

PDQ-1

Psychological Development Questionnaire For Toddlers

This questionnaire is designed to help physicians and parents describe a toddler's psychological development.

Physician Information	Family Information
Name	Child's Name
City	Parent's/Guardian's Name
	Address
	City
	State Zip
	Telephone
	Child's Date of Birth
	Child's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
VERBAL CONSENT <input type="checkbox"/>	Today's Date

**Please complete the following sentences by CIRCLING the word
which accurately describes your child now**

My child ...

1	points or gestures to show interest or get attention.	No	Sometimes	Yes
		0	1	2
2	has unusual or variable responses to sound. (seems not to hear or is oversensitive or overreacts).	No	Sometimes	Yes
		2	1	0
3	smiles or makes regular eye contact with others.	No	Sometimes	Yes
		0	1	2
4	responds to name when called.	No	Sometimes	Yes
		0	1	2
5	shows interest in children at play.	No	Sometimes	Yes
		0	1	2
6	enjoys doing "handshake" or "peek-a-boo."	No	Sometimes	Yes
		0	1	2
7	relates to others by babbling, gesturing, talking or changing expressions.	No	Sometimes	Yes
		0	1	2
8	uses 3 or more words regularly and appropriately.	No	Sometimes	Yes
		0	1	2
9	speaks in phrases (for example: want juice, go bye).	No	Sometimes	Yes
		0	1	2
10	laughs when others laugh.	No	Sometimes	Yes
		0	1	2

Score	
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