



# YOUTH 青少年

## Functional Listening Questionnaire

### 功能聆听问卷

Adapted from: Listening Skills Inventory ©Vital Links 2004 Questionnaire by Kerry Wallace.  
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DATE 日期 \_\_\_\_\_

#### CONTACT INFORMATION 联系信息

Child's Name 儿童姓名		Sex 性别	Date of Birth 出生日期	Age 年龄
Parent/Guardian(s) Name(s) 父母/监护人姓名				
Address 地址				
City 城市			State 州	Zip Code 邮编
Email 电子邮件地址				
Phone # 电话	Home 家庭	Work 工作	Cell 手机	
School Attending 学校				Grade/Level 年级
Teacher's Name 老师姓名			School Phone # 学校电话	

#### GENERAL INFORMATION 普通信息

Were there any complications, illnesses, or stress during pregnancy? 孕期是否有任何并发症, 疾病或压力?	NO 否	YES 是 Please specify: 请详细说明					
Were there any complications during labor or delivery? 生产过程中是否有任何的并发症?	NO 否	YES 是 Please specify: 请详细说明					
What is your child's birth order? 您的孩子是第几个出生的?							
Please specify the conditions of your child's birth. (circle all that apply) 请详细说明您的孩子的出生条件 (圈起所有适用的)	Vaginal 阴道的	Forceps 产钳	Vacuum 真空吸的	C-section 剖腹产	Premature 早产	Postmature 过度成熟	Full-term 足月
What was your child's birth weight? 您孩子的出生体重是什么?							
What were your child's Apgar scores? 您孩子的阿普伽新生儿评分是什么?	At 1 minute: 在 1 分钟时			At 5 minutes: 在 5 分钟时			
Please indicate age/sex of any siblings. 请详细说明任何兄弟姐妹的年龄/性别							
Has your child received Occupational therapy services in the past?	NO 否	YES 是 At what age did your child begin therapy? 您的孩子在几岁开始治疗的?					

您的孩子在过去是否接受过作业治疗服务？		How long did/has your child receive(d) therapy? 您的孩子接受了多长时间的治疗？					
		How frequently was/is your child seen for therapy? 您的孩子多久治疗一次？					
Has/Does your child receive other interventions? (circle all that apply) 您的孩子是否接受过其他干预？（圈起所有适用的）	NO 否	YES 是					
		Speech therapy 语言治疗	Physical therapy 物理治疗	Applied Behavior Analysis (ABA) 应用行为分析	DIR (Floortime) 基于发育、个体不同和关系（地板时光）	Other(s): 其它	
		How long? 多久?	How long? 多久?	How long? 多久?	How long? 多久?	How long? 多久?	
If child has a medical diagnosis, please specify: 如果您的孩子有医疗诊断，请详细说明：							
Does your child have a history of ear infections? 您的孩子是否有耳部感染的历史？	NO 否	YES 是					
		How many? 几次？					
		At what ages? 在几岁的时候？					
Does your child currently take any medications? 您的孩子目前是否在服用任何药物？	NO 否	YES 是					
		Please specify: 请详细说明					
Does your child have any allergies? 您的孩子有任何过敏症吗？	NO 否	YES 是					
		Please specify: 请详细说明					
Has your child experienced any major injuries or hospitalizations? 您的孩子是否经历过任何主要损伤或入院过？	NO 否	YES 是					
		Please specify: 请详细说明					
Does your child wear glasses? 您的孩子戴眼镜吗？	NO 否	YES 是					
		For how long?					
Does your child have a history of seizures? 您的孩子是否有癫痫历史？	NO 否	YES 是					
		Please comment: 请说明					
Please note the approximate age when your child achieved the following skills. 请注明您的孩子完成以下技能的大概年龄。	Sitting 坐	Belly crawling 用肚子爬	Crawling 爬	Cruising 巡航	Walking 走路	First words 第一个字	Talking 说话
	Hopping 一蹦一跳	Jumping 跳	Skipping 跳过	Running 跑	Riding a tricycle 骑三轮车	Riding a 2-wheel bike 骑两轮自行车	Jumps rope 跳绳
What are your primary concerns? 您的主要担忧是什么？	Please comment: 请说明						
What is/are the hardest time(s) of day? 一天中最难的时候是什么？	Please comment: 请说明						
Describe the impact on the child and other family members. 描述对孩子和其他家庭成员的影响。	Please comment: 请说明						

