

Survey of Pathways to Diagnosis and Services (2011 “Pathways”)

Telephone Interview & Self-Administered Questionnaire

Guide to Topics & Questions Asked

The 2011 Survey of Pathways to Diagnosis and Services (“Pathways”) is a follow-up to the 2009/10 National Survey of Children with Special Health Care Needs (NS-CSHCN). Pathways is a nationally representative survey about children age 6-17 years who were identified by the 2009/10 NS-CSHCN as ever being diagnosed with developmental delay, autism spectrum disorder, or intellectual disability (answered yes to K2Q36A, K2Q35A, and/or K2Q37A in the NS-CSHCN). There are two parts to Pathways—a telephone interview (n = 4,032) and a self-administered mail-in questionnaire (n = 2,988), which are both included in the public use file: <http://www.cdc.gov/nchs/slait/spds.htm>. A screener was used to identify if the child was still eligible for the follow back survey which is listed in the survey instrument but not in this document. For the full instrument: <http://www.cdc.gov/nchs/data/slait/PathwaysCATI.pdf>.

The telephone interview asks parents or guardians about the emergence of symptoms, the context of the original diagnoses, the providers who made the diagnoses, the child’s current diagnostic status, current and past use of clinical treatments, interventions, and educational services, and other parental concerns or perspectives.

The self-administered questionnaire (see page 9) asks parents or guardians about their child’s behavior, strengths, and difficulties.

Telephone Interview

SECTION 1: PARENTAL CONCERNS

1. How old was [name] when you first wondered if there might be something not quite right with [his/her] development? **(PC1)** *Development refers to the child’s physical, social, and emotional growth and learning.*
2. When child was [age when first concerned about child], were you concerned that [he/she]:
 - Had medical problems such as seizures, lack of physical growth, or stomach problems? **(PC2_A)**
 - Didn’t make eye contact when talking or playing with others? **(PC2_B)**
 - Didn’t respond when called or didn’t respond to sounds? **(PC2_C)**
 - Didn’t seem to understand nonverbal communication, such as understanding what you meant by the tone of voice you used or your facial expressions or other body language cues? **(PC2_D)**
 - Had behavioral difficulties such as sleeping or eating problems, high activity level, wandering, tantrums, aggressive or destructive behavior? **(PC2_E)**
 - Had problems with coordination or gross motor skills? **(PC2_F)**

If child was 6 months or older when parent was first concerned about child:

- Talked later than usual for most children? **(PC2_G)**

If child was 9 months or older when parent was first concerned about child:

- Was not talking at all? **(PC2_H)**
- Did not talk as well as other children that were the same age? **(PC2_I)**
- Some speech skills that [he/she] already developed were lost? **(PC2_J)**
- Didn't seem to understand what you or other adults said to [him/her]? **(PC2_K)**

If child was at least 12 months when parent was first concerned about child:

- Had problems with fine motor skills? **(PC2_L)**
- Had difficulty playing or interacting with others, or played alone "in [his/her] own world"? **(PC2_M)**
- Insisted on sameness or had difficulties with change? **(PC2_N)**
- Had difficulty learning new skills such as toilet training or getting dressed? **(PC2_O)**
- Had difficulty learning new things such as the alphabet or numbers? **(PC2_P)**
- Had unusual gestures or movements such as hand-flapping, toe-walking, or self-spinning **(PC2_Q)**

- Were you the first person who had the concern that something didn't seem right with [name]'s development? **(PC3)**
 - If person being interviewed was not the first person to have concerns, who was the first person? **(PC4)**
- Did you *ever* talk to a doctor or health care provider about your concerns? **(PC5)**
- How old was [name] when you first talked to a doctor or health care provider about your concerns? **(PC6)**
- How did that doctor or health care provider respond to your concern **(PC7_A)**
 - Did they conduct developmental tests?
 - Did they make a referral to a specialist; such as a developmental pediatrician, child psychologist, occupational, or speech therapist?
 - Did they suggest that you discuss the concern with the school?
 - Did they say nothing was wrong, the behavior was normal?
 - Did they say it was too early to tell if anything was wrong?
 - Did they say that your child might "grow out of it"?
 - Did they do or say anything else?
- Did the doctor or health care provider have you fill out a questionnaire about specific concerns or observations you may have had about [name]'s development, communication, or social behaviors? **(PC7_B—asked only if child was age 0-5 years when respondent first talked to health care provider about concerns (i.e. response to PC6 < 6 years))**

