

.....'S BOOK

TEDS
Research Centre
113 Denmark Hill
FREEPOST LON7567
LONDON
SE5 8YZ
(0800) 317029

HOW TO FILL IN THIS BOOKLET

Thank you for agreeing to fill in this booklet. Before you start, here are a few instructions that we would like you to read.

PLEASE NOTE: THE GAMES AND QUESTIONS ARE PRINTED ON BOTH SIDES OF THE PAGE THROUGHOUT THIS BOOKLET.

The first part of this booklet has some games for you to play with your child.

There are three different types of games:

- 'Find the Pair', picking two items that go together;
- 'Drawing', copying circles, lines and patterns;
- 'Matching', finding a matching picture.

Each game has its own set of instructions, **PLEASE READ THESE INSTRUCTIONS CAREFULLY** before playing the games.

The second part of this booklet has some questions for you to answer about your child.

Most of these questions ask you to put a tick in the box against the answer that most applies to your child. **For example:**

Does your child recognise him/herself when looking in the mirror?

YES NO DON'T KNOW

There are **no right or wrong answers** to any of the questions we ask. Every child has a different way of developing, and this is a big part of what interests us. You may recognise some of the games and questions that we asked when your child was two years old. By **repeating** some questions, we hope to see how your child is learning as s/he grows up.

Please be as honest as you can when answering our questions.

Everything you tell us will be kept strictly confidential.

Please try to answer **all** the questions you are asked. It is very important that the booklets are completed as fully as possible, so that we can get a full picture of your twins.

We realise that parents of twins are very busy, so don't feel that you have to answer all our questions on the same day. However, please put a date on the pages where we ask for 'Today's Date', at the top of the page.

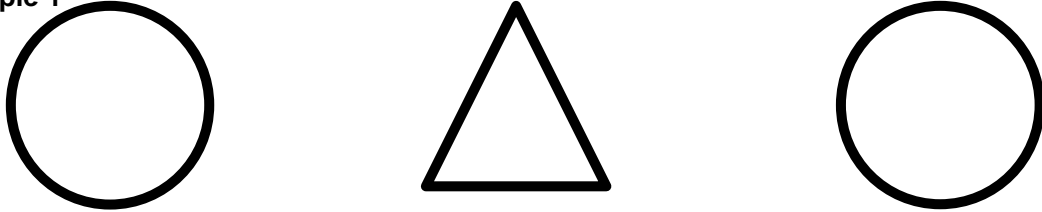
It would be helpful if you would write as clearly possible.

THANK YOU FOR YOUR TIME AND ASSISTANCE IN FILLING OUT THIS BOOKLET.

Find the Pair

EXAMPLES FOR YOU

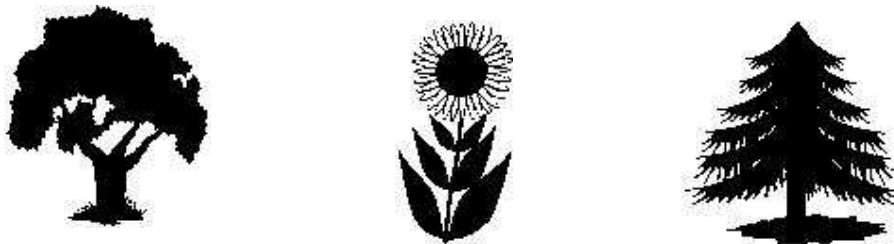
Example 1



Look at the three different pictures above. Two of the pictures go together, and one doesn't. There are two circles and one triangle. The circles are a "pair", but the triangle does not belong.

For each "Find the Pair" game, we would like your child to show you which pictures go together.

Example 2

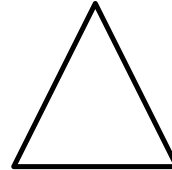
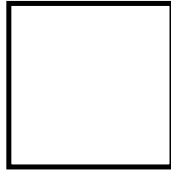
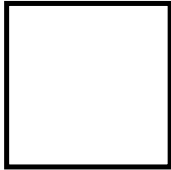


Look at the three different pictures above. Two of the pictures go together, and one doesn't. This example is harder than Example 1. Although all of the pictures are plants, the trees go together, and the flower does not. The trees are a "pair".

Find the Pair

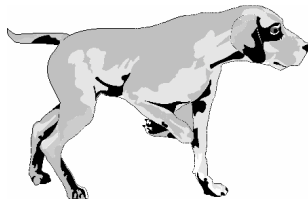
EXAMPLES FOR YOUR CHILD

Example 1



Point to the squares and the triangle above. Say to your child, “**Look at all these shapes**”. Point to the two squares and say, “**Look, these go together**”. Now point to the triangle and say, “**This one doesn’t go with the others. It is different**”. Point to the squares again and say, “**But these go together**”.

Example 2



Point to the dogs above. Say to your child, “**Look at all these pictures**”. Point to the two dogs that are SITTING DOWN and say, “**Look, these go together**”. Now point to the dog that is STANDING UP and say, “**But this one doesn’t go. It is different**”. You may explain the difference if your child does not seem to understand.

TODAY'S DATE...../...../.....(DAY/MONTH/YEAR)

Find the Pair

Instructions

Each "Find the Pair" game has three pictures for your child to choose from - there are two games on a page. Each game should be treated separately.

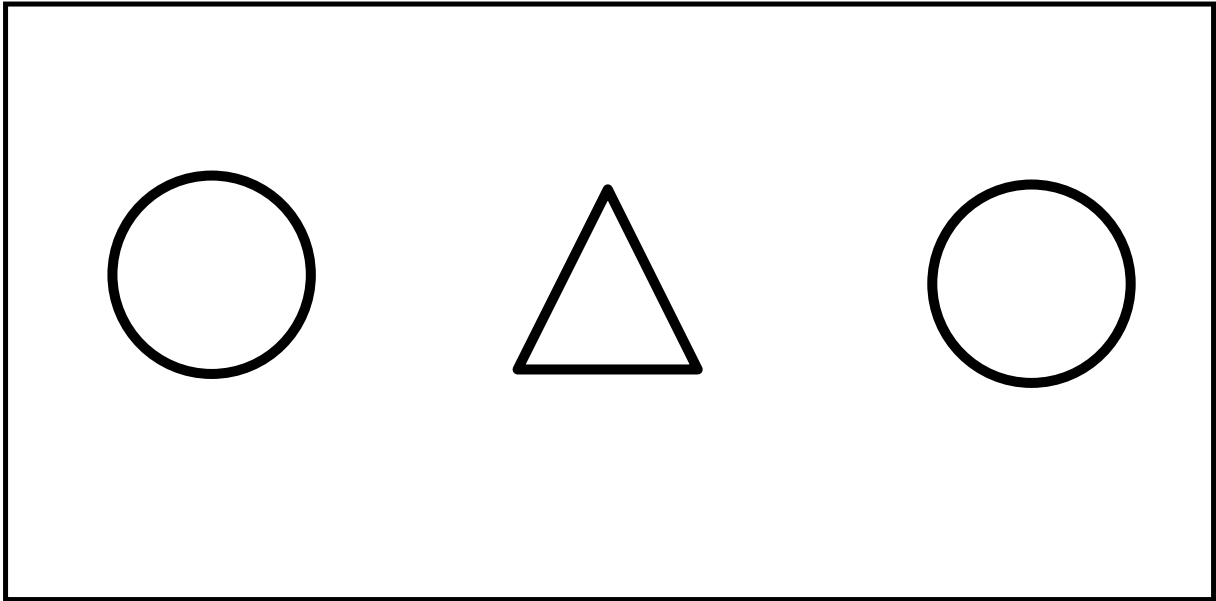
For each of the games, show your child all three pictures first. Say to your child, "**Which pictures go together? Can you show me which ones belong together?**".

MAKE SURE THAT YOU DO NOT NAME THE PICTURES, although some children may like to name them themselves.

Please remember: we do NOT expect children of your child's age to be able to do all of the games. Try all of the games if you can. You may be surprised!

For Office Use Only	1	2	3	4	5	6	7	8
	9	10	11	12	13	14	15	16

FIND THE PAIR 1

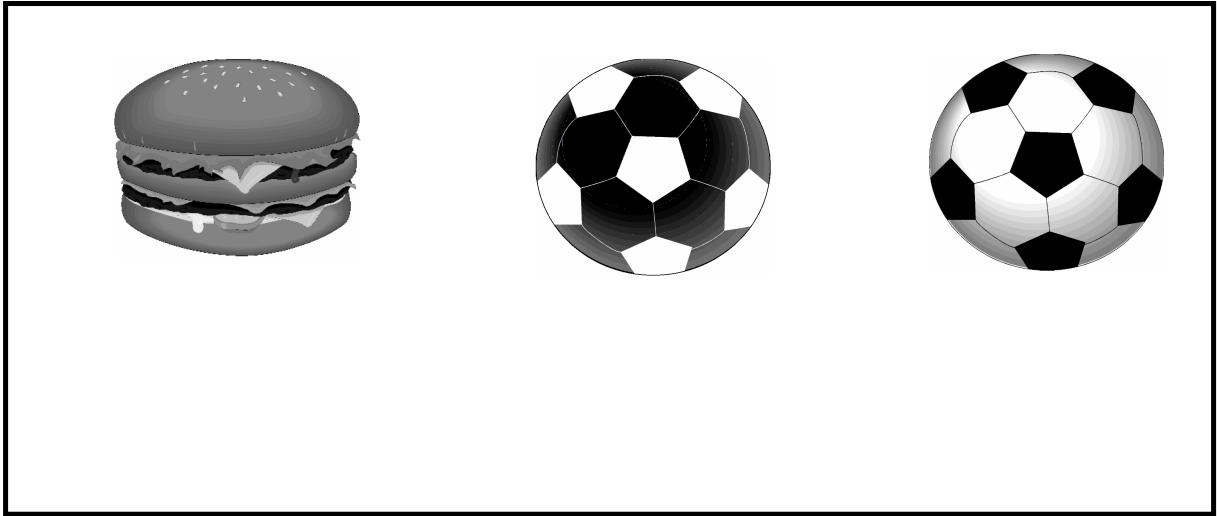


REMEMBER: CIRCLE ALL THE PICTURES YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY OF THE PICTURES, PUT AN **X** IN THE GAME BOX.