SLEEPING 睡眠										
What time does your child awaken? 您的孩子几点醒来?										
What mood is your child in upon morning waking? 您的孩子早上醒来的心情是什么样的?										
What time does is your child put to bed? 您的孩子几点上床?										
What time does your child fall asleep? 您的孩子几点入睡?										
Where does your child sleep? 您的孩子睡在哪里?										
Does your child have difficulty with sleeping? 您的孩子睡觉是否困难?	NO 否	YES 是								
		Do family members have interrupted sleep, as a result? 家庭成员是否打断睡眠, 作为一个结果?				YES 是		NO 否		
How many times per night does he/she wake? 他/她每晚醒来几次?	Almost never 几乎从不	1-2		3-4		5-6		7+		
What does your child do when he/she awakens? 当您的孩子醒来时, 他/她会做什么?	Whimper 呜咽	Screams 尖叫		Plays with toys 玩玩具		Goes to parent bedroom 去父母的卧室		Puts self back to sleep 让自己重新入睡		Other(s) 其它
What activities do you use to get your child back to sleep? (circle all that apply) 您会用什么活动让您的孩子重新入睡? (圈起所有适用的)	Feeding 喂食	Singing 唱歌	Humming 哼唱	Holding 抱着	Rocking 摇动	Bouncing 弹跳	Massage 按摩		Other(s) 其它	
Describe your routines that are helpful for getting your child back to sleep. 描述您的惯例, 能有效地帮助您孩子重新入睡。										
How old was your child when he/she consistently slept through the night? 当您的孩子能一觉到天亮, 他/她是几岁?										
Does your child seem to require too much or too little sleep or at odd times? 您的孩子是否需要太多或太少的睡眠, 或是在奇怪的时间睡觉?	NO 否	YES 是								
		How many hours nightly? 每晚几小时?								
		What times of day? 一天中什么时候?								
Does your child take naps? 您的孩子午睡吗?	NO 否	YES 是								
		Frequency of naps? 午睡的频率?								
		Duration of naps? 午睡的持续时间?								
		Location of naps? 午睡的地点?								
		Does child need help to fall asleep for nap? 您的孩子在午睡时是否需要帮助入睡?				YES 是		NO 否		

What activities do you use as part of your child's bedtime routine? (circle all that apply) 您使用什么活动作为您孩子的一部分睡觉惯例？	Bath time 洗澡	Singing/ Humming 唱歌/哼歌	Reading 阅读	Holding 抱着	Bouncing 弹跳	Massage 按摩	Rocking 摇动	Other(s) 其它
Please describe any necessary specifics regarding bedtime routine. 请描述睡觉惯例的任何必要细节。	Specify: 详细说明							
What happens if this routine is disrupted? 如果这个惯例被打乱了会发生什么？	Impact on child: 对孩子的影响							
	Impact on family members: 对家庭成员的影响							
<b>FEEDING 喂食</b>								
Was your child breastfed as an infant? 您的孩子在婴儿时是否是母乳喂养？	NO 否	YES 是 For how long? 多长时间？						
If child was bottle fed as an infant, were there any difficulties or concerns? 如果孩子在婴儿时是奶瓶喂养的，是否有任何困难或担忧？	NO 否	YES 是 Please comment: 请说明						
Did your child have a strong suck as an infant? 您的孩子在婴儿时是否有较强的吮吸力？	NO 否	YES 是 Please comment: 请说明						
Did your child frequently spit up as an infant or have reflux? 您的孩子在婴儿时是否经常吐或反流？	NO 否	YES 是 Please comment: 请说明						
Did your child have problems with appetite or weight gain as an infant? 您的孩子在婴儿时是否有食欲或增重的问题？	NO 否	YES 是 Please comment: 请说明						
Did your child have respiratory problems as an infant? 您的孩子在婴儿时是否有呼吸问题？	NO 否	YES 是 Please comment: 请说明						
Does your child avoid/limit food based on the following characteristics? (circle all that apply) 您的孩子是否根据以下特征避免/限制食物？（圈起所有适用的）	NO 否	YES 是						
		Variety of food selection 食物选择的多样性	Temperature 温度	Food texture 食物质感	Crunchy foods 脆的食物	Chewy foods 有嚼劲的食物	Food color 食物的颜色	Mixed food textures 混合的食物质感
Please comment: 请说明								
Does your child show strong preferences for food based on the following characteristics? (circle all that apply) 您的孩子是否根据以下特征显示出对食物的强烈偏爱？（圈起所有适用的）	NO 否	YES 是						
		Variety of food selection 食物选择的多样性	Temperature 温度	Food texture 食物质感	Crunchy foods 脆的食物	Chewy foods 有嚼劲的食物	Food color 食物的颜色	Mixed food textures 混合的食物质感
Please comment: 请说明								
Does your child have difficulty with ingesting	NO 否	YES 是						
		Chewing variety of foods			Sucking through a straw		Swallowing variety of foods	