If "yes" to PC7_B and response to PC6 was between age 0-23 months, then:

- Did this questionnaire ask about your concerns or observations about how [name] talks or makes speech sounds? **(PC7_C)**
- Did this questionnaire ask about your concerns or observations about how [name] interacts with you and others? **(PC7_D)**
- Did this questionnaire ask about your concerns or observations about words and phrases [name] uses and understands? **(PC7_E)**
- Did this questionnaire ask about your concerns or observations about how [name] behaves and gets along with you and others? **(PC7_F)**

8. Did the doctor or health care provider tell you that they were carrying out a developmental screening or assessment of [name]? **(PC7_G—asked only if child was age 0-5 years when respondent first talked to health care provider about concerns (i.e. response to PC6 < 6 years))**
9. Did the doctor or health care provider have [name] perform certain tasks such as picking up small objects or stacking blocks or throwing a ball or recognizing different colors? **(PC7_H—asked only if child was age 12 months or older when respondent first talked to health care provider about concerns (i.e. response to PC6 > 11 months))**
10. Did you *ever* talk to a teacher, school nurse, school counselor, or other school professional about your concerns with [name]’s development **(PC8)**
 - How old was [name] when you first talked to a teacher, school nurse, school counselor, or other school professional about your concerns **(PC9)**
 - How did that school professional respond to your concern **(PC10)**
 - Did they conduct developmental tests **(PC10RO1)?**
 - Did they make a referral to an in-school specialist **(PC10RO2)?**
 - Did they make a referral to a specialist outside the school system; such as developmental pediatrician, child psychologist, occupational or speech therapist **(PC10RO3)?**
 - Did they suggest that you discuss the concern with the child’s doctor **(PC10RO4)?**
 - Did they say nothing was wrong, the behavior was normal **(PC10RO5)?**
 - Did they say it was too early to tell if anything was wrong **(PC10RO6)?**
 - Did they say that your child might “grow out of it” **(PC10RO7)?**
 - Did they do or say anything else **(PC10RO8)?**
11. *If parent stated that they did not ever talk about their concerns to a doctor, health care provider, teacher, school nurse, school counselor, or other school professional (PC5 & PC8=NO), parent asked again, just to confirm, did you ask for advice about your concerns from any professional such as a doctor, health care provider, teacher, or counselor* **(PC11)**

2: DIAGNOSTIC EXPERIENCES

The following questions are asked about for the child’s condition (autism or ASD, developmental delay or intellectual disability). If the child has ever had or currently has multiple conditions, the questions are asked for each condition independently. The child’s condition is inserted in [condition].

1. What type of doctor or other health care provider *first* told you that [name] had [condition]? **(DE_X1)**
2. How old was [name] when you were first told that [he/she] had [condition]? **(DE_X2)****
3. Did *any other* doctor, health care provider, or school professional also tell you that [name] had [condition]? **(DE_X3)**
 - *If yes*, who was that? What types of other doctors, health care providers, or school professionals told you that [name] had [condition]? *Mark all that apply* **(DE_X4)**
4. Did the doctors, health care providers, or school professionals ever tell you that [name] had any of the following autism spectrum disorders?
 - Asperger’s Disorder? **(DE_X5A—Only asked of children with Autism or ASD)**
 - Pervasive Developmental Disorder? **(DE_X5B—Only asked of children with Autism or ASD)**
 - Autistic Disorder? **(DE_X5C—Only asked of children with Autism or ASD)**
5. Since you were first told that [he/she] had [condition], has a doctor, health care provider, or school professional ever told you that [name] did *not* have [condition]? **(DE_X6)**

If yes:

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- Who was that? What types of doctors, health care providers, or school professionals ever told you that [name] did *not* have [condition]? (DE_X7)
 - How old was [name] when you were first told that [he/she] did *not* have [condition]? (DE_X8)
 - When you were told that [he/she] did not have [condition], were you told that [name] had some other developmental, learning, emotional, or mental health condition? (DE_X9)
 - What conditions were you told that [name] had? (DE_X10)
 - To the best of your knowledge, does [name] currently have [condition]? (DE_X11)
 - *If no*, to the best of your knowledge, did [name] *ever* have [condition]? (DE_X12)
6. *If yes to DE_X12*, Which of these reasons do you think the reason why [name] may no longer have [condition]?
- Treatment helped the condition go away? (DE_X13A)
 - The condition seemed to go away on its own? (DE_X13B)
 - The behaviors or symptoms changed? (DE_X13C)
 - A doctor or health care provider changed the diagnosis? (DE_X13D)
7. *If yes to DE_X12*, Are there any other reasons why you think [name] may no longer have [condition]? *Mark all that apply* (DE_X14)
8. *If no to DE_X12*, Of the following reasons why a doctor, health care provider, or school professional may have told you that [name] had a condition that [he/she] never had, which apply to [name]?
- With more information, the diagnosis was changed? (DE_X15A)
 - The diagnosis was given so that [name] could receive needed services? (DE_X15B)
 - You disagree with the doctor or other health provider about his or her opinion that [name] had [condition]? (DE_X15C)
9. *If no to DE_X12*, Are there any other reasons why a doctor or other health care provider may have told you that [name] had a condition that [he/she] never had? (DE_X16)
10. Did [name] ever get a genetic screening to confirm a diagnosis or so that you could learn more about [his/her] conditions? (DE17—*Asked only once, not asked for each conditions independently*)
- *If yes*, Did the genetic screening confirm or reveal any specific genetic or chromosomal condition? (DE18)**
 - *If yes*, What genetic or chromosomal condition did it confirm or reveal? (DE19)**

SECTION 3: HEALTH CARE SERVICES

1. Please tell me whether [name] has *ever* used the following services to meet [his/her] developmental needs? *Developmental needs are whatever is necessary to support your child's development (child's physical, social, and emotional growth and learning).*
- Behavioral intervention or modification services? (HCS1_A)
 - Sensory integration therapy? (HCS1_B)
 - Cognitive based therapy? (HCS1_C)
 - School-based occupational therapy? (HCS1_D)
 - Other occupational therapy? (HCS1_E)
 - School-based physical therapy? (HCS1_F)
 - Other physical therapy? (HCS1_G)
 - School-based social skills training? (HCS1_H)
 - Other social skills training? (HCS1_I)
 - School-based speech or language therapy? (HCS1_J)
 - Other speech or language therapy? (HCS1_K)

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These questions were asked for each service identified by parent above HSC1_A through HSC1_K.

2. How old was [name] when [he/she] first started using [service]? **(HCS1_X_1A)****
3. Does [name] currently use [service] on a regular basis? **(HCS1_X_2)**
4. About how often does [name] use [service]? **(HCS1_X_3A)****
5. When [name] uses [service], about how long does each session last? **(HCS1_X_4A)****
6. Children with learning and developmental conditions work with many different types of service providers to meet their needs. Has [name] ever worked with any of these providers at school, at home, at an office, or in a clinic to meet [his/her] developmental needs?
 - An audiologist? **(HCS2_A)**
 - A developmental pediatrician? **(HCS2_B)**
 - A neurologist? **(HCS2_C)**
 - A nutritionist? **(HCS2_D)**
 - An at home or long-term nurse? **(HCS2_E)**
 - A psychiatrist? **(HCS2_F)**
 - A psychologist or psychotherapist? **(HCS2_G)**
 - A social worker? **(HCS2_H)**

These questions were asked for each provider identified by parent above (HCS2_A through HCS2_H).

7. How old was [name] when [he/she] first started working with [provider]? **(HCS2_X_1A)****
8. Does [name] *currently* work with [provider] on a regular basis? **(HCS2_X_2)**
9. About how often does [name] work with [provider]? **(HCS2_X_3A)****
10. When [name] works with [provider], about how long does each session last? **(HCS2_X_4A)****
11. Children with learning and developmental conditions sometimes take medications to meet their needs. Has [name] ever used any of these types of medications to meet [his/her] developmental needs, even if [he/she] is not taking this medication now?
 - Stimulant medications? **(HCS3_A)**
 - Anti-depressant medications? **(HCS3_B)**
 - Anti-anxiety or mood stabilizing medications? **(HCS3_C)**
 - Anti-seizure medications? **(HCS3_D)**
 - Anti-psychotic medications? **(HCS3_E)**
 - Sleep medications? **(HCS3_F)**
 - Any medications reported that do not match with a category above. **(HCS3_G)**

These questions (HCS3_X1 and _X3) were asked for each medication type identified by parent above (HCS3_A through HCS3_F).