FIND THE PAIR 2

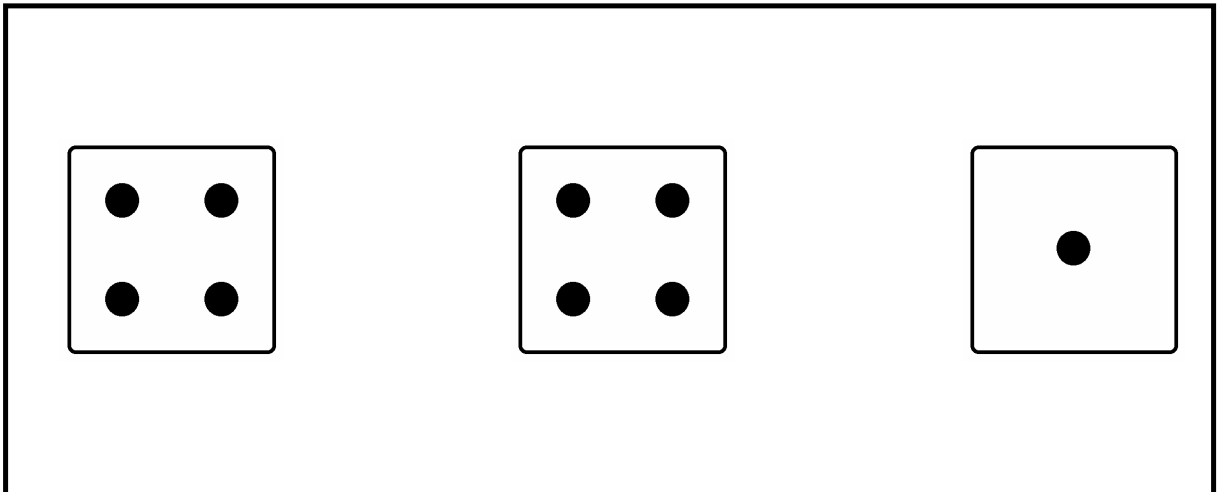


FIND THE PAIR 3

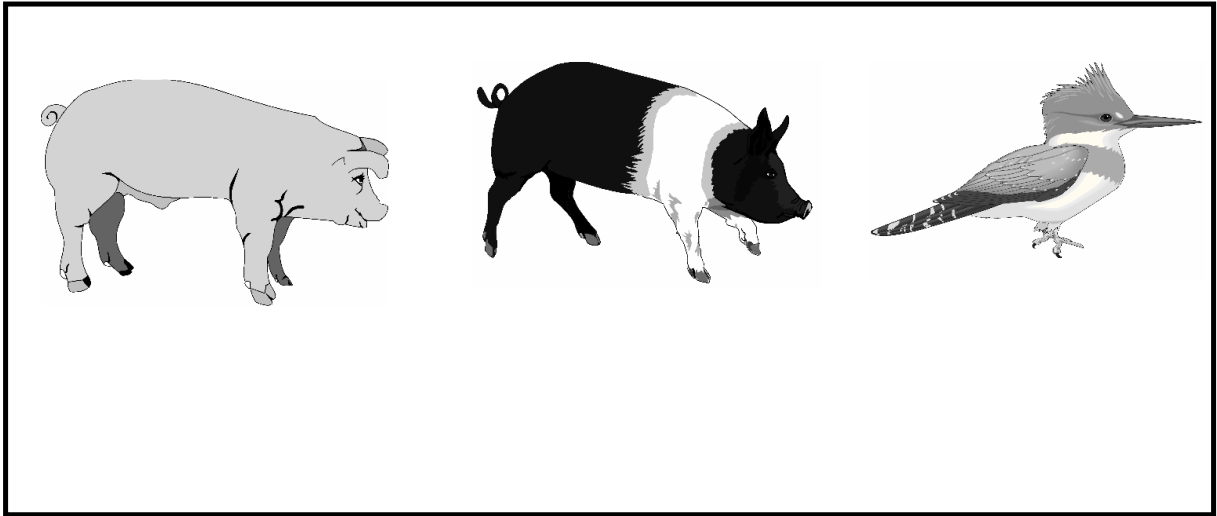


REMEMBER: CIRCLE ALL THE PICTURES YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY OF THE PICTURES, PUT AN **X** IN THE GAME BOX.

FIND THE PAIR 4

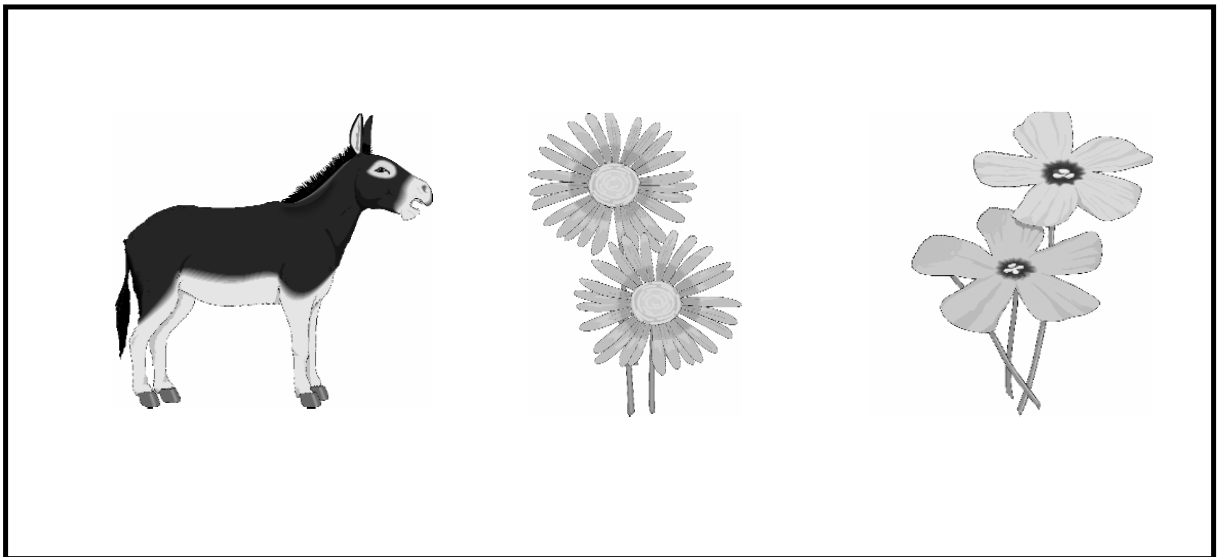


FIND THE PAIR 5

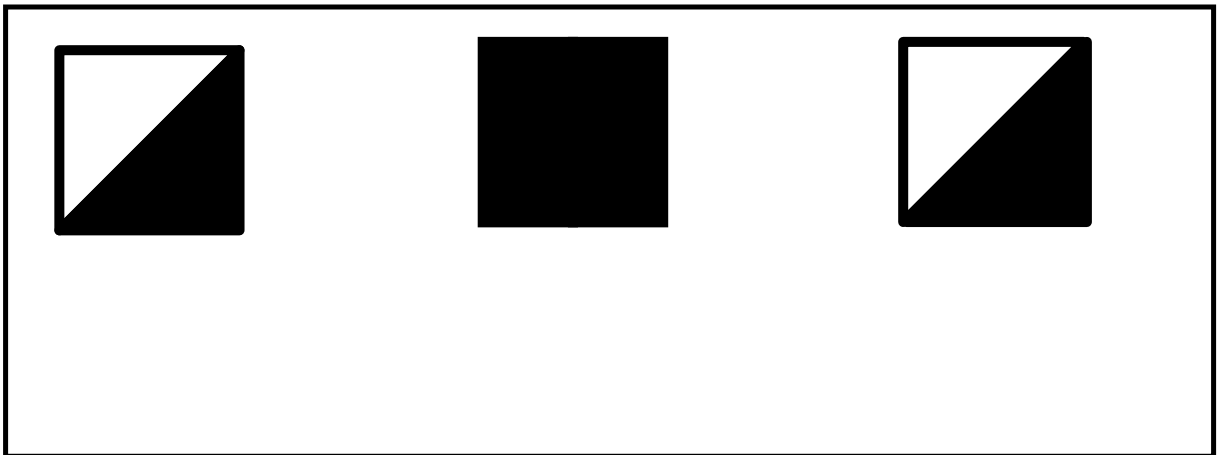


REMEMBER: CIRCLE ALL THE PICTURES YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY OF THE PICTURES, PUT AN **X** IN THE GAME BOX.

FIND THE PAIR 6

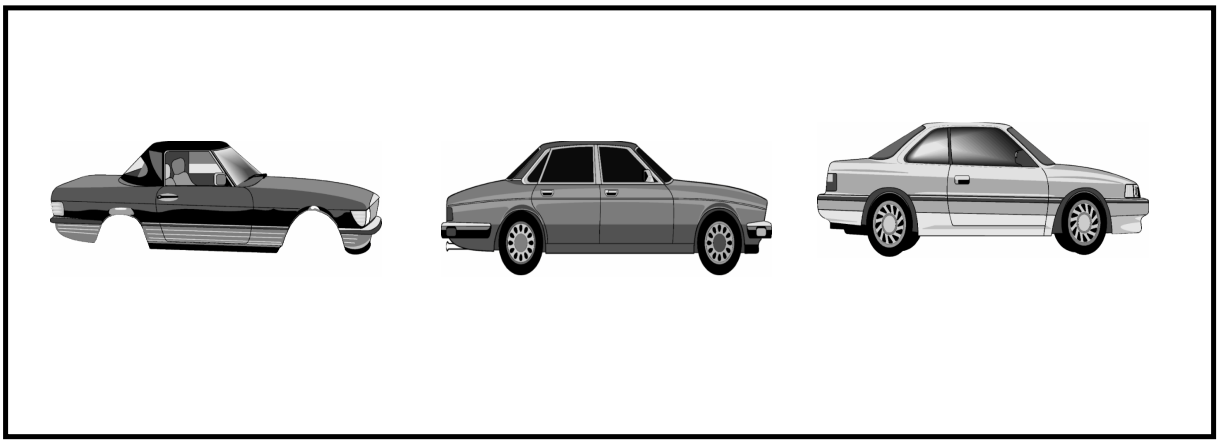


FIND THE PAIR 7

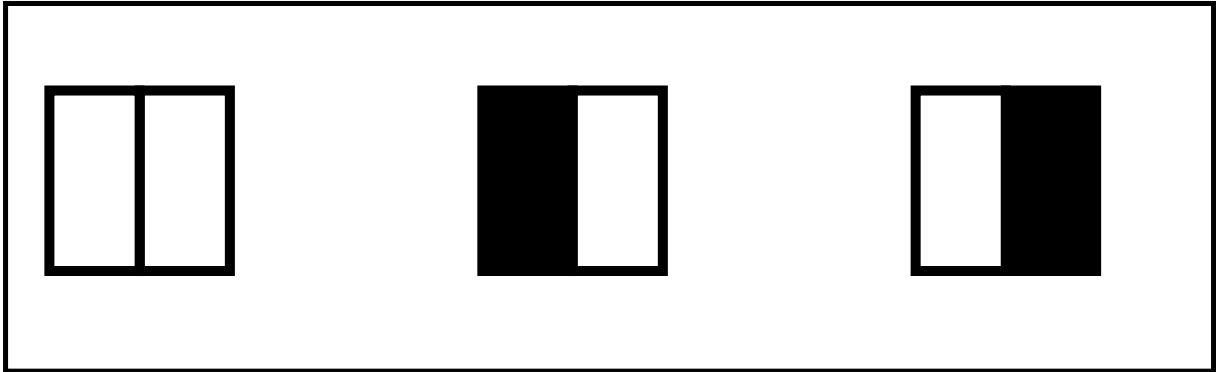


REMEMBER: CIRCLE **ALL** THE PICTURES YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY OF THE PICTURES, PUT AN **X** IN THE GAME BOX.