<b>foods?</b> (circle all that apply) 您的孩子摄取食物是否有困难？（圈起所有适用的）		咀嚼多样的食物	通过一根吸管吸	吞咽多样的食物		
Please comment: 请说明						
<b>Is there a disruption in family mealtime as a result of atypical eating patterns?</b> 不正常的吃饭模式是否造成过家庭用餐时间的中断？	NO 否	YES 是 Please comment: 请说明				
<b>Does your child exhibit oral motor sensitivities or seeking?</b> (circle all that apply) 您的孩子是否展现出口腔运动的敏感或寻找？（圈起所有适用的）	NO 否	YES 是	Examines objects by placing in mouth 通过把物体放入嘴里来检查（物体）	Gags/vomits frequently 经常作呕/呕吐	Bites/chews objects/clothing frequently 经常咬/咀嚼物体/衣服	Grinds teeth 磨牙
Please comment: 请说明						
<b>Does your child attempt to eat unusual, noxious, or inedible substances or place in mouth?</b> 您的孩子是否尝试食用不寻常的、有害的或不能吃的物品，或把它们放进嘴里？	NO 否	YES 是 Please comment: 请说明				
<b>How long does your child sit at mealtime?</b> 您的孩子在吃饭时间能坐多久？	1-2 minutes 分钟	3-5 minutes 分钟	6-10 minutes 分钟	Entire meal 整顿饭		
Does this impact the quantity of food ingested? 这是是否影响摄入的食物质量？			NO 否	YES 是		
How does this impact harmony at mealtimes? 这如何影响用餐时的和谐？ Please comment: 请说明						
<b>Where does your child eat meals?</b> 您的孩子在哪里吃饭？	Specify: 详细说明					
<b>What routines do you follow that are helpful for getting your child to eat meals?</b> 您遵循什么惯例帮助您的孩子吃饭？	Specify: 详细说明					
<b>What happens if this routine is disrupted?</b> 如果这个惯例被打乱了会发生什么？	Impact on child: 对孩子的影响					
Impact on family members: 对家庭成员的影响						

GROOMING 梳妆							
<b>Does your child have difficulty with grooming activities?</b> (circle all that apply) 您的孩子在梳妆活动上有困难吗？（圈起所有适用的）	Tooth brushing 刷牙	Bathing 洗澡	Hair brushing/ Combing 梳头	Face washing 洗脸	Haircuts 剪头	Nail trimming 剪指甲	Blowing nose 吹鼻涕
Please comment: 请说明							
<b>Does your child avoid grooming devices?</b> (circle all that apply) 您的孩子是否逃避梳妆设备？（圈起所有适用的）	Electric toothbrushes 电动牙刷	Barber's clippers 理发剪		Dentistry tools 牙科工具	Other(s): 其它		
Please comment: 请说明							
<b>What routines do you follow that are helpful for getting your child to participate in grooming activities?</b>	Specify: 详细说明						