12. How old was [name] when [he/she] first started taking [medication type]? **(HCS3_X1)****
13. Does [name] *currently* take [medication type] on a regular basis? **(HCS3_X2)**
14. Has [name] *ever* used any type of alternative health care or treatment to meet [his/her] developmental needs? **(HCS4)**
 - *If yes*, does [name] currently use any type of alternative health care or treatment to meet [his/her] developmental needs? **(HCS5)**

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SECTION 4: EDUCATIONAL SERVICES

1. What kind of school is [name] currently enrolled in? Is it a public school, private school, or home-school? **(ES1)**
2. Does [name] spend at least part of [his/her] school day in a resource room or special education classroom? **(ES2)****
3. Does [name] have a one-to-one aide or a shadow for at least part of [his/her] school day? **(ES3)****
4. Does [name] receive any other academic support inside school because of [his/her] developmental needs? **(ES4)****
5. Does [name] receive tutoring outside school because of [his/her] developmental needs? **(ES5)****
6. Does [name] have a written intervention plan called an Individualized Education Program or IEP? **(ES6)**
 - If yes, does [name]'s IEP address all of your concerns about [his/her] development and education? **(ES8)**
7. At any time before [name] was 3 years old, did [he/she] receive services from a program called Early Intervention Services? **(ES9)**
8. Were you *ever* told that [name] was *not* eligible for Early Intervention Services? **(ES10)**
 - *If yes*, why were you told that [name] was *not* eligible for Early Intervention Services? *Mark all that apply* **(ES11)**

SECTION 5: UNMET NEEDS AND INSURANCE ADEQUACY

1. During the past 12 months, did [name] receive all the treatments and services necessary to meet [his/her] developmental needs? **(INS1)**
2. During the past 12 months, did [name] see all the service providers needed to care for [his/her] developmental needs? **(INS2)**
3. Does [name] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid? **(INS3)**
4. Are there treatments, services, or service providers that [name] needs that are not covered by [his/her] health insurance? **(INS4, among children with current health insurance)**
 - *If yes*, what treatments, services, or service providers are not covered by [his/her] health insurance? *Mark all that apply* **(INS5)**
5. Has [name] *ever* received Medicaid-reimbursed services for autism? **(INS6, among children who were ever diagnosed with Autism)**

SECTION 6: FUNCTIONING, STRENGTHS, AND DIFFICULTIES

1. How capable is [he/she] when doing the following activities? *Can do independently, can do with help, cannot do, never tried.*
 - Go to the bathroom by [himself/herself]? **(FSD1_A)****
 - Feed [himself/herself]? **(FSD1_B)****
 - Dress [himself/herself]? **(FSD1_C)****
 - Ask for things [he/she] needs or wants? **(FSD1_D)****
 - Provide [his/her] name, address, and phone number if asked? **(FSD1_E)****

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- Spend time with friends? **(FSD1_F)****
- Cook or prepare meals? **(FSD1_G – age 12-17 years)****
- Manage money? **(FSD1_H– age 12-17 years)****
- Get around by driving, public transportation, biking, or walking? **(FSD1_I– age 12-17 years)****

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2. Has it been not true, somewhat true, or certainly true for [name] during the past six months that...
 - [He/She] is generally well behaved, usually does what adults request. **(FSD5_A)**
 - [He/She] has many worries, or often seems worried. **(FSD5_B)**
 - [He/She] is often unhappy, depressed, or tearful. **(FSD5_C)**
 - [He/She] gets along better with adults than with other children/youth. **(FSD5_D)**
 - [He/She] has good attention span, sees chores or homework through to the end. **(FSD5_E)**

SECTION 7: WANDERING AND WANDERING PREVENTION

1. Has [name] wandered off or became lost in the following place within the past year?
 - From your home? **(WWP1_A)**
 - From someone else's home such as a relative, friend, neighbor, or babysitter? **(WWP1_B)**
 - From school, day care, or summer camp? **(WWP1_C)**
 - From a store, restaurant, playground, campsite, or any other public place? **(WWP1_D)**
2. Have you added fences, gates, locks, alarms, or other barriers to your home in an effort to prevent [name] from wandering off or becoming lost? **(WWP2)**
3. Within the past year, has [name] worn a tracking device to help you find [him/her] if [he/she] wandered off? **(WWP3)**