FIND THE PAIR 8

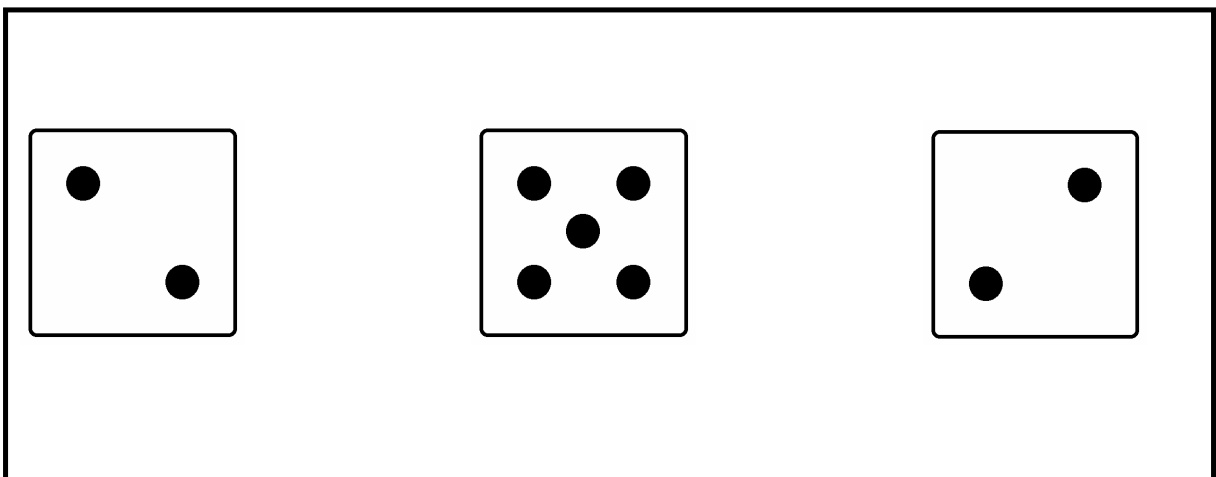


FIND THE PAIR 9

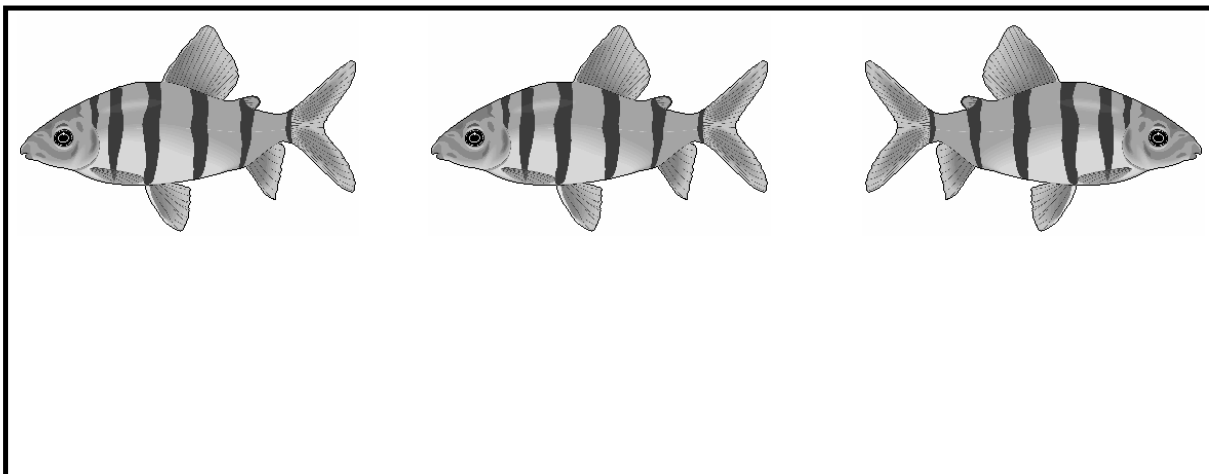


REMEMBER: CIRCLE ALL THE PICTURES YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY OF THE PICTURES, PUT AN **X** IN THE GAME BOX.

FIND THE PAIR 10

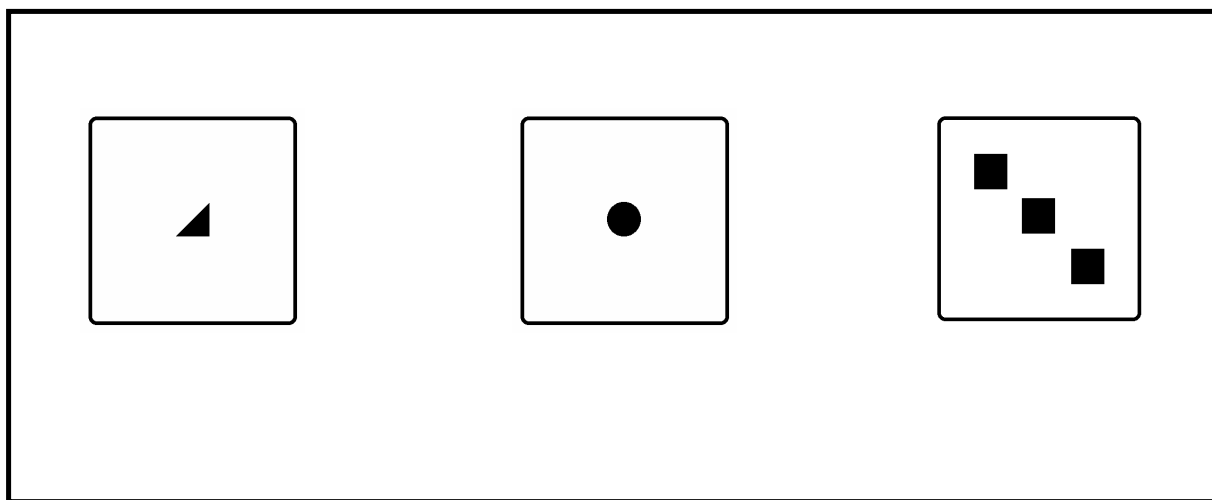


FIND THE PAIR 11

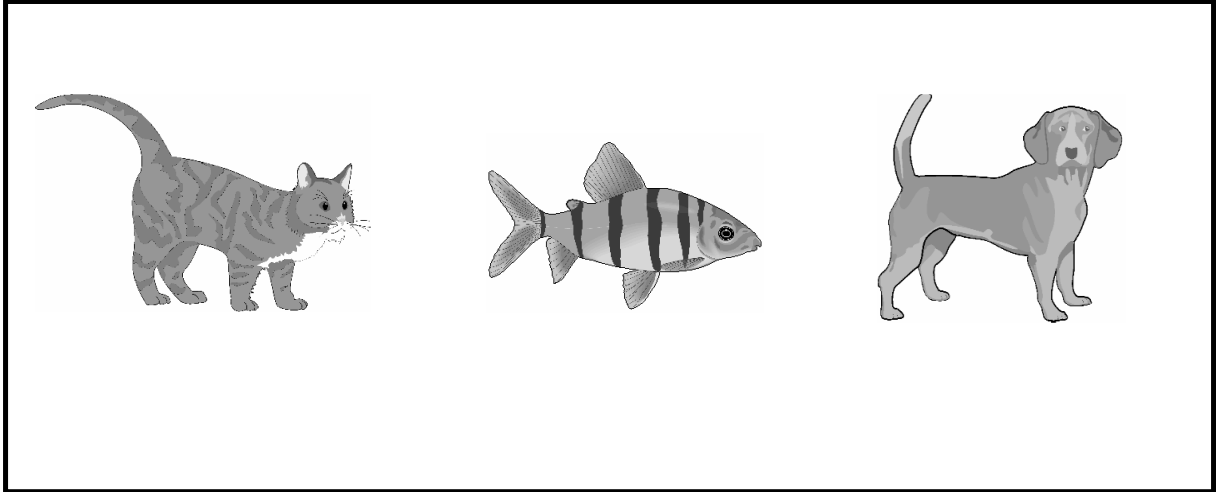


REMEMBER: CIRCLE ALL THE PICTURES YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY OF THE PICTURES, PUT AN **X** IN THE GAME BOX.

FIND THE PAIR 12

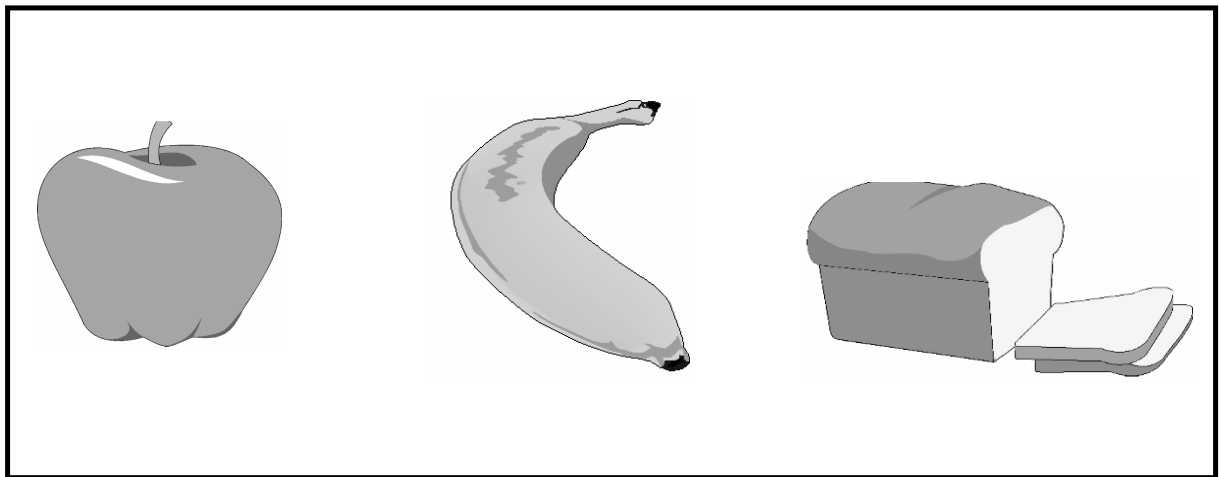


FIND THE PAIR 13

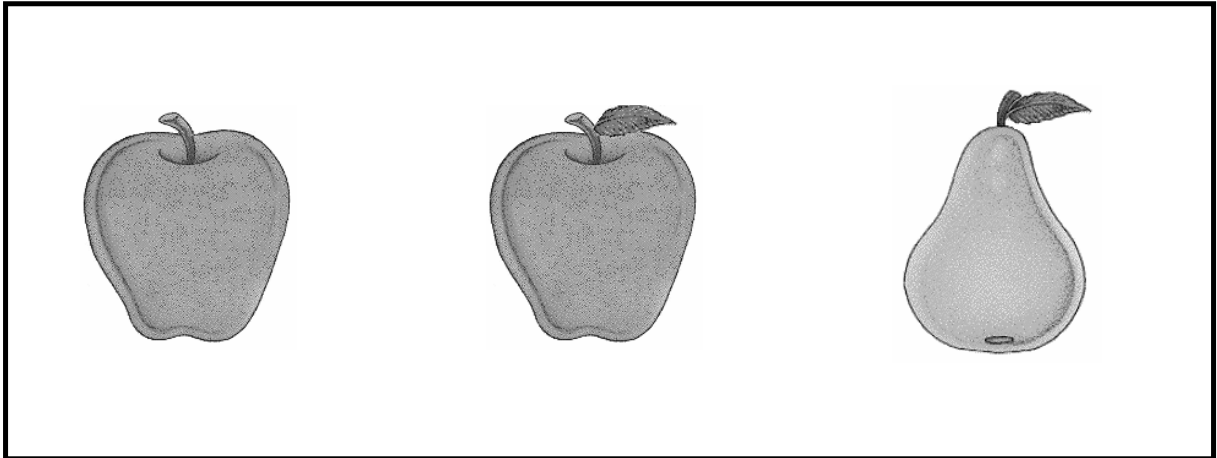


REMEMBER: CIRCLE ALL THE PICTURES YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY OF THE PICTURES, PUT AN **X** IN THE GAME BOX.

