bath time |  |  |  |  |  |
| 37 | My child uses hands to explore food and other textures |  |  |  |  |  |
|  | **Section Raw Score Total** |  |  |  |  |  |
|  | **Comments** | | | | | |
| **Item** | **E. Vestibular Processing** |  |  |  |  |  |
| 38 | My child becomes upset when placed on back to change diapers |  |  |  |  |  |
| 39 | Riding in the car upsets my child |  |  |  |  |  |
| 40 | My child resists having head tipped back during bathing |  |  |  |  |  |
| 41 | My child cries are forces whenever I try to move him/her |  |  |  |  |  |
| 42 | My child requires more support for sitting than other children the same age (for example infant seat, pillows towel, roll) |  |  |  |  |  |
| 43 | My child enjoys physical activity (for example bouncing being held up in the air) |  |  |  |  |  |
| 44 | My child enjoys rhythmical activities (for example swinging rocking car rides) |  |  |  |  |  |
| 45 | My child doesn't seem to notice position changes and can be moved about with ease |  |  |  |  |  |
|  | **Section Raw Score Total** |  |  |  |  |  |
| 46 | My child refuses to participate in roughhousing |  |  |  |  |  |
| 47 | It takes a lot of rough housing for my child to react |  |  |  |  |  |
|  | **Section Raw Score Total** |  |  |  |  |  |
|  | **Comments** | | | | | |
| **Item** | **F. Oral Sensory Processing** |  |  |  |  |  |
| 48 | My child notices slight changes in the textures of foods |  |  |  |  |  |
| 49 | My child refuses all but a few food choices |  |  |  |  |  |
| 50 | My child resists having teeth brushed |  |  |  |  |  |
| 51 | My child refuses to try new foods |  |  |  |  |  |
| 52 | My child lick/chews on non-food objects |  |  |  |  |  |
| 53 | My child mouths objects |  |  |  |  |  |
| 54 | My child is unaware of food or liquid left on lips |  |  |  |  |  |
| 55 | My child seems to enjoy bitter sour and/or spicy foods more than most children of the same age |  |  |  |  |  |
| 56 | My child likes to smell non-food objects |  |  |  |  |  |
| 57 | My child likes to smell foods |  |  |  |  |  |
| 58 | My child chooses foods with strong flavours (for example lemon, pepper, curry, cumin) |  |  |  |  |  |
| **Section Raw Score Total** | |  |  |  |  |  |
|  | **Comments** | | | | | |

**FOR OFFICE USE ONLY**

**Summary**

**SCORE KEY:** 1 = Always, 2 = Frequently, 3 = Occasionally, 4 = Seldom, 5 = Never  
**Instructions:** Transfer the score for each section to the Section Raw Score Total column. Plot these totals by marking an X in the appropriate classification column (Typical Performance, Probable Difference, Definite Difference) \*

|  |  |  |  |
| --- | --- | --- | --- |
| **Cut Scores for Children Ages Birth to 3 Months (Shaded Items)** | **Section Raw Score Total** | **Typical Performance** | **Performance at Risk** |
| A. General Processing | /20 | 20 ---- 10 | 9 ---- 2 |
| B. Auditory Processing | /30 | 30 ---- 17 | 16 ---- 6 |
| C. Visual Processing | /30 | 30 ---- 12 | 11 ---- 6 |
| D. Tactile Processing | /25 | 25 ---- 17 | 16 ---- 5 |
| E. Vestibular | /40 | 40 ---- 25 | 24 ---- 8 |
| \* Classifications are based on the performance of children without disabilities (*n* = 36). It should be noted that the sample was not representative of the general population and should be used with caution. | | | |
|  |  |  |  |
| **Cut Scores for Children Ages 4 Months to 6 Months (Shaded Items)** | **Section Raw Score Total** | **Typical Performance** | **Performance at Risk** |
| A. General Processing | /20 | 20 ---- 13 | 12 ---- 4 |
| B. Auditory Processing | /30 | 30 ---- 16 | 15 ---- 6 |
| C. Visual Processing | /30 | 30 ---- 18 | 17 ---- 6 |
| D. Tactile Processing | /25 | 25 ---- 18 | 17 ---- 5 |
| E. Vestibular | /40 | 40 ---- 24 | 23 ---- 8 |
| \* Classifications are based on the performance of children without disabilities (*n* = 36). It should be noted that the sample was not representative of the general population and should be used with caution. | | | |
|  |  |  |  |
| **Cut Scores for Children Ages 7 Months to 12 Months (All Items)** | **Section Raw Score Total** | **Typical Performance** | **Performance at Risk** |
| A. General Processing | /20 | 20 ---- 13 | 12 ---- 4 |
| B. Auditory Processing | /50 | 50 ---- 29 | 28 ---- 10 |
| C. Visual Processing | /45 | 45 ---- 28 | 27 ---- 9 |
| D. Tactile Processing | /70 | 70 ---- 38 | 37 ---- 14 |
| E. Vestibular | /50 | 50 ---- 30 | 29 ---- 10 |
| F. Oral Sensory Processing | /55 | 55 ---- 18 | 17 ---- 11 |
| \* Classifications are based on the performance of children without disabilities (*n* = 36). It should be noted that the sample was not representative of the general population and should be used with caution. | | | |
|  |  |  |  |
| **Cut Scores for Children Ages 13 Months to 36 Months (All Items)** | **Section Raw Score Total** | **Typical Performance** | **Performance at Risk** |
| A. General Processing | /20 | 20 ---- 13 | 12 ---- 4 |
| B. Auditory Processing | /50 | 30 ---- 32 | 31 ---- 10 |
| C. Visual Processing | /45 | 45 ---- 31 | 30 ---- 9 |
| D. Tactile Processing | /70 | 70 ---- 43 | 42 ---- 14 |
| E. Vestibular | /50 | 50 ---- 33 | 32 ---- 10 |
| F. Oral Sensory Processing | /55 | 55 ---- 33 | 32 ---- 11 |
| \* Classifications are based on the performance of children without disabilities (*n* = 36). It should be noted that the sample was not representative of the general population and should be used with caution. | | | |

Copyright @ 1999 by The Psychological Corporation. All rights reserved.

No part of this publication may be reproduced or transmitted in any form oi by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from the publisher.

The Psychological Corporation and the PSI logo are registered trademarks of The Psychological Corporation. Printed in the United States of America. 5 6 7 8 9 1 0 11 12 A B C D E

THE PSYCHOLOGICAL CORPORATION® A Harcourt Assessment Company