SECTION 8: PARENTAL PERCEPTIONS

1. Would you say you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with the following statements?
 - The teachers and other professionals at [name]'s school are able to meet [his/her] needs. **(PP1_A)**
 - I am satisfied with the services that [name] receives from teachers and other school professionals. **(PP1_B)**
 - The doctors and other health care providers that [name] sees are able to meet [his/her] needs. **(PP1_C)**
 - I am satisfied with the services that [name] receives from doctors and other health care providers. **(PP1_D)**
2. Would you say you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with these statements about [name]'s learning and developmental conditions?
 - [Name]'s condition is likely to be lifelong rather than temporary. **(PP2_A)**
 - The problems related to [name]'s condition can be prevented or decreased with treatment. **(PP2_B)**
 - I have the power to change [name]'s condition. **(PP2_C)**
 - [Name]'s condition is a mystery to me. **(PP2_D)**
 - [Name]'s symptoms come and go. **(PP2_E)**

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- When I think about [name]'s condition I get upset. (PP2_F)
 - I think [name]'s condition is genetic or hereditary. (PP2_G)
 - I think [name]'s condition was caused by something [he/she] was exposed to in utero, that is, before [he/she] was born. (PP2_H)
 - I think [name]'s condition was caused by something [he/she] was exposed to after [he/she] was born. (PP2_I)
3. Has [name] experienced any accident, injury, or illness that you feel has had an effect on [his/her] behavior or development? (PP3)

SECTION 9: FAMILY AND DEMOGRAPHICS

1. How many biological brothers or sisters does [name] have? (DEMO1)**

If [name] has any biological brothers or sisters:

2. Is this brother or sister older, younger, or the same age? (DEMO2)**
3. Has a doctor or other health care provider *ever* told you that this brother or sister had...
- Autism, Asperger's Disorder, pervasive developmental disorder, or other autism spectrum disorder? (DEMO3_A)**
 - Any developmental delay that affects [his/her] ability to learn? (DEMO3_B)**
 - Intellectual disability or mental retardation? (DEMO3_C)**
4. How many of [name]'s biological brothers and sisters are older than [he/she] is? (DEMO4)**
5. How many are younger than [he/she] is? (DEMO5)**

The follow questions are repeated for each condition: developmental delay, ASD, or intellectual disability:

6. Has a doctor or other health care provider *ever* told you that any of [name]'s biological brothers or sisters had [condition]? (DEMO6_X_1)**
7. How many of [name]'s biological brothers or sisters have been diagnosed with [condition]? (DEMO6_X_2)**
8. Is this brother or sister older than [name]? (DEMO6_X_3)**
9. How many of these brothers or sisters are older than [name]? (DEMO6_X_4)**
10. [Are you / Is [his/her] biological mother/father/respondent] of Hispanic, Latino, or Spanish origin? (DEMO7 – DEMO 09)**
11. [Are you / Is [his/her] biological mother/father/respondent] White, Black or African American, American Indian, Alaska Native, Asian, Native Hawaiian, or other Pacific Islander? (DEMO10 – DEMO12)**
12. How old [are you / is [name]'s biological mother/father/respondent]? (DEMO13A, DEMO14A, DEMO15)**
13. How old was [name]'s biological mother/father when [name] was born? (DEMO13B, DEMO14B)**

Self-Administered Survey

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PART A: CHILD'S BEHAVIOR OVER THE LAST 6 MONTHS (FOR AGES **6-10** YEARS ONLY)

1. Based on your child's behavior over the last **6 months**, would you say the following statements are Not True, Somewhat True, or Certainly True?
 - Considerate of other people's feelings? **(CB1_A)**
 - Restless, overactive, cannot stay still for long? **(CB1_B)**
 - Often complains of headaches, stomach-aches or sickness? **(CB1_C)**
 - Shares readily with other children, for example toys, treats, pencils? **(CB1_D)**
 - Often loses temper? **(CB1_E)**
 - Rather solitary, prefers to play alone? **(CB1_F)**
 - Generally well behaved, usually does what adults request? **(CB1_G)**
 - Many worries or often seems worried? **(CB1_H)**
 - Helpful if someone is hurt, upset or feeling ill? **(CB1_I)**
 - Constantly fidgeting or squirming? **(CB1_J)**
 - Has at least one good friend? **(CB1_K)**
 - Often fights with other children or bullies them? **(CB1_L)**
 - Often unhappy, depressed or tearful? **(CB1_M)**
 - Generally liked by other children? **(CB1_N)**
 - Easily distracted, concentration wanders? **(CB1_O)**
 - Nervous or clingy in new situations, easily loses confidence? **(CB1_P)**
 - Kind to younger children? **(CB1_Q)**
 - Often lies or cheats? **(CB1_R)**
 - Picked on or bullied by other children? **(CB1_S)**
 - Often offers to help others (parents, teachers, other children)? **(CB1_T)**
 - Thinks things out before acting? **(CB1_U)**
 - Steals from home, school or elsewhere? **(CB1_V)**
 - Gets along better with adults than with other children? **(CB1_W)**
 - Many fears, easily scared? **(CB1_X)**
 - Good attention span, sees chores or homework through to the end? **(CB1_Y)**