FIND THE PAIR 14

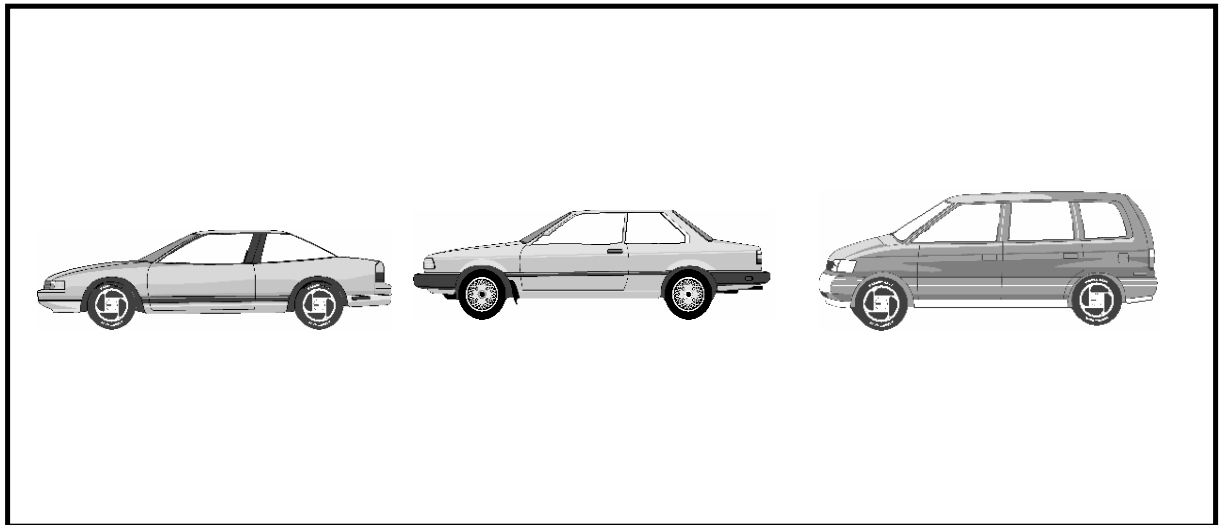


FIND THE PAIR 15



REMEMBER: CIRCLE ALL THE PICTURES YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY OF THE PICTURES, PUT AN **X** IN THE GAME BOX.

FIND THE PAIR 16



YOUR CHILD PLAYING OUR GAMES

Please tell us about how your child reacted to the **FIND THE PAIRS** game you have just played with him/her.

(PLEASE TICK ONE BOX FOR EACH QUESTION)

		YES	NO	For Office Use Only
1)	Did your child EVER say anything like "I can't do it" or "I don't like this" while playing the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Did your child EVER get angry or frustrated while playing the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Did your child EVER shrug his/her shoulders, turn away from the game, or try not to look at you or the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Did your child EVER want to stop playing the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

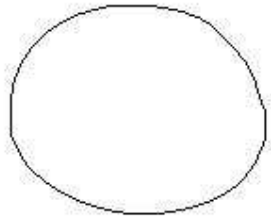
TODAY'S DATE/...../..... (DAY/MONTH/YEAR)

DRAWING

You will need: Pencil or crayon for drawing.

DRAW 1

Draw a circle on the top half of the next page. The circle should be about this size:



After you have drawn the circle, give the pencil to your child, point to the bottom half of the page, and ask your child to **"Make one like that, right here. Draw a circle just like that"**.

You can repeat your drawing and the instructions if necessary.

Draw a circle -



DRAWING

You will need: Pencil or crayon for drawing.

DRAW 2

Draw a line on the top half of the next page. The line should look something like this:



After you have drawn the line, give the pencil to your child, point to the bottom half of the page, and ask your child to **“Make one like that, right here. Draw a line just like that”**.

You can repeat your drawing and the instructions if necessary.

Draw a horizontal line - 



DRAWING

You will need: Pencil or crayon for drawing.

DRAW 3

Draw another line on the top half of the next page. This time the line should look something like this:



After you have drawn the line, give the pencil to your child, point to the bottom half of the page, and ask your child to **“Make one like that, right here. Draw a line just like that”**.

You can repeat your drawing and the instructions if necessary.

Draw a vertical line -



YOUR CHILD DRAWING ALONE

You will need: Pencil or crayon for your child to draw with.

DRAW 4

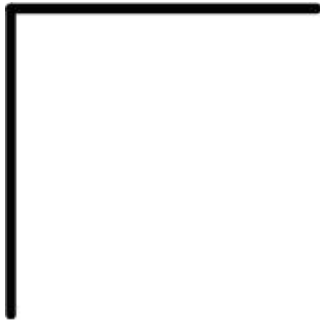
Now we would like to see how your child copies our drawings WITHOUT WATCHING YOU FIRST.

Say to your child **“Now it is going to change a bit”**.

On the top half of the next three pages there are drawings of shapes for your child to copy. For each of these drawings, say to your child **“Can you draw one just like this”** and point to the shape. Then say **“Make one like that, right here.”** Point to the bottom half of the page.

You can repeat the instructions if necessary.

PLEASE NOTE that there is a question for **you** to answer at the bottom of each page.

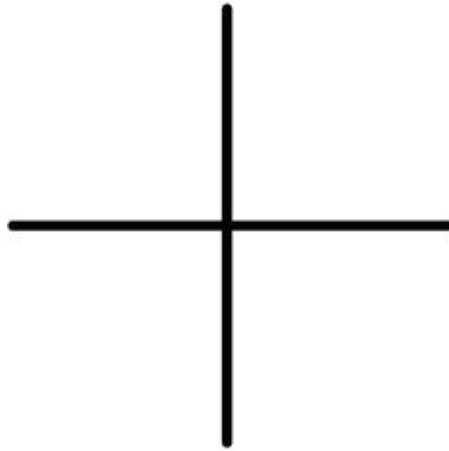


Which hand did your child hold the pencil or crayon in? *(PLEASE TICK ONE BOX)*

Left

Right

Changed from hand to hand

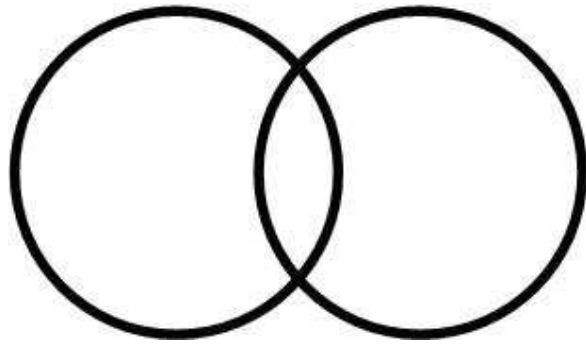


Which hand did your child hold the pencil or crayon in? *(PLEASE TICK ONE BOX)*

Left

Right

Changed from hand to hand



Which hand did your child hold the pencil or crayon in? *(PLEASE TICK ONE BOX)*

Left

Right

Changed from hand to hand

YOUR CHILD PLAYING OUR GAMES

Please tell us about how your child reacted to the **DRAWING** game you have just played with him/her.

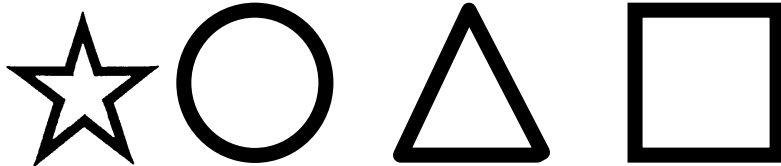
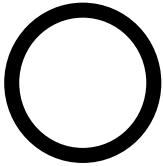
(PLEASE TICK ONE BOX FOR EACH QUESTION)

		YES	NO	For Office Use Only
1)	Did your child EVER say anything like “I can’t do it” or “I don’t like this” while playing the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Did your child EVER get angry or frustrated while playing the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Did your child EVER shrug his/her shoulders, turn away from the game, or try not to look at you or the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Did your child EVER want to stop playing the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Matching

EXAMPLES FOR YOUR CHILD

Example



Point to the circle on its own (on the left hand side of the line) and say to your child, “**Look here is a circle**”. Now point to ALL FOUR shapes on the right hand side and say, “**Look at these shapes**”. Say, “**I am going to find the circle over here**”. Point to the circle and say, “**Here is the circle, it is the same as the circle over here**”.

TODAY'S DATE...../...../.....(DAY/MONTH/YEAR)

Matching

Instructions

Each "Matching" game has five pictures: one on its own on the left, and four together on the right of the line. There are two games on a page. Each game should be treated separately.

For each of the games, point to the picture on its own, and say to your child, "**Look at this**". Then point to ALL four pictures on the right and say, "**Find one just like it over here. Can you show me one just like it over here?**"

Circle the picture that your child points to first. If your child does not point to the correct item, show him/her the correct one, **but do not circle it**.

