

[Skip Logic based on ability]

| CDD Development Questionnaire – Caregiver (CDQ-Caregiver) | | | | | | | | | | Min # Qs | Max # Qs |
|---|----------|----------------|----------|--------------|----------|---------------|----------|----------------------|----------|----------|----------|
| 1) Fine Motor | | 2) Gross Motor | | 3) Receptive | | 4) Expressive | | 5) Social, Cognitive | | | |
| Min # Qs | Max # Qs | Min # Qs | Max # Qs | Min # Qs | Max # Qs | Min # Qs | Max # Qs | Min # Qs | Max # Qs | | |
| 3 | 16 | 2 | 18 | 1 | 4 | 4 | 20 | 6 | 8 | 16 | 66 |

[Skip Logic based on age]

| Age | 6M | 7M | 8M | 9M | 10M | 11M | 12M | 15M | 18M | 24M | 36M | 48M | 60M |
|----------|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Max # Qs | 20 | 23 | 23 | 26 | 26 | 26 | 39 | 43 | 59 | 60 | 62 | 65 | 66 |

| CDD Development Questionnaire - Caregiver (CDQ-Caregiver) | | | | |
|---|---|--------------------------------------|-----------------------|---|
| <i>[only for kids older than 6m]</i> | | | | |
| Questions | | | | Answers |
| Child's Name | | | | |
| Child's DOB | | | | |
| Date of Survey | | | | <i>[Calculate age]</i> |
| Parent's Name | | | | |
| <u>Part 1: Fine Motor</u> | | | | |
| Please choose which option best describes your child's physical ability, assuming cooperation, to perform the following Fine Motor tasks over the last 30 days: | | | | |
| 1, Usually able to do this without help | 2, Sometimes able to do this without help | 3, Can do this but always needs help | 4, Not currently able | |
| 1) If an object is placed in my child's hands, they will hold the object for at least 10 seconds. | | | | |
| 2) My child is reaching for objects. | | | | |
| 3) My child is grabbing objects using his/her whole hand (that is, not using their thumb). | | | | <i>[if Q1, Q2 AND Q3 = 4, go to Part 2]</i> |
| 4) My child is grabbing objects using his/her thumb and two or three fingers. | | | | |
| 5) <i>[skip if age <9m]</i> My child is grabbing objects with thumb and index finger. | | | | |
| 6) My child holds an object for more than 30 seconds. | | | | |
| 7) <i>[skip if age <7m]</i> My child switches or transfers a toy from one hand to another. | | | | |
| 8) My child explores toy with hands or mouth. | | | | |
| 9) <i>[skip if age <9m]</i> My child feeds him/herself finger foods. | | | | |
| 10) <i>[skip if age <12m]</i> My child uses utensils. | | | | |
| 11) <i>[skip if age <12m]</i> My child uses a single finger to push buttons (e.g. toys, touch screen, elevators). | | | | |
| 12) <i>[skip if age <9m]</i> My child drinks from a sippy cup. | | | | |
| 13) <i>[skip if age <36m]</i> My child drinks from an open cup. | | | | |
| 14) <i>[skip if age <15m]</i> My child scribbles with a crayon. | | | | <i>[if Q14 =4, go to Part 2]</i> |
| 15) <i>[skip if age <48m]</i> My child tries to draw letters or shapes. | | | | |
| 16) <i>[skip if age <60m]</i> My child writes his/her name. | | | | |

Part 2: Gross Motor

Please choose which option best describes your child's physical ability, assuming cooperation, to perform the following Gross Motor tasks over the last 30 days:

| 1, Usually able to do this without help | 2, Sometimes able to do this without help | 3, Can do this but always needs help | 4, Not currently able | |
|---|---|--------------------------------------|-----------------------|--|
| 1) My child is able to move his/her head from side to side. | | | | |
| 2) My child holds his/her head up. | | | | |
| <i>[if age <7m skip to Part 3]</i> | | | | |
| 3) My child is able to physically stay seated. | | | | <i>[if Q1, Q2, AND Q3 = 4, go to Part 3]</i> |
| 4) My child sits up from lying down. | | | | |
| <i>[if age <15m skip to Part 3]</i> | | | | |
| 5) My child stands for 30 seconds or longer. | | | | |
| 6) My child stands up from a chair. | | | | |
| 7) My child stands up from lying down. | | | | |
| <i>[if age <18m skip to Part 3]</i> | | | | |
| 8) My child walks short distances (within the house). | | | | <i>[if Q8 = 4, go to Part 3]</i> |
| 9) My child walks medium distances (50 feet - 100 yards). | | | | |
| 10) My child walks long distances (100 yards or more). | | | | |
| 11) My child walks up steps, one step at a time. | | | | <i>[if Q11=4, go to Q13]</i> |
| 12) My child walks up steps, alternating feet. | | | | |
| 13) My child walks down steps, one step at a time. | | | | <i>[if Q13 = 4, go to Q15]</i> |
| 14) My child walks down steps, alternating feet. | | | | |
| 15) My child runs. | | | | |
| 16) My child rolls a ball. | | | | |
| 17) My child throws a ball. | | | | <i>[if Q16 AND Q17 = 4, go to Part 3]</i> |
| 18) <i>[skip if age <48m]</i> My child catches a ball. | | | | |

Part 3: Receptive Communication

Please choose which option best describes your child's ability to perform the following Receptive Communication tasks over the last 30 days:

| 1, Usually able to do | 2, Often able to do | 3, Sometimes able to do | 4, Not currently able to do | |
|---|---------------------|-------------------------|-----------------------------|--|
| 1) My child responds to voice or language. | | | | 1, 2, 3, <i>[Go to Q2]</i> 4, <i>[Go to Part 4]</i> |
| 2) My child understands what I'm saying. | | | | 1, 2, 3, <i>[Go to Q3]</i> 4, <i>[Go to Part 4]</i> |
| 3) <i>[skip if age <12m]</i> My child follows simple, one-step commands. | | | | 1, 2, 3, <i>[Go to Q4]</i> 4, <i>[Go to Part 4]</i> |
| 4) <i>[skip if <24m]</i> My child follows two-step commands. | | | | All, <i>[Go to Part 4]</i> |

Part 4: Expressive Communication

Please choose which option best describes your child's ability to perform the following Verbal Expressive Communication tasks over the last 30 days:

| 1, Usually able to do | 2, Often able to do | 3, Sometimes able to do | 4, Not currently able to do | |
|-----------------------|---------------------|-------------------------|-----------------------------|--|
| | | | | |

| | | | | |
|---|---------------------|-------------------------|-----------------------------|---|
| 1) My child laughs or screams for attention. | | | | |
| 2) My child babbles with vowel sounds. | | | | |
| 3) My child makes all kinds of sounds including consonants. | | | | |
| <i>[if age <18m skip to Non-Verbal Communication]</i> | | | | |
| 4) My child uses certain sounds to mean specific things (such as a person, need or object) even though they are not real words. | | | | 1, 2, 3, [Go to Q5] 4, [Go to Non-Verbal Communication] |
| 5) My child uses a consistent spoken <u>word</u> to refer to at least one primary caregiver or loved one. | | | | 1, 2, 3, [Go to Q5a] 4, [Go to Q6] |
| 5a) My child uses a consistent spoken <u>word</u> to refer to more than one primary care giver or loved one. | | | | [Go to Q6] |
| 6) My child uses a consistent spoken <u>word</u> to refer to at least one object or need (ex: hunger). | | | | 1, 2, 3, [Go to Q6a] 4, [Go to Q7] |
| 6a) My child consistently uses more than one spoken <u>word</u> to refer to different objects or needs. | | | | 1, 2, 3, [Go to Q7] 4, [if Q5 AND Q6 = 4, Go to Non-Verbal Communication] |
| 7) In total, how many words or sounds with a specific meaning, does your child <u>consistently</u> use? 1, More than 50 consistent words or sounds 2, 11-50 consistent words or sounds 3, 6-10 consistent words or sounds 4, 1-5 consistent words or sounds 5, Not able to consistently use sounds with specific meaning | | | | 1, [Go to Q8] 2, [Go to Q8] 3, [Go to Q8] 4, [Go to Q8] 5, [Go to Non-Verbal Communication] |
| <i>[if age <24m skip to Non-Verbal Communication]</i> | | | | |
| 1, Usually able to do | 2, Often able to do | 3, Sometimes able to do | 4, Not currently able to do | |
| 8) My child combines different words into phrases. | | | | 1, 2, 3, [Go to Q8a] 4, [Go to Non-Verbal Communication] |
| <i>[if age <36m skip to Non-Verbal Communication]</i> | | | | |
| 8a) My child speaks in short sentences. | | | | 1, 2, 3, [Go to Q8b] 4, [Go to Non-Verbal Communication] |
| <i>[if age <48m skip to Non-Verbal Communication]</i> | | | | |
| 8b) My child speaks in long sentences. | | | | All, [Go to Non-Verbal Communication] |
| Please choose which option best describes your child's ability to perform the following <u>Non-Verbal Communication</u> tasks over the last 30 days. | | | | |
| 1) My child communicates wants and needs through gestures such as head shaking/nodding, pointing (finger or hand), blinking, or eye gaze (not for device control). 1, Usually able to do 2, Often able to do 3, Sometimes able to do 4, Not currently able to do | | | | 1, [Go to Q2] 2, [Go to Q2] 3, [Go to Q2] 4, [Go to Q3] |
| <i>[If age <12m, skip to Part 5]</i> | | | | |
| 2) My child uses non-verbal communication or sign language (doesn't have to be an official sign, but same gesture always means the same thing). 1, My child doesn't need this form of communication because they communicate verbally | | | | 1, [Go to Part 5] 2, [Go to Q2a] 3, [Go to Q3] |