PART B: CHILD'S BEHAVIOR OVER THE LAST 6 MONTHS (FOR AGES **11-17** YEARS ONLY)

1. Based on your child's behavior over the last **6 months**, would you say the following statements are Not True, Somewhat True, or Certainly True?
 - Considerate of other people's feelings? **(CB2_A)**
 - Restless, overactive, cannot stay still for long? **(CB2_B)**
 - Often complains of headaches, stomach-aches or sickness? **(CB2_C)**
 - Shares readily with other youth, for example CD's, games, food? **(CB2_D)**
 - Often loses temper? **(CB2_E)**

- Would rather be alone than with other youth? **(CB2_F)**
- Generally well behaved, usually does what adults request? **(CB2_G)**
- Many worries or often seems worried? **(CB2_H)**
- Helpful if someone is hurt, upset or feeling ill? **(CB2_I)**
- Constantly fidgeting or squirming? **(CB2_J)**
- Has at least one good friend? **(CB2_K)**
- Often fights with other youth or bullies them? **(CB2_L)**
- Often unhappy, depressed or tearful? **(CB2_M)**
- Generally liked by other youth? **(CB2_N)**
- Easily distracted, concentration wanders? **(CB2_O)**
- Nervous or clingy in new situations, easily loses confidence? **(CB2_P)**
- Kind to younger youth? **(CB2_Q)**
- Often lies or cheats? **(CB2_R)**
- Picked on or bullied by other youth? **(CB2_S)**
- Often offers to help others (parents, teachers, other youth)? **(CB2_T)**
- Thinks things out before acting? **(CB2_U)**
- Steals from home, school or elsewhere? **(CB2_V)**
- Gets along better with adults than with other youth? **(CB2_W)**
- Many fears, easily scared? **(CB2_X)**
- Good attention span, sees chores or homework through to the end? **(CB2_Y)**

PART C: DIFFICULTIES

(FOR AGES 6-17 YEARS)

1. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people? **(DF1)**

**If you answered “Yes” to question 1, answer the following questions about these difficulties.
If you answered “No” to question 1, skip to Part**

2. How long have these difficulties been present? **(DF2)**
3. Do the difficulties upset or distress your child? **(DF3)**
4. Do the difficulties interfere with your child’s everyday life in the following areas? **(DF4)**
 - Home life **(DF4_A)**
 - Friendships **(DF4_B)**
 - Classroom learning **(DF4_C)**
 - Leisure activities **(DF4_D)**
5. Do the difficulties put a burden on you or the family as a whole? **(DF5)**

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PART D: CHILD’S BEHAVIOR OVER THE LAST 2 MONTHS

(FOR AGES 6-17 YEARS)

1. In the last **two months**, please indicate the extent to which your child’s behavior occurs regularly, infrequently or does not occur/ does not apply:
 - Talks confusedly; jumps from one subject to another in speaking? **(CB3_A)**