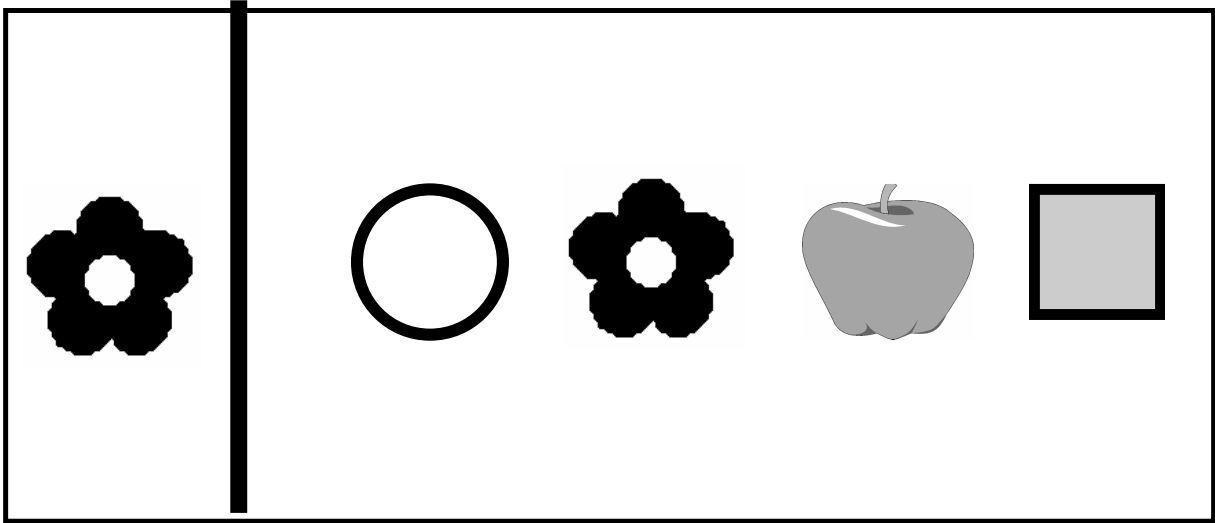
For each game, please put a big "**X**" in the game box if:

- your child points to more than one picture, **OR**
- your child does not point to any of the pictures

Please remember: we do NOT expect children of your child's age to be able to do all of the games. Try all of the games if you can. You may be surprised!

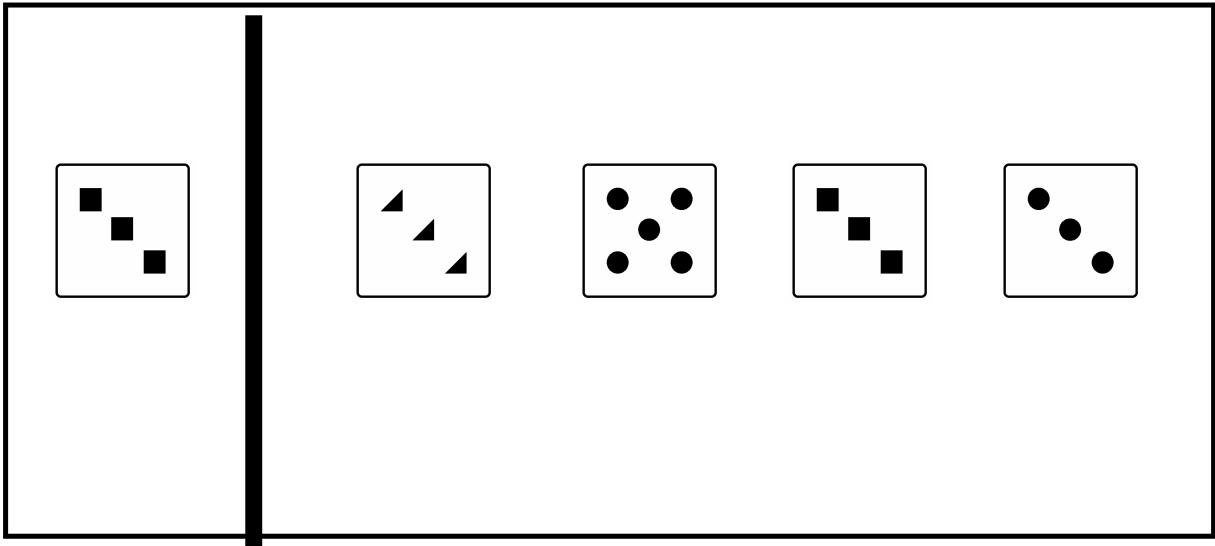
For Office Use Only	1	2	3	4	5	6	7	8
	9	10	11	12	13	14	15	16

MATCH 1

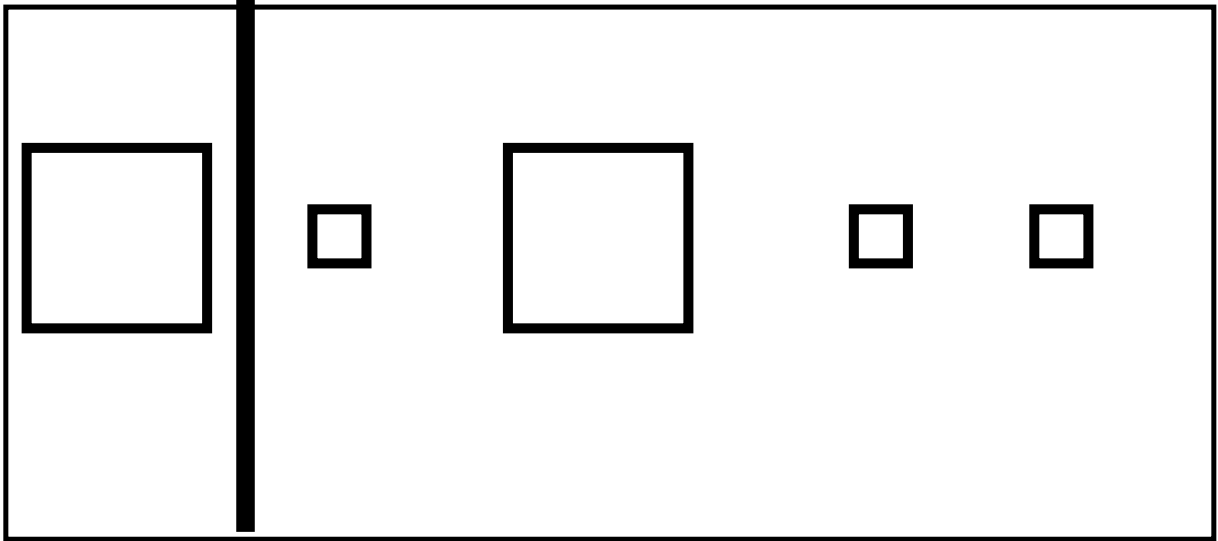


REMEMBER: CIRCLE THE **FIRST** PICTURE YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY PICTURE OR IF S/HE POINTS TO MORE THAN ONE,

MATCH 2

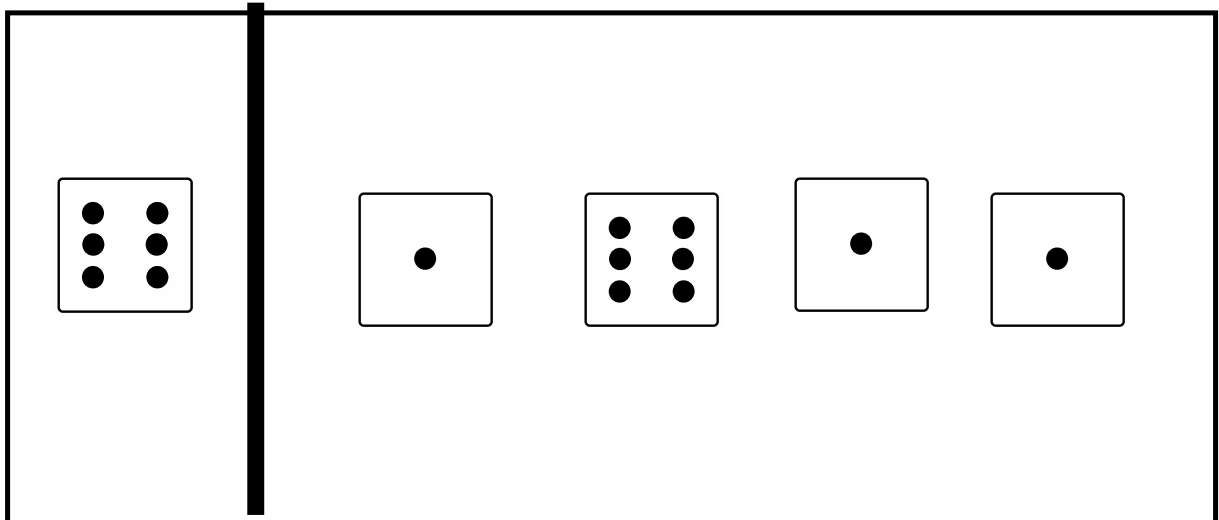


MATCH 3

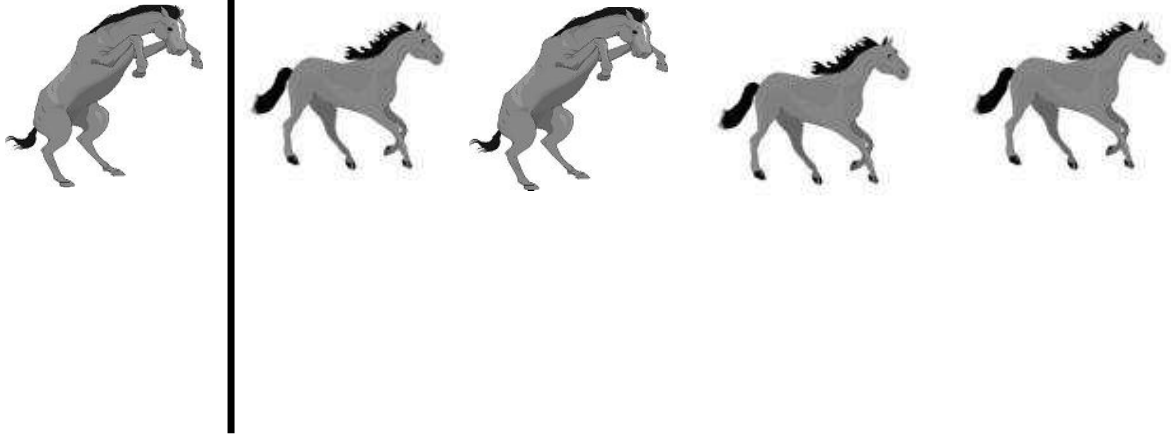


REMEMBER: CIRCLE THE **FIRST** PICTURE YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY PICTURE OR IF S/HE POINTS TO MORE THAN ONE,

MATCH 4

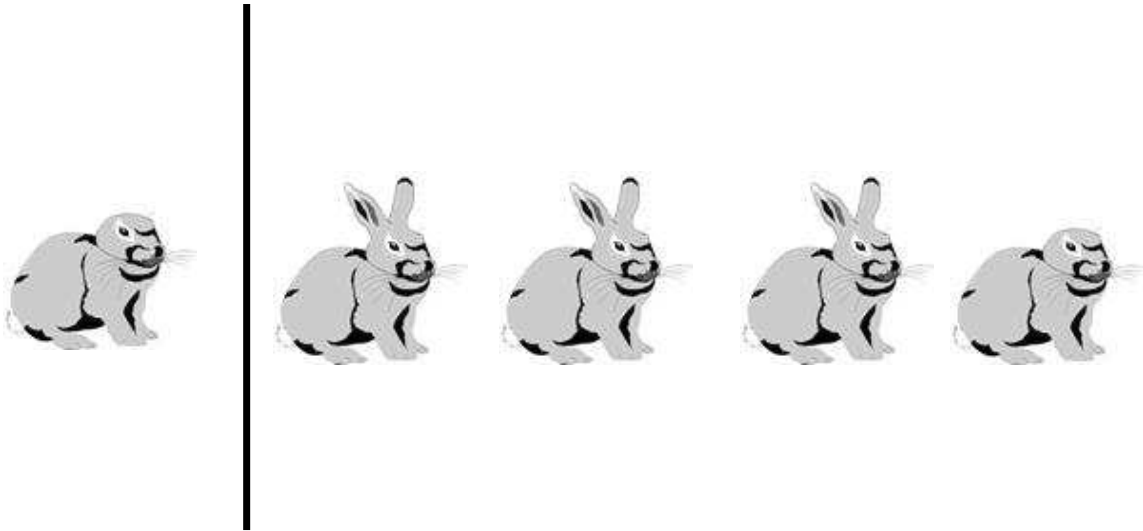


MATCH 5



REMEMBER: CIRCLE THE **FIRST** PICTURE YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY PICTURE OR IF S/HE POINTS TO MORE THAN ONE,