| | | | | |
|---|---------------------|-------------------------|-----------------------------|--|
| 2, My child is currently able to use non-verbal communication or sign language 3, My child is not currently able to use non-verbal communication or sign language | | | | |
| 1, Usually able to do | 2, Often able to do | 3, Sometimes able to do | 4, Not currently able to do | |
| 2a) My child uses consistent sign language words (doesn't have to be an official sign, but same gesture always means the same thing) | | | | 1, 2, 3, [Go to Q2b] 4, [Go to Q3] |
| 2b) My child signs in sentences or phrases of 2 or more words. | | | | All, [Go to Q3] |
| 3) My child is able to communicate using an assistive communication device, switches, a picture board, or other tools. 1, My child doesn't need this form of communication because they communicate verbally 2, My child is currently able to use an assistive communication device, switches, a picture board, or other tools. 3, My child is not currently able to use an assistive communication device, switches, a picture board, or other tools. | | | | 1, [Go to Part 5] 2, [Go to Q3a] 3, [Go to Part 5] |
| 1, Usually able to do | 2, Often able to do | 3, Sometimes able to do | 4, Not currently able to do | |
| 3a) My child is able to <u>express simple choices between two or three options</u> , using an assistive communication device, switches, a picture board, or other tools. | | | | 1, 2, 3, [Go to Q3b] 4, [Go to Part 5] |
| 3b) My child is able to <u>express complex choices between multiple items</u> using an assistive communication device, switches, a picture board, or other tools. | | | | 1, 2, 3, [Go to Q3c] 4, [Go to Part 5] |
| 3c) My child is able to <u>combine multiple items to express complex thoughts</u> using an assistive communication device, switches, a picture board, or other tools. | | | | All, [Go to Part 5] |

| Part 5: Social/Cognitive | | | | |
|--|---------------------|-------------------------|-----------------------------|--|
| Please choose which option best describes your child's ability to perform the following <u>Social/Cognitive</u> tasks over the last 30 days: | | | | |
| 1, Usually able to do | 2, Often able to do | 3, Sometimes able to do | 4, Not currently able to do | |
| 1) My child interacts with me. | | | | |
| 2) My child responds to my voice, touch or presence. | | | | |
| 3) My child smiles at me. | | | | |
| 4) My child laughs at funny things. | | | | |
| 5) My child pushes things away that he/she doesn't want. | | | | |
| 6) My child lets me know when he/she doesn't like something. | | | | |
| <i>[If age <12m, skip to end]</i> | | | | |
| 7) My child makes a choice between two options (toys, food, activities, music, shows, etc). | | | | |
| 8) In the past 30 days how would you describe your child's play and interaction? 1, Plays with toy or object or complex games (ex: hide and seek or board games) with others, similar to peers 2, Plays with toy or object or simple games (ex: peek-a-boo, hits button or switch to create a reaction), but less than peers 3, Interest with a toy or object (ex: holds, manipulates, explores with fingers) 4, Holds toy or object but not with purpose of playing with them 5, None observed | | | | |