- Only talks about things that are often concern to him/her? **(CB3_B)**
- Does not fully understand what is being said to him/her, for example, tends to miss the point? **(CB3_C)**
- Frequently says things that are not relevant to the conversation? **(CB3_D)**
- Does not understand jokes? **(CB3_E)**
- Takes things literally, for example, does not understand certain expressions? **(CB3_F)**
- Is extremely naïve; believes anything you say? **(CB3_G)**
- Overreacts to everything and everyone? **(CB3_H)**
- Flaps arms/hands when excited? **(CB3_I)**
- Makes odd, fast movement with fingers or hands? **(CB3_J)**
- Sways back and forth? **(CB3_K)**
- Does not look up when spoken to? **(CB3_L)**
- Acts as if others are not there? **(CB3_M)**
- Lives in a world of his/her own? **(CB3_N)**
- Makes little eye contact? **(CB3_O)**
- Dislike physical contact, for example, does not want to be touched or hugged? **(CB3_P)**
- Does not seek comfort when he/she is hurt or upset? **(CB3_Q)**
- Does not initiate play with other children? **(CB3_R)**
- Has little or no need for contact with others? **(CB3_S)**
- Does not respond to attempts by others to initiate contact, for example, does not play along when asked? **(CB3_T)**
- Is usually sensitive to certain sounds, for example, always hears certain sounds earlier than other people? **(CB3_U)**
- Is extremely pleased by certain movements and keeps doing them, for example, turning around and around? **(CB3_V)**
- Smells objects? **(CB3_W)**
- Constantly feels objects? **(CB3_X)**
- Is fascinated by certain colors, forms, or moving objects? **(CB3_Y)**
- Has difficulty doing two things at the same time, for example, he/she cannot dress and listen to parent at the same time? **(CB3_Z)**
- Cannot tell if he/she is at the beginning, middle, or end of an activity? **(CB3_AA)**
- Does things without realizing the goal, for example, constantly has to be reminded to finish things? **(CB3_BB)**
- Shows sudden mood changes? **(CB3_CC)**
- Gets angry quickly? **(CB3_DD)**
- Stays angry for a long time, for example, when he/she does not get his/her way? **(CB3_EE)**
- Cannot be made enthusiastic about anything; does not particularly like anything? **(CB3_FF)**
- Does not show his/her feelings in facial expressions and/or body posture? **(CB3_GG)**
- Does not realize when there is danger? **(CB3_HH)**
- Barely knows the difference between strangers and familiar people, for example, readily goes with strangers? **(CB3_II)**
- Is disobedient? **(CB3_JJ)**
- Cannot be corrected when he/she has done something wrong? **(CB3_KK)**
- Has difficulty taking in information; information is heard but does not sink in? **(CB3_LL)**
- Makes careless remarks, for example, remarks that are painful to others? **(CB3_MM)**
- Does not appreciate it when someone else is hurt or sad? **(CB3_NN)**
- Makes a fuss over little things; “makes a mountain of a mole-hill”? **(CB3_OO)**
- Does not know when to stop, for example, goes on and on about things? **(CB3_PP)**

** Denotes that original version of the variable may not be released publicly. Variable may be recoded or omitted in public use data files. Omitted data can be accessed at the National Center for Health Statistics, Research Data Center.

- Is extremely stubborn? **(CB3_QQ)**
- Panics in new situations or if change occurs? **(CB3_RR)**
- Remains clammed up in new situations or if change occurs? **(CB3_SS)**
- Opposes change? **(CB3_TT)**
- Gets lost easily, for example, when out with someone? **(CB3_UU)**
- Has no sense of time? **(CB3_VV)**

PART E: STRENGTHS

(FOR AGES 6-17 YEARS)

1. Please rate your child on each of the skills below on a scale from 1 through 5 (1 meaning skill is *less of a strength*, 3 meaning *somewhat a strength*, and 5 meaning skill is *more of a strength*).
 - Has an eye for detail? **(ST1_A)**
 - Is able to learn things easily? **(ST1_B)**
 - Has good computer skills? **(ST1_C)**
 - Has good math skills? **(ST1_D)**
 - Has good music skills? **(ST1_E)**
 - Has good artistic skills? **(ST1_F)**
 - Compliments family members when they accomplish something? **(ST1_G)**
 - Gets along with family members? **(ST1_H)**
 - Gets along with children of similar age? **(ST1_I)**
 - Speaks in a nice tone of voice when talking with others? **(ST1_J)**
 - Takes good care of things so they last? **(ST1_K)**
 - Uses free time at home in a good way? **(ST1_L)**
 - Is able to relax and enjoy life? **(ST1_M)**
 - Finishes the tasks he/she starts? **(ST1_N)**
 - Is good at physical activities like sports or exercising? **(ST1_O)**
 - Shows interest and curiosity in learning new things? **(ST1_P)**
 - Cares about doing well in school? **(ST1_Q)**
 - Does all required homework? **(ST1_R)**
 - Displays appropriate emotions in most social settings? **(ST1_S)**
 - Is happy with who he/she is? **(ST1_T)**
2. What is your relationship to this child? **(ST2)**