MATCH 6

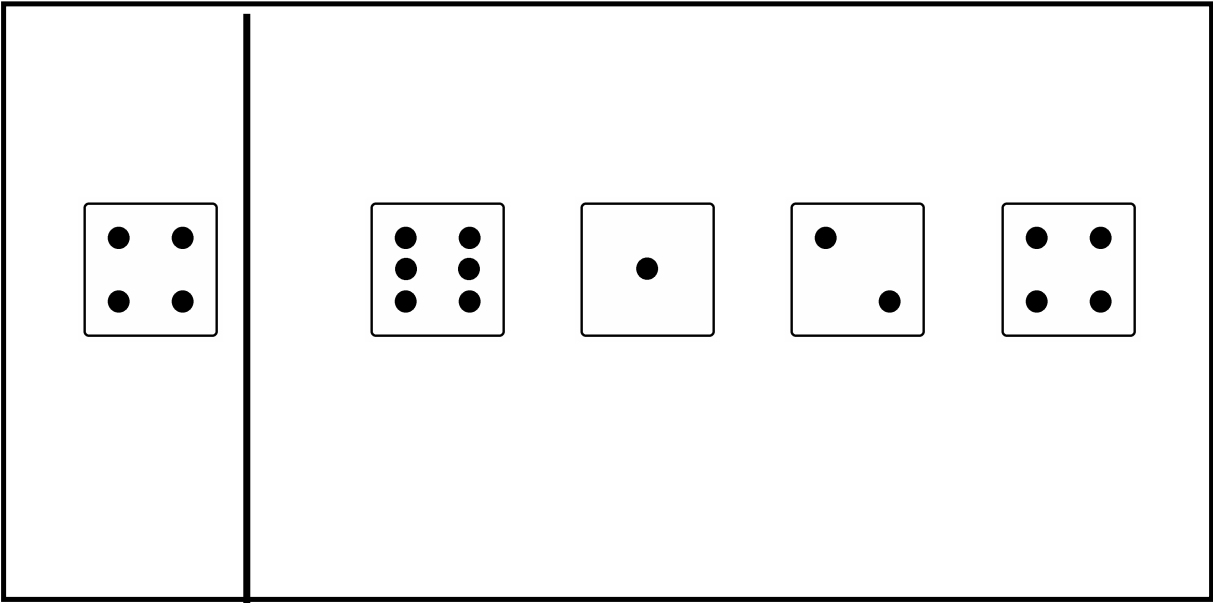


MATCH 7



REMEMBER: CIRCLE THE **FIRST** PICTURE YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY PICTURE OR IF S/HE POINTS TO MORE THAN ONE,

MATCH 8



MATCH 9

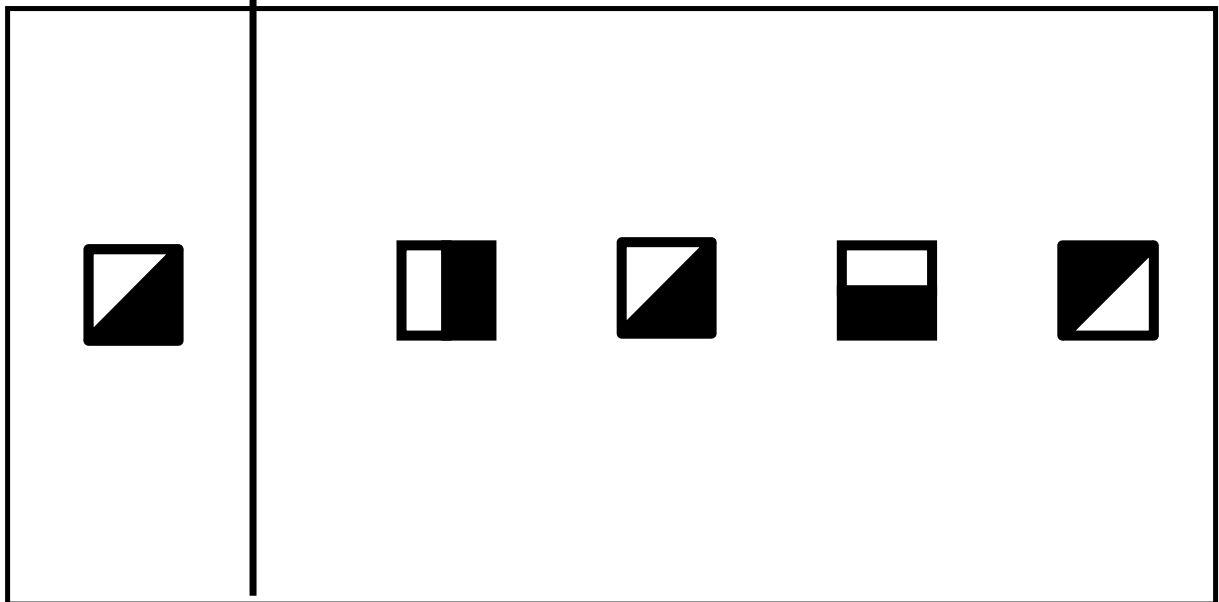


REMEMBER: CIRCLE THE **FIRST** PICTURE YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY PICTURE OR IF S/HE POINTS TO MORE THAN ONE,

MATCH 10

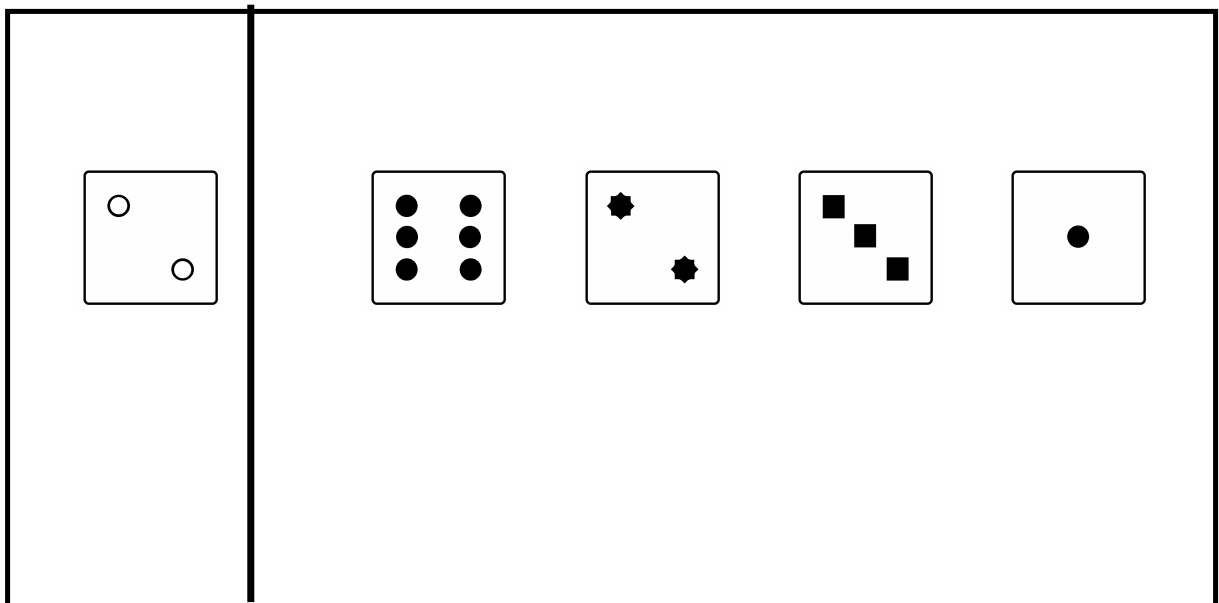


MATCH 11

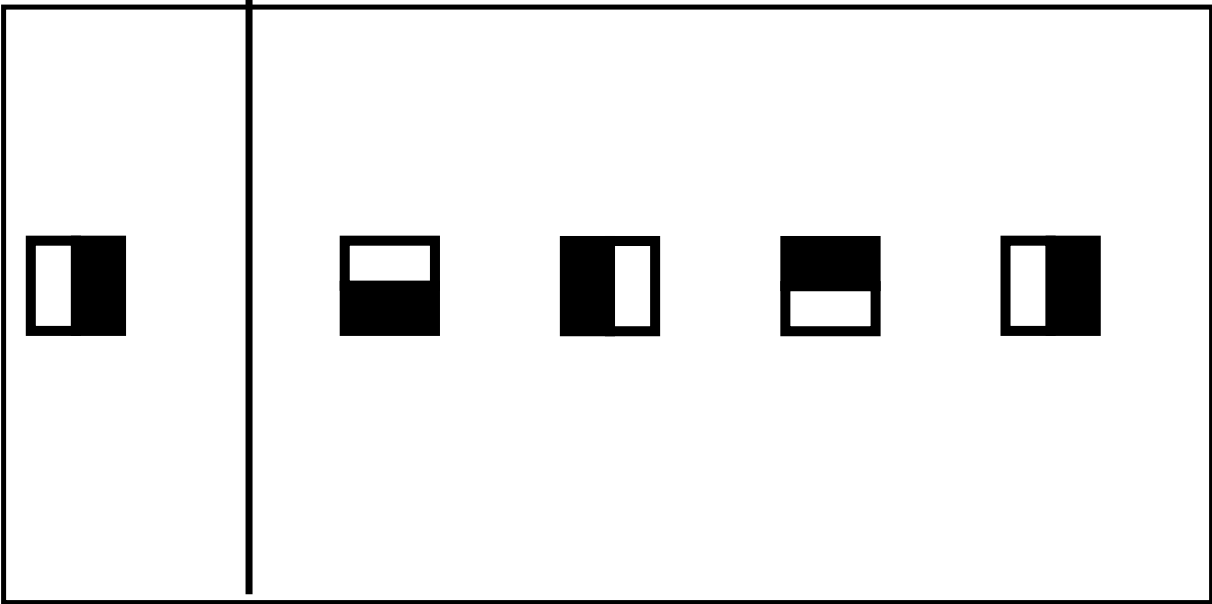


REMEMBER: CIRCLE THE **FIRST** PICTURE YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY PICTURE OR IF S/HE POINTS TO MORE THAN ONE,

MATCH 12

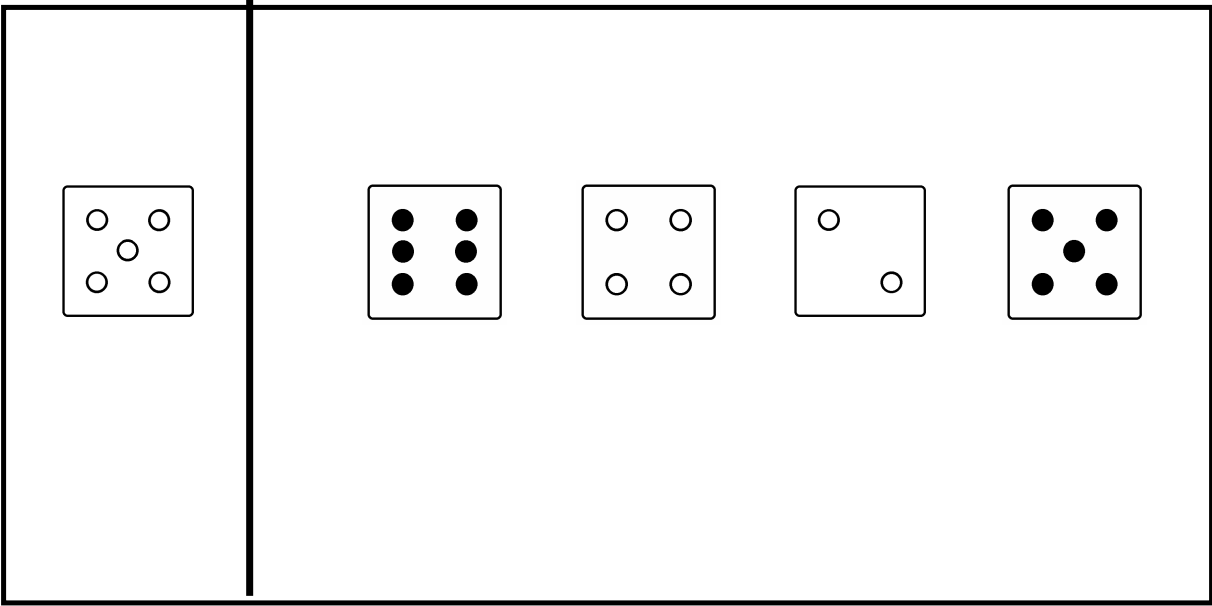


MATCH 13

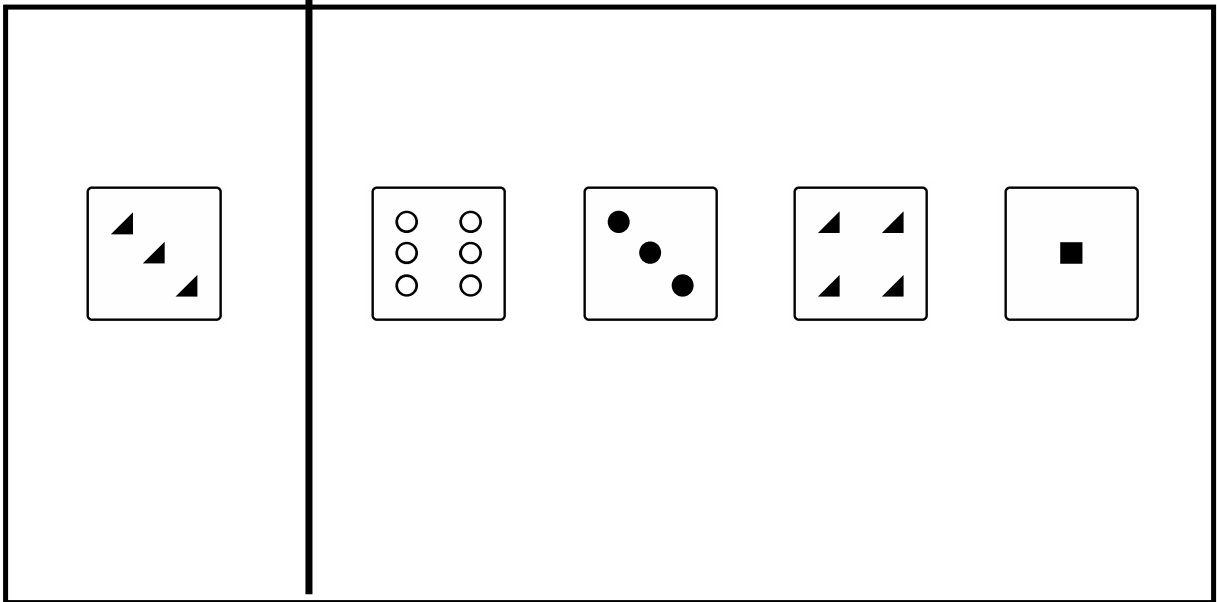


REMEMBER: CIRCLE THE **FIRST** PICTURE YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY PICTURE OR IF S/HE POINTS TO MORE THAN ONE,

MATCH 14

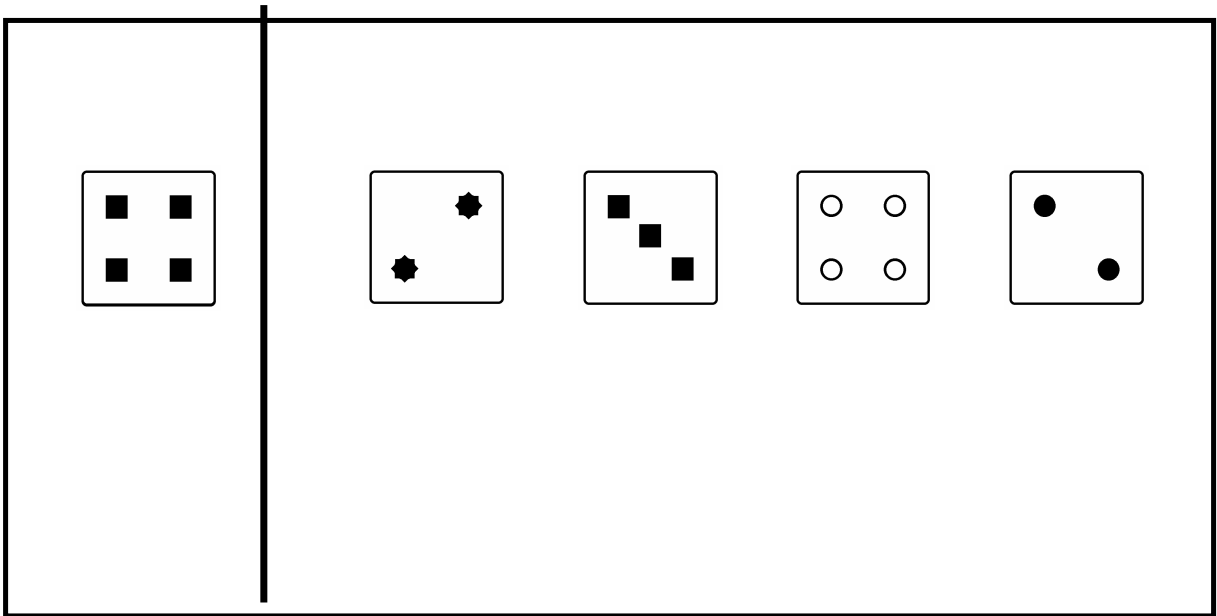


MATCH 15



REMEMBER: CIRCLE THE **FIRST** PICTURE YOUR CHILD POINTS TO. IF YOUR CHILD DOES NOT POINT TO ANY PICTURE OR IF S/HE POINTS TO MORE THAN ONE,

MATCH 16



YOUR CHILD PLAYING OUR GAMES

Please tell us about how your child reacted to the **MATCHING** game you have just played with him/her.

(PLEASE TICK ONE BOX FOR EACH QUESTION)

		YES	NO	
1)	Did your child EVER say anything like "I can't do it" or "I don't like this" while playing the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Did your child EVER get angry or frustrated while playing the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Did your child EVER shrug his/her shoulders, turn away from the game, or try not to look at you or the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Did your child EVER want to stop playing the game?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use Only

TODAY'S DATE/...../..... (DAY/MONTH/YEAR)

YOUR CHILD'S HEALTH

We would like to know how your child's health has been **IN THE LAST 12 MONTHS**.
Please tick a box, "YES" or "NO" for each of the questions.

Does your child have problems with:		YES	NO	For Office Use Only
1)	Coughs?	<input type="checkbox"/>	<input type="checkbox"/>	
2)	Asthma or wheezing?	<input type="checkbox"/>	<input type="checkbox"/>	
3)	Fits (a spell, convulsion or other attack that a doctor has called a fit)?	<input type="checkbox"/>	<input type="checkbox"/>	
4)	Eyesight?	<input type="checkbox"/>	<input type="checkbox"/>	
5)	Skin problems (rash, spots or eczema)?	<input type="checkbox"/>	<input type="checkbox"/>	
6)	Stomachaches?	<input type="checkbox"/>	<input type="checkbox"/>	
7)	Sickness or vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	
8)	Severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>	
9)	Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
10)	Weakness or paralysis of arms or legs?	<input type="checkbox"/>	<input type="checkbox"/>	
11)	Does your child have any known learning disability that makes him/her different from other children?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW			
	If YES, please describe			
12)	Has your child been seen by your doctor (G.P) in the last 12 months?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	If YES, how many times was s/he seen?			
13)	Has your child been admitted to hospital (to stay over night) in the last 12 months?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	If YES, how many times was this?			
	How long (in days) was the longest stay in hospital?days			
14)	Has your child been to hospital casualty in the last 12 months?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	If YES, how many times was this?			
15)	Has your child had a surgical operation in the last 12 months?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	If YES, at what age was the first operation?years.....months			
	What was it for? (PLEASE DESCRIBE)			
	Did it require general anaesthetic?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	How many operations requiring general anaesthetic has your child had since?.....			

YOUR CHILD'S DIET

These questions are about your child's eating patterns. Please tick one box for each statement.

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Use Only

		Disagree	Slightly disagree	Do not agree or disagree	Slightly agree	Agree	
1)	When my child does not finish dinner, s/he should not get dessert.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	My child should always eat all of the food on his/her plate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Generally, my child should only be allowed to eat at set mealtimes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	My child often has to be strongly encouraged to eat things s/he doesn't like because those foods are often good for him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	My child should be told off for playing or fiddling with food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	I have to be especially careful to make sure my child eats enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Generally, it is OK for my child to snack and I don't worry about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your child's present weight?

..... st lb OR kg g

What is your child's present height?

..... ft in OR m cm

What is his/her mother's present weight?

..... st lb OR kg g

What is his/her mother's present height?

..... ft in OR m cm

What is his/her father's present weight?

..... st lb OR kg g

What is his/her father's present height?