您遵循什么惯例帮助您的孩子参与梳妆活动？						
What happens if this routine is disrupted? 如果这个惯例被打乱了会发生什么？	Impact on child: 对孩子的影响					
	Impact on family members: 对家庭成员的影响					
<b>DRESSING 穿衣</b>						
Which clothing is your child able to take off independently? (circle all that apply) 您的孩子可以独立脱去哪件衣物？（圈起所有适用的）	Shirt 衬衫	Pants 裤子	Underwear 内裤	Shoes 鞋子	Socks 袜子	Coat 大衣
Which clothing is your child able to put on independently? (circle all that apply) 您的孩子可以独立穿上哪件衣物？（圈起所有适用的）	Shirt 衬衫	Pants 裤子	Underwear 内裤	Shoes 鞋子	Socks 袜子	Coat 大衣
Which fasteners can your child manage independently? (circle all that apply) 您的孩子可以独立管理哪种扣子？（圈起所有适用的）	Snaps 按扣		Zippers 拉链		Buttons 纽扣 (unbutton & button)	
	Ties shoes 系鞋带					Was it a struggle learning to tie? 学系鞋带是否困难？
	NO 否		YES 是			
Is your child selective in the types of clothing textures he/she will wear? 您的孩子是否会选择穿某种质感的衣服？	NO 否					
	YES 是 What types of clothing textures are preferred? 偏向什么质感的衣服？					
	What clothing textures are avoided? 躲避什么质感的衣服？					
Does your child prefer to wear minimal clothes, regardless of weather? 您的孩子是否偏向穿很少的衣服，无论天气如何？	NO 否					
	YES 是 Please comment: 请说明					
Does your child prefer clothing to cover entire body or dress in layers, regardless of weather? 您的孩子是否偏向可以遮盖全身的衣服或穿很多层，无论天气如何？	NO 否					
	YES 是 Please comment: 请说明					
Does your child frequently adjust clothing, as if uncomfortable? 您的孩子是否经常调整衣服，就好像不舒服一样？	NO 否					
	YES 是 Please comment: 请说明					
Do tags in clothing or seams in socks bother your child? 衣服里的商标或袜子里的缝线处是否困扰您的孩子？	NO 否					
	YES 是 What type of reaction/behavior is seen? 会看到什么类型的反应/行为？					
What routines do you follow that are helpful for getting your child to participate with dressing? 您遵循什么惯例帮助您的孩子参与穿衣活动？	Specify: 详细说明					

What happens if this routine is disrupted? 如果这个惯例被打乱了会发生什么？	Impact on child: 对孩子的影响				
	Impact on family members: 对家庭成员的影响				
<b>TOILET TRAINING 如厕训练</b>					
Is your child currently toilet trained for bladder? 您的孩子目前是否已经完成了小便如厕训练？	NO 否	YES 是 At what age? 在几岁？			
Is your child currently toilet trained for bowel? 您的孩子目前是否已经完成了大便如厕训练？	NO 否	YES 是 At what age? 在几岁？			
Does your child experience urinary/bowel issues? (circle all that apply) 您的孩子是否有小便/大便的问题？（圈起所有适用的）	Incontinence during the day 白天失禁	Bedwetting 尿床	Constipation 便秘	Loose stools 稀释的大便	Lack of awareness 缺乏意识
	How often? 频率？	How often? 频率？	How often? 频率？	How often? 频率？	How often? 频率？
Does your child wear a diaper or pull-up at night? 您的孩子晚上是否穿尿不湿或一次性尿裤？	NO 否	YES 是			
What routines do you follow that are helpful for getting your child to participate with toileting? 您遵循什么惯例帮助您的孩子参与如厕活动？	Specify: 详细说明				
What happens if this routine is disrupted? 如果这个惯例被打乱了会发生什么？	Impact on child: 对孩子的影响				
	Impact on family members: 对家庭成员的影响				
<b>SOCIAL FUNCTIONS/FAMILY LIVING 社交功能/家庭生活</b>					
Are you limited in attending family/social gatherings because of your child's behavior/reactivity to events? 您孩子的行为/对事件的反应是否限制了您出席家庭/社交聚会？	NO 否	YES 是 Please comment: 请说明			
Is your child unable to attend birthday parties? 您的孩子是否不能参加生日聚会？	NO 否	YES 是 Please comment: 请说明			
Are you unable to leave your child alone with familiar, but not routine, caregivers for childcare? 在托儿所，您是否不能将您的孩子留给熟悉但不是日常的照顾者？	NO 否	YES 是 Please comment: 请说明			
Is your family unable to maintain relationships with other families? 您的家庭是否不能维系和其他家庭的关系？	NO 否	YES 是 Please comment: 请说明			

