PERVASIVE DEVELOPMENTAL DISORDERS SCREENING TEST-II

Stage 1 Screener for Primary Care Settings (PDDST-II/ Stage 1)



© 2001 Bryna Siegel, Ph.D. / University of California, San Francisco

Child's Name: Child's Current Age: Date of Assessment: Place of Assessment:	
	_

Directions for PARENTS:

The purpose of this questionnaire is to help your health care provider decide whether your child needs a closer look at his or her development, and if so, what problem might be.

- ◆ CHECK 'YES, USUALLY TRUE' ☑ if yes is the single best way to describe your child. Do not mark 'yes, usually true' if you only occasionally have this concern.
- ◆ THE AGES (12-18 MONTHS, 18-24 MONTHS) ARE ONLY GUIDELINES. CHECK 'YES, USUALLY TRUE' ☑ IF YOU DEFINITELY EXPERIENCE THIS DIFFICULTY WITH YOUR CHILD AT ANY AGE.
- ◆ Compare this child to your experience with other children, to the child's siblings, or to what you expect your child to be like.

PERVASIVE DEVELOPMENTAL DISORDERS SCREENING TEST-II (PDDST-II/Stage 1)

YES, NO,
Usually
True
Not
True

USUALLY FIRST NOTICED BETWEEN 12 AND 18 MONTHS OF AGE	√	√
1. Did your baby ever seem bored or uninterested in conversations around		
him?		
2. Did your baby ever do one thing, over and over, for so long that you		
were surprised a baby this age could concentrate that well?		
3. Had you noticed that your baby could be very alert to some sounds,		
but ignore other sounds that were just as loud?		
4. Have you ever felt your baby's development was slowed because he		
didn't want to do something (like walking) until he could do it just right?		
5. Did your baby either ignore toys most of the time, or play almost all		
the time with one or two things?		
6. Did your baby seem unusually interested in feeling different textures –		
such as bumpy carpets or silky things?		
7. Had anyone expressed concern that your baby might have a hearing		
loss?		
8. Did your baby stare at his fingers, while turning them, or use his		
fingers to stare at patterns of light?		
9. Had your baby not yet began to show what he wanted, either by using		
words or by pointing?		

Comments / Questions about the Questions:				

PERVASIVE DEVELOPMENTAL DISORDERS SCREENING TEST-II (PDDST-II/Stage 1)

YES, NO, Usually Usually True Not True

		True
USUALLY FIRST NOTICED BETWEEN 18 AND 24 MONTHS OF AGE	✓	✓
1. Did your baby seem uninterested in learning how to talk?		
2. Did your child seem unafraid or unaware of things that were		
dangerous?		
3. When you were trying to get your baby's attention, did you sometimes		
feel that your baby would avoid looking at you?		
4. Did your child usually enjoy tickling and chasing, but not "pat-a-cake"		
or "peek-a-boo"?		
5. Did your child ever go through a stage where he became less, rather		
than more interested in toys?		
6. Did your baby avoid or dislike dolls or stuffed animals?		
7. Did your baby seem uninterested in playing with dolls or stuffed		
animals?		
8. Did your child seem particularly fascinated by motion? (For example,		
flipping pages in a book, sifting sand, spinning things, or watching water.)		
9. At times did you feel that your baby didn't care if you were there or		
not?		
10. Did your baby's mood sometimes change suddenly for no apparent		
reason?		
11. Did your baby have a hard time getting used to playing with new toys,		
even though he might enjoy them when he got used to them?		
12. Did your child ever stop using gestures he's mastered, like waving "bye-		
bye", blowing a kiss, or shaking his head "no"?		
13. Did your child ever pose or wave his fingers or hands when excited?		
14. Did your toddler cry when you left, but not seem to notice much when		
you returned?		

Comments / Questions about the Questions	•	