..... ft in OR m cm

TODAY'S DATE/...../..... (DAY/MONTH/YEAR)

YOUR CHILD AT HOME

Here are some descriptions of children. Please tick the box that best describes your child. If you think the statement is **TRUE** of your child, please tick the box under "**certainly true**". If the statement describes your child **SOMETIMES**, then tick the box under "**sometimes true**". If the sentence is **NOT TRUE** of your child, then please tick the box under "**not true**". These descriptions are aimed at children aged five or younger, so some of them may seem not to apply to your child, but please try and answer all of them as best you can.

		Certainly true	Sometimes true	Not true	For Office Use Only	
1)	Tries to be fair in games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2)	Restless, runs about or jumps up and down. Doesn't keep still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3)	Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4)	Squirmy, fidgety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5)	Destroys own or other's belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6)	Strongly refuses or resists sleeping alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7)	Spontaneously affectionate to family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8)	Has difficulty completing one activity before changing to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9)	Fights with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10)	Not much liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11)	Volunteers to help around the house or garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12)	Touches things s/he is not allowed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13)	Is worried, worries about many things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14)	Tends to do things on own, rather solitary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15)	Irritable, quick to fly off the handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16)	Will try to help someone who has been hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17)	Appears miserable, unhappy tearful or distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18)	Has twitches, mannerisms, or tics of the face and body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19)	Bites nails or fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20)	Is disobedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21)	Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22)	Often complains of stomachaches, headaches or feeling sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
23)	Has poor concentration, or short attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24)	Tends to be afraid of new things or new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

				For Office Use Only		
		Certainly true	Sometimes true	Not true		
25)	Helps other children who are feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26)	Fussy, or over particular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27)	Tells lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28)	Has wet or soiled self this year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29)	Comforts a child who is upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30)	Is often extremely upset or distressed when parent leaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31)	Has stutter or stammer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32)	Has other speech difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33)	Plays imaginatively, enjoys 'pretend' games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34)	Is extremely afraid of day to day things such as the dark, water, animals, blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35)	Bullies other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36)	Inattentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37)	Gets on well with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38)	Has difficulty waiting for things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39)	Tends to be shy or timid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40)	Doesn't share toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41)	Cries easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42)	Forceful, determined child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43)	Blames others for things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44)	Shares out treats with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45)	Takes a long time to warm to strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46)	Gives up easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47)	Inconsiderate of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48)	Independent, confident child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49)	Kicks, bites other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50)	Kind to animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51)	Stares into space, stares blankly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52)	Tries to stop quarrels and fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TODAY'S DATE/...../..... (DAY/MONTH/YEAR)

YOUR CHILD AT PLAY

As a parent, you have a good idea of what your child can and can't do. Listed below are a number of activities. Please indicate whether or not your child can do the activity. If you have seen your child do the activity (or something similar), then tick the box under "**YES**". If you know that your child would not be able to do it, then tick the box under "**NO**". If you are not sure whether or not your child can do an activity, please feel free to try it out with your child. If you are still uncertain about whether or not your child can do it, then tick the box under "**DON'T KNOW**".

Please remember that the questions are for children up to 5 years old. Some will be easy for your child, others may be difficult.

		PLEASE TICK ONE BOX FOR EACH QUESTION			For Office Use Only
		YES	NO	DON'T KNOW	
1)	Can your child put together, <i>by him/herself</i> , a jigsaw puzzle or something similar where the pieces fit together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	If so, can s/he do this for a puzzle with ten or more pieces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Does your child build things with bricks (other than a tower) such as a house or a bridge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Does your child ever put beads or bricks in a pattern such as blue-red-blue-red-blue-red?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Can your child ever tell the time from a clock or watch that has hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Can your child draw a more or less straight line on paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Does your child draw simple pictures that other people can recognise, such as a person, house or car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	When your child draws a picture of a "person", does it usually include at least three of the following: a head, eyes, a nose, a mouth, hair, a body, arms, or legs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	Does your child ever pretend that one object, such as a block, is another object, such as a car or a telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	Does your child ever pretend that two toys (like dolls, action figures or fantasy figures) are playing together, or are talking to each other, or one is feeding the other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	DON'T KNOW	
11)	Does your child ever play pretend games with another child, pretending to be someone else, such as a parent, firefighter, or nurse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	Does your child ever play any game with another child that involves taking turns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)	When your child plays a game with anyone, does s/he have trouble waiting for his/her turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	Does your child ever show you (by words or another way) that something is missing from its usual place, such as a toy, shoes or a household object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	Does your child ever put aside a biscuit (or other snack) for later, <i>on his/her own</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	Have you ever seen your child gather three or more toys before beginning to play with them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	Have you ever seen your child put things (bricks, other toys) into groups or piles that go together <i>on his/her own</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	Have you seen your child put things of the same colour into groups or piles that go together <i>on his/her own</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	Is your child fair when sharing out biscuits or sweets, that is, giving each person an equal number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	Does your child frequently change the games or activities while s/he plays?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	Can your child correctly make a group of six sweets or pennies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	Can your child do a simple sum? For example, does s/he know that 2 sweets and 2 sweets make 4 sweets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	Does your child stay away from common dangers, such as a hot oven, or the street?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	Does your child recognise him/herself when looking in the mirror?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TODAY'S DATE/...../..... (DAY/MONTH/YEAR)

WHAT YOUR CHILD CAN SAY

Children understand many more words than they say. We are particularly interested in words your child **says**. Please tick the words from the list below that you have heard your child **say**. If your child uses a different pronunciation of a word - for example "tamp" for stamp, or "tootball" for "football" - tick it anyway. This is only a sample of words. Your child may know many other words not on this list.

Please note: if your child is not talking yet, or if s/he is talking, but you can not understand, please tick this box and turn straight to page 9.

- | | | | | |
|----|--|---|--|------------------------------------|
| 1 | <input type="checkbox"/> dinosaur | <input type="checkbox"/> glass | <input type="checkbox"/> catch | <input type="checkbox"/> peculiar |
| 5 | <input type="checkbox"/> donkey | <input type="checkbox"/> jar | <input type="checkbox"/> drop | <input type="checkbox"/> before |
| 9 | <input type="checkbox"/> reindeer | <input type="checkbox"/> ladder | <input type="checkbox"/> fasten | <input type="checkbox"/> then |
| 13 | <input type="checkbox"/> castle | <input type="checkbox"/> material | <input type="checkbox"/> forget/forgot | <input type="checkbox"/> today |
| 17 | <input type="checkbox"/> drum | <input type="checkbox"/> stamp | <input type="checkbox"/> hate | <input type="checkbox"/> week |
| 21 | <input type="checkbox"/> football | <input type="checkbox"/> tyre | <input type="checkbox"/> hurry | <input type="checkbox"/> yesterday |
| 25 | <input type="checkbox"/> microscope | <input type="checkbox"/> furniture | <input type="checkbox"/> leave | <input type="checkbox"/> their |
| 29 | <input type="checkbox"/> tricycle | <input type="checkbox"/> kitchen | <input type="checkbox"/> measure | <input type="checkbox"/> they |
| 33 | <input type="checkbox"/> kite | <input type="checkbox"/> settee/sofa | <input type="checkbox"/> peel | <input type="checkbox"/> those |
| 37 | <input type="checkbox"/> trolley | <input type="checkbox"/> cloud | <input type="checkbox"/> promise | <input type="checkbox"/> yourself |
| 41 | <input type="checkbox"/> lemon | <input type="checkbox"/> fence | <input type="checkbox"/> skate | <input type="checkbox"/> why |
| 45 | <input type="checkbox"/> peanut | <input type="checkbox"/> hose/hose-pipe | <input type="checkbox"/> sneeze | <input type="checkbox"/> about |
| 49 | <input type="checkbox"/> cream cracker | <input type="checkbox"/> pavement | <input type="checkbox"/> somersault | <input type="checkbox"/> above |
| 53 | <input type="checkbox"/> salt | <input type="checkbox"/> zoo | <input type="checkbox"/> think | <input type="checkbox"/> away |
| 57 | <input type="checkbox"/> sauce | <input type="checkbox"/> child | <input type="checkbox"/> black | <input type="checkbox"/> between |
| 61 | <input type="checkbox"/> vanilla | <input type="checkbox"/> cowboy | <input type="checkbox"/> bored | <input type="checkbox"/> on top of |
| 65 | <input type="checkbox"/> vegetable | <input type="checkbox"/> family | <input type="checkbox"/> deep | <input type="checkbox"/> each |
| 69 | <input type="checkbox"/> beads | <input type="checkbox"/> farmer | <input type="checkbox"/> different | <input type="checkbox"/> every |
| 73 | <input type="checkbox"/> jeans | <input type="checkbox"/> nobody | <input type="checkbox"/> empty | <input type="checkbox"/> none |
| 77 | <input type="checkbox"/> elbow | <input type="checkbox"/> nurse | <input type="checkbox"/> expensive | <input type="checkbox"/> might |
| 81 | <input type="checkbox"/> (finger) nail | <input type="checkbox"/> accident | <input type="checkbox"/> fine | <input type="checkbox"/> need to |
| 85 | <input type="checkbox"/> thumb | <input type="checkbox"/> circle | <input type="checkbox"/> half | <input type="checkbox"/> were |
| 89 | <input type="checkbox"/> plaster/bandage | <input type="checkbox"/> front | <input type="checkbox"/> long | <input type="checkbox"/> although |
| 93 | <input type="checkbox"/> blade | <input type="checkbox"/> idea | <input type="checkbox"/> lost | <input type="checkbox"/> because |
| 97 | <input type="checkbox"/> computer | <input type="checkbox"/> camping | <input type="checkbox"/> angry | <input type="checkbox"/> however |

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Has your child begun to combine words yet, such as "nother biscuit" or "doggie bite"? often sometimes not yet

If the answer to the last question is "**not yet**", please turn straight to page 9. If the answer is "**sometimes**" or "**often**" please continue.

YOUR ACTIVE CHILD

The following questions are about the everyday things that your child does. They are in three sections and ask about what toys your child likes to play with, what kinds of games your child enjoys and what your child likes and dislikes during play.

Please answer all of the questions by ticking the box that **best** describes your child. Sometimes it may seem that the boxes do not describe your child exactly. If this is the case for any of the questions, please try to tick the box that is closest to the way that you would describe your child.

GAMES

How often during the past month did your child do the following?

		Very Often	Often	Sometimes	Hardly Ever	Never	
1)	Playing house (for example cleaning, cooking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	Playing with girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Pretending to be a female character (for example a princess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Playing at having a "male" job (for example a soldier)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	Fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Pretending to be a family character (for example parent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	Sports and ball games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	Climbing (for example fences, trees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	Playing at taking care of babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)	Showing interest in real cars, trains and aeroplanes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)	Dressing up in "girlish" clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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COMPLETE DATA ARE ESSENTIAL, PLEASE MAKE SURE THAT YOU HAVE COMPLETED AS MUCH OF THIS BOOK AS YOU CAN.

THANK YOU FOR YOUR TIME AND EFFORT!

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Research Centre
113 Denmark Hill
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LONDON
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