<p>Is your family unable to pursue hobbies and interests? 您的家庭是否不能追求爱好和兴趣?</p>	<p>NO 否</p>	<p>YES 是 Please comment: 请说明</p>
<p>What routines do you follow that are helpful for getting your child to participate in social situations? 您遵循什么惯例帮助您的孩子参与社交场合?</p>	<p>Specify: 详细说明</p>	
<p>What happens if this routine is disrupted? 如果这个惯例被打乱了会发生什么?</p>	<p>Impact on child: 对孩子的影响</p>	
	<p>Impact on family members: 对家庭成员的影响</p>	

<b>COMMUNITY 社区</b>		
<p>Is your child unable to eat out at restaurants? 您的孩子是否不能在外面的餐馆吃饭?</p>	<p>NO 否</p>	<p>YES 是 Please comment: 请说明</p>
<p>Is your child uncomfortable on elevators, escalators, or in cars? 您的孩子在电梯里, 手扶梯上或车里是否会不舒服?</p>	<p>NO 否</p>	<p>YES 是 Please comment: 请说明</p>
<p>Does your child avoid busy, unpredictable environments? 您的孩子是否会回避繁忙的、不可预测的环境?</p>	<p>NO 否</p>	<p>YES 是 Please comment: 请说明</p>
<p>Does your child have an excessive reaction to light touch sensation? 您的孩子对于轻触感觉是否有过度反应?</p>	<p>NO 否</p>	<p>YES 是</p>
		<p>What type of reaction/behavior is seen? 会看到什么反应/行为?</p>
<p>Is your child unresponsive to being touched or bumped? 您的孩子是否会对抚摸或被撞到没反应?</p>	<p>NO 否</p>	<p>YES 是</p>
<p>Does your child have an excessive reaction if bumped unexpectedly? 您的孩子对于意料之外的被撞到是否有过度反应?</p>	<p>NO 否</p>	<p>YES 是 Please comment: 请说明</p>
<p>Does your child exhibit a lack of safety awareness? 您的孩子是否展现出缺乏安全意识?</p>	<p>NO 否</p>	<p>YES 是 Please comment: 请说明</p>
<p>Does your child have difficulty traveling on a variety of public transportation? 您的孩子对于乘坐不同的公共交通是否有困难?</p>	<p>NO 否</p>	<p>YES 是 Please comment: 请说明</p>
<p>Does your child have difficulty flying on airplanes?</p>	<p>NO 否</p>	<p>YES 是 Please comment: 请说明</p>



您的孩子乘坐飞机是否有困难？					
Is your child unable to attend sleepovers? 您的孩子是否无法在其它地方过夜？	NO 否	YES 是 Please comment: 请说明			
Does your child have difficulty with loud, crowded sporting events? 您的孩子去大声的、拥挤的体育比赛是否有困难？	NO 否	YES 是 Please comment: 请说明			
Does your child have difficulty sitting through public performances? 您的孩子安静地看完整场公共演出是否有困难？	NO 否	YES 是 Please comment: 请说明			
Does your child have difficulty in the grocery store? 您的孩子在超市是否有困难？	NO 否	YES 是 Please comment: 请说明			
Does your child have difficulty with long car rides? 您的孩子对于长途车程是否有困难？	NO 否	YES 是 Please comment: 请说明			
Does your child have difficulty standing in lines? 您的孩子排队是否有困难？	NO 否	YES 是 Please comment: 请说明			
<b>SOCIAL INTERACTION 社会互动（社交）</b>					
Does your child exhibit aggressive behavior? 您的孩子是否展示出攻击行为？	NO 否	YES 是			
		Is it directed towards him/herself? 是针对他/她自己吗？	NO 否	YES 是	
		Is it directed towards others? 是对其他人吗？	NO 否	YES 是	
		What types of behaviors are exhibited? (circle all that apply) 展示出了什么类型的行为？（圈起所有适用的）	Biting 咬	Pinching 捏	Kicking 踢
Does your child exhibit tantrums? 您的孩子是否会脾气爆发？	NO 否	YES 是			
		How frequently do they occur? 多久发生一次？	___ times/day 次/天 OR 或 ___ times/week 次/周		
		What triggers the tantrums? 什么引起的发怒？			
		On average, how long does a tantrum last? 一次发怒平均持续多久？			
		Describe strategies that are effective for helping calm your child during a tantrum. 描述对于帮助您的孩子在发怒中冷静下来有效的策略。			
		Are tantrums a source of distress to other family members? 发怒是否成为其他家庭成员苦恼的根源？	NO 否	YES 是	
Is your child easily frustrated, anxious, or overwhelmed? 您的孩子是否容易困惑、焦虑或受打击？	NO 否	YES 是 Please comment: 请说明			
	NO	YES 是			

