

Questions – Open Your Eyes

Developed by a team of specialists for Stowarzyszenia „Karuzela”

Part I

Behaviour/communication:

Do you observe in your child:

1. An excessive need to be with parent/guardian?
 - a. YES
 - b. NO
2. Lack of reaction to parent absent?
 - a. YES
 - b. NO
3. Difficulties in eye contact?
 - a. YES
 - b. NO
4. Lack of adaptation to new conditions (for example: new people, new place)?
 - a. YES
 - b. NO
5. Lack of cooperation with parent/guardian in action?
 - a. YES
 - b. NO
6. Patterns in action?
 - a. YES
 - b. NO
7. Intensive need to move?(that is continuous need to move)?
 - a. YES
 - b. NO
8. Often change position?
 - a. YES
 - b. NO

9. Lack of independent walking after 16 months?
- a. YES
 - b. NO
10. Walking on toes?
- a. YES
 - b. NO
11. Crying?
- a. YES
 - b. NO
12. Lack of understand easy commands?
- a. YES
 - b. NO
13. Difficult behaviour biting/autoagression/other ?
- a. YES
 - b. NO
14. Lack of indicate gesture?
- a. YES
 - b. NO
15. Lack of society gesture like bye bye?
- a. YES
 - b. NO
16. Lack of ability to repeat onomatopoeic words, for example miau, brum, ect.?
- a. YES
 - b. NO
17. Lack of express first words like mum, dad?
- a. YES
 - b. NO

Play/perceptual – affective development:

Do you observe in your child:

18. Lack of searching sound source?
 - a. YES
 - b. NO
19. Lack of ability to play, for example build tower of three blocks?
 - a. YES
 - b. NO
20. Lack of ability to put/sort things into box?
 - a. YES
 - b. NO
21. Lack of ability to easy play with ball like rolling/throwing?
 - a. YES
 - b. NO
22. Lack of playing make-believe (for example, child gives teddy eat)?
 - a. YES
 - b. NO
23. Lack of functional play (for example, driving car, flying plane)?
 - a. YES
 - b. NO
24. Patterns in play?
 - a. YES
 - b. NO
25. Lack of impulsive play?
 - a. YES
 - b. NO
26. Lack of interaction with parent?
 - a. YES
 - b. NO

27. Problems with changing roles in play?

a. YES

b. NO

28. Lack or difficulties with showing things?

a. YES

b. NO

29. Difficulties in sharing emotions?

a. YES

b. NO

30. Increased need to hold thing (excessive attachment to thing)?

a. YES

b. NO

Self-regulation:

Do you observe in your child:

31. High or growing state of stimulate at home?

- a. YES
- b. NO

32. High or growing state of stimulate in public places?

- a. YES
- b. NO

33. Lack of concentration during active play at home?

- a. YES
- b. NO

34. Lack or difficulties to calm down?

- a. YES
- b. NO

35. Emotional reaction inadequate to the situation?

- a. YES
- b. NO

36. Excessive emotional vulnerability?

- a. YES
- b. NO

37. Sleep problems?

- a. YES
- b. NO

38. Excessive sweating or another health problems?

- a. YES
- b. NO

SKALA:

ANSWERS: YES of all grounds			
0-5	6-9	10-19	20-38
No malfunction**	Recommended to do it again after 30 days	Suggest irregularities	Recommended to make diagnosis or consult with therapist

** In case when child gets 5 points (answers YES) from only one ground like behaviour, is required to do second part of questionnaire.