

# Appendix J: Social Communication Questionnaire

Form Approved  
OMB NO. \_\_\_\_\_  
Exp. Date \_\_\_\_\_

## **Public Reporting Burden Statement**

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

1. Is she/he now able to talk using short phrases or sentences?  
If no, skip to question 8. no      yes
2. Do you have a to and fro "conversation" with her/him that involves taking turns or building on what you have said? no      yes
3. Does she/he ever use odd phrases or say the same thing over and over in almost exactly the same way (either phrases that she/he hears other people use or ones that she/he makes up)? no      yes
4. Does she/he ever use socially inappropriate questions or statements? For example, does she/he ever regularly ask personal questions or make personal comments at awkward times? no      yes
5. Does she/he ever get her/his pronouns mixed up (e.g., saying you or she/he for I)? no      yes
6. Does she/he ever use words that she/he seems to have invented or made up her/himself; put things in odd, indirect ways; or use metaphorical ways of saying things (e.g., saying hot rain for steam)? no      yes
7. Does she/he ever say the same thing over and over in exactly the same way or insist that you say the same thing over and over again? no      yes
8. Does she/he ever have things that she/he seems to have to do in a very particular way or order or rituals that she/he insists that you go through? no      yes
9. Does her/his facial expression usually seem appropriate to the particular situation, as far as you can tell? no      yes
10. Does she/he ever use your hand like a tool or as if it were part of her/his own body (e.g., pointing with your finger or putting your hand on a doorknob to get you to open the door)? no      yes
11. Does she/he ever have any interests that preoccupy her/him and might seem odd to other people (e.g., traffic lights, draughts, or timetables)? no      yes
12. Does she/he ever seem to be more interested in parts of a toy or an object (e.g., spinning the wheels of a car), rather than in using the object as it was intended? no      yes
13. Does she/he ever have any special interests that are unusual in their intensity but otherwise appropriate for her/his age and peer group (e.g., trains or dinosaurs)? no      yes
14. Does she/he ever seem to be unusually interested in the sight, feel, sound, taste, or smell of things or people? no      yes
15. Does she/he ever have any mannerisms or odd ways of moving her/his hands or fingers, such as flapping or moving her/his fingers in front of her/his eyes? no      yes
16. Does she/he ever have any complicated movements of her/his whole body, such as spinning or repeatedly bouncing up and down? no      yes
17. Does she/he ever injure her/himself deliberately, such as by biting her/his arm or banging her/his head? no      yes

DRAFT

Thank you for taking the time to complete this questionnaire. Please answer each question by circling yes or no. A few questions ask about several related types of behavior; please circle yes if any of these behaviors were present during the past 3 months. Although you may be uncertain about whether some behaviors were present or not, please answer yes or no to every question on the basis of what you think.

**Directions**

School/Clinic \_\_\_\_\_

Clinician Name \_\_\_\_\_

Relation to Subject \_\_\_\_\_

Name of Respondent \_\_\_\_\_

Chronological Age \_\_\_\_\_ Gender  M  F

Date of Interview \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Subject \_\_\_\_\_

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Michael Rutter, M.D., F.R.S., Anthony Bailey, M.D.,  
 Sibel Kazak Bernum, Ph.D., Catherine Lord, Ph.D.,  
 and Andrew Pickles, Ph.D.

Autoscore™ Form

**Social  
 Communication  
 Questionnaire (SCQ)**

**CURRENT**

18. Does she/he ever have any objects (*other than a soft toy or comfort blanket*) that she/he *has* to carry around? ..... yes no
19. Does she/he have any particular friends or a best friend? ..... yes no
20. Does she/he ever talk with you just to be friendly (rather than to get something)? ..... yes no
21. Does she/he ever *spontaneously* copy you (or other people) or what you are doing (such as vacuuming, gardening, or mending things)? ..... yes no
22. Does she/he ever spontaneously point at things around her/him just to show you things (not because she/he wants them)? ..... yes no
23. Does she/he ever use gestures, other than pointing or pulling your hand, to let you know what she/he wants? ..... yes no
24. Does she/he nod her/his head to indicate *yes*? ..... yes no
25. Does she/he shake her/his head to indicate *no*? ..... yes no
26. Does she/he usually look at you directly in the face when doing things with you or talking with you? ..... yes no
27. Does she/he smile back if someone smiles at her/him? ..... yes no
28. Does she/he ever show you things that interest her/him to engage your attention? ..... yes no
29. Does she/he ever offer to share things other than food with you? ..... yes no
30. Does she/he ever seem to want you to join in her/his enjoyment of something? ..... yes no
31. Does she/he ever try to comfort you if you are sad or hurt? ..... yes no
32. If she/he wants something or wants help, does she/he look at you and use gestures with sounds or words to get your attention? ..... yes no
33. Does she/he show a normal range of facial expressions? ..... yes no
34. Does she/he ever spontaneously join in and try to copy the actions in social games, such as *The Mulberry Bush* or *London Bridge Is Falling Down*? ..... yes no
35. Does she/he play any pretend or make-believe games? ..... yes no
36. Does she/he seem interested in other children of approximately the same age whom she/he does not know? ..... yes no
37. Does she/he respond positively when another child approaches her/him? ..... yes no
38. If you come into a room and start talking to her/him without calling her/his name, does she/he usually look up and pay attention to you? ..... yes no
39. Does she/he ever play imaginative games with another child in such a way that you can tell that each child understands what the other is pretending? ..... yes no
40. Does she/he play cooperatively in games that need some form of joining in with a group of other children, such as hide-and-seek or ball games? ..... yes no