Is your child over dependent on parent(s) or clingy? 您的孩子是否过度依赖父母或粘人?	否	Are separations challenging? 分离是否困难?	NO 否	YES 是	
Does your child easily escalate from whimper to intense cry? 您的孩子是否容易从呜咽变成大哭?	NO 否	YES 是 Please comment: 请说明			
If your child uses atypical repetitive behavior, which behaviors are demonstrated? (circle all that apply) 如果您的孩子使用非典型的重复行为, 有以下哪些行为? (圈起所有适用的)	Hand flapping 拍手	Rocking 摇动	Head banging 用头撞击	Jumping 跳	Smelling 闻
	Breath holding 憋气	Humming 哼	Self-talk 自言自语	Biting 咬	Mouthing objects 把物品放进嘴里
	Visual fixing 视觉固定	Spinning 旋转	Teeth grinding 磨牙	Other(s): 其它	
Does your child struggle with transitions between activities? 您的孩子对活动之间的过渡是否有困难?	NO 否	YES 是			
		How long does it take to transition, on average? 平均要多久的时间来过渡?			
		What transitions are difficult? 什么过渡是困难的?		Please comment: 请说明	
		What strategies are used to help ease transitions? 使用什么策略来帮助有一个容易的过渡?		Please comment: 请说明	
		Does difficulty transitioning cause distress to family members? 困难的过渡是否困扰家庭成员?		NO 否	YES 是
		Please comment: 请说明			
Does your child struggle when there is excessive auditory input in his/her environment? 当您孩子的环境中有过度的听觉输入, 是否给他/她造成困难?	NO 否	YES 是			
		How does your child react? 您的孩子如何反应?			
Does your child struggle around individuals with certain voice pitches? 您的孩子在有某些音高的人周围是否有困难?	NO 否	YES 是 Please comment: 请说明			
Does your child struggle to communicate own needs? 您的孩子是否有困难交流自身需求?	NO 否	YES 是 Please comment: 请说明			
What is your child's primary form of communication? 您孩子的主要交流方式是什么?	Talking 说话	Signing 手语	Sounds/ Vocalizations 声音/发声	Pointing/ Gesturing 指/手势	Crying/ Screaming 哭/尖叫
How often does your child make eye contact during conversation? 您的孩子在交谈过程中多久进行一次眼神交流?	Less than 25% of the time 少于交谈时间的 25%	25% of the time 交谈时间的 25%	50% of the time 交谈时间的 50%	75% of the time 交谈时间的 75%	100% of the time 交谈时间的 100%
How often does your child orient to his/her name being called? 当您叫孩子的名字, 他/她多久会有一次反应?	Less than 25% of the time 少于 25%的时间	25% of the time 25%的时间	50% of the time 50%的时间	75% of the time 75%的时间	100% of the time 100%的时间

