

# THE PDD (Pervasive Developmental Disorder) Assessment Scale Screening Questionnaire

Name of Child: \_\_\_\_\_ Age of Child: \_\_\_\_\_ Date: \_\_\_\_\_

	No	Resolved	Mild	Moderate	Severe
<b>SOCIAL INTERACTION DIFFICULTIES (with same age peer)</b>					
1. Poor eye contact, or staring from unusual angle					
2. Ignores when called, pervasive ignoring, not turning head to voice					
3. Excessive fear of noises (vacuum cleaner); covers ears frequently					
4. In his/her own world (aloof)					
5. Lack of curiosity about the environment					
6. Facial expressions don't fit situations					
7. Inappropriate crying/laughing					
8. Temper tantrums, overreacting when not getting his/her own way					
9. Ignores pain (bumps head accidentally without reacting)					
10. Doesn't like to be touched or held (body, head)					
11. Hates crowds, difficulties in restaurants and supermarkets					
12. Inappropriately anxious/scared					
13. Inappropriate emotional response (not reaching to be picked up)					
14. Abnormal joy expression when seeing parents					
15. Lack of ability to imitate					
<b>SPEECH AND LANGUAGE DELAY</b>					
1. Loss of acquired speech					
2. Produces unusual noises or infantile squeals					
3. Voice louder than required					
4. Frequent gibberish or jargon					
5. Difficulty understanding basic things (just can't get it)					
6. Pulls parents around when wants something					
7. Difficulty expressing needs or desires, using gestures					
8. No spontaneous initiation of speech and communication					
9. Repeats heard words, parts of words or TV commercials					
10. Repetitive language (same word or phrase over and over)					
11. Can't sustain conversation					
12. Monotonous speech, wrong pausing					
13. Speaks same to kids, adults, objects (can't differentiate)					
14. Uses language inappropriately (wrong words or phrases)					
<b>ABNORMAL SYMBOLIC OR IMAGINARY PLAY</b>					
1. Hand or finger flapping; self stimulation					
2. Head banging					

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Name of Child: \_\_\_\_\_

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	No	Resolved	Mild	Moderate	Severe
<b>ABNORMAL SYMBOLIC OR IMAGINARY PLAY continued</b>					
3. Self mutilation , inflicting pain or injury					
4. Toe walking, clumsy body posture					
5. Arranging toys in rows					
6. Smelling, banging, licking or other inappropriate use of toys					
7. Interest in toy parts, such as car wheels					
8. Obsessed with objects or topics (trains, weather, numbers, dates)					
9. Spinning objects, self or fascination with spinning objects					
10. Restricted interest (watching the same video over and over again)					
11. Difficulty stopping repetitive “boring” activity or conversation					
12. Attachment to unusual objects (sticks, stones, strings, or hair)					
13. Stubborn about rituals and routines; resists to change					
14. Restricted taste by consistency, shape or form (refuses solids)					
15. Savant ability, restricted skill superior to age group (reads early, Memorizes books)					
14. Abnormal joy expression when seeing parents					
15. Lack of ability to imitate					
<b>BEHAVIORAL DIFFICULTIES</b>					
<b>TOTALS</b>					
<b>LEVEL OF DYSFUNCTION</b>	<b>Total Score</b>				