Please take a few minutes to read and check the following items.

- Y = Yes
- M/AL = Maybe/A little
- N = No

Have you (or anybody else, who? ______________ ) been concerned for more than a few months regarding child’s 

1. General development
2. Motor development / milestones
3. Sensory reactions (e.g. touch, sound, light, smell, taste, heat, cold, pain)
4. Communication/language / babble
5. Activity (overactivity / passivity) or impulsivity
6. Attention/concentration / “listening”
7. Social interaction / interest in other children
8. Behaviour (e.g. repetitive, routine insistence)
9. Mood (depressed, elated / manic, extreme irritability, crying spells)
10. Sleep
11. Feeding
12. “Funny spells” / absences

If Y or M/AL to any of the above, please elaborate briefly here:

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