Does your child have difficulty separating from parent or caregiver? 您的孩子是否有困难离开父母/照顾者?	NO 否	YES 是 Please comment: 请说明			
Does your child appear to have an awareness of others? 您的孩子看上去是否对他人有意识?	NO 否	YES 是			
Does your child appear to have an awareness of self? 您的孩子看上去是否有自我意识?	NO 否	YES 是			
Does your child lack fear of strangers? 您的孩子是否缺乏对陌生人的恐惧感?	NO 否	YES 是			
How does your child react in new/unfamiliar situations? 您的孩子在新的/不熟悉的情况中如何反应?	Please comment: 请说明				
Does your child have difficulty paying attention in noisy environments? 您的孩子在嘈杂的环境中是否无法集中注意力?	NO 否	YES 是 Please comment: 请说明			
Does your child regularly avoid initiation of social interaction? 您的孩子是否经常避免开始社交活动?	NO 否	YES 是 With whom? 和谁?			
		How often? 多久?			
Does your child avoid maintaining social interaction? 您的孩子是否逃避维系社交?	NO 否	YES 是 With whom? 和谁?			
		How often? 多久?			
Does your child experience difficulties with language expression? (circle all that apply) 您的孩子在语言表达上是否有困难? (圈起所有适用的)	NO 否	YES 是			
		Easily frustrated, anxious, or overwhelmed 容易困惑、焦虑或受打击	Frequently mispronounces words (i.e. bisghetti) 经常读错词	Poor articulation, difficult to understand 发音不清楚, 难理解	Difficulty making choices 难做选择
		Flat, monotonous voice 单调的、没变化的声音	Hesitant speech 犹豫的讲话	Tendency to stutter 口吃的趋势	Difficulty expressing emotions verbally 用语言表达情绪有困难
What routines do you follow that are helpful for getting your child to socialize? 您遵循什么惯例帮助您的孩子社交?	Specify: 详细说明				
What happens if this routine is disrupted? 如果这个惯例被打乱了会发生什么?	Impact on child: 对孩子的影响				
	Impact on family members: 对家庭成员的影响				
<b>PLAY SKILLS/PEER INTERACTION 玩耍技能/同伴互动</b>					

Is your child destructive towards toys? 您的孩子对玩具是否有破坏性?	NO 否	YES 是 Please comment: 请说明				
Does your child struggle to play alone (excluding TV watching)? 您的孩子是否无法一个人玩 (除了看电视)?	NO 否	YES 是 Please comment: 请说明				
How long is your child able to play alone? 您的孩子能自己玩多久?	1-2 minutes 分钟	2-5 minutes 分钟	5-10 minutes 分钟	10-30 minutes 分钟	30+ minutes 分钟	
What are your child's preferred play activities? 您的孩子喜欢玩什么活动?	Please specify: 请详细说明					
How much time is spent daily in the following activities? 在以下活动上每天会花多长时间?	Passive activities (i.e. TV, computer, etc.) 被动活动 (如电视、电脑等)		Movement activities (i.e. playground, roughhouse play, etc.) 运动活动 (如游乐场, 喧闹的游戏等)		Learning/interactive play 学习/互动类的玩耍	
Does your child struggle playing with other children? (circle all that apply) 您的孩子和其他孩子玩耍是否有困难? (圈起所有适用的)	NO 否	YES 是				
		Parallel play- playing alongside other children 平行玩耍 - 在其他孩子 旁边玩	Interactive play- playing with other children 互动玩耍 - 和其他 孩子玩	Structured group play 有结构的小组玩耍	Making friends 交朋友	Pretend play 假装游戏
Is your child preoccupied with seeking intense movement during play? (circle all that apply) 您的孩子是否在玩耍时专注于寻找刺激的运动? (圈起所有适用的)	NO 否	YES 是				
		Spinning 旋转	Bouncing 弹跳	Crashing 撞击	Jumping 跳跃	Rocking 摇摆
Does your child have a strong desire for structure or control? 您的孩子对结构和控制是否有强烈的欲望?	NO 否	YES 是 Please comment: 请说明				
Does your child struggle to play in familiar settings? 您的孩子在熟悉的地方玩是否有困难?	NO 否	YES 是 Please comment: 请说明				
Does your child struggle to play in unfamiliar settings? 您的孩子在不熟悉的地方玩是否有困难?	NO 否	YES 是 Please comment: 请说明				
Which playground equipment will your child play on? (circle all that apply) 您的孩子会在以下哪个游乐设施玩? (圈起所有适用的)	Swings 秋千	Monkey bars 攀吊架	Crawl tunnels 爬行通道	Vertical climbers 垂直攀爬	Merry-go-round 旋转木马	Ladders 梯子
	Slide 滑梯	Climbing wall 攀岩墙	Bridges 桥	Teeter totter 跷跷板	Spring riders 弹簧木马	Other(s): 其它
Which playground equipment does your child avoid? (circle all that apply) 您的孩子会避免以下哪个游乐设施? (圈起所有适用的)	Swings 秋千	Monkey bars 攀吊架	Crawl tunnels 爬行通道	Vertical climbers 垂直攀爬	Merry-go-round 旋转木马	Ladders 梯子
	Slide 滑梯	Climbing wall 攀岩墙	Bridges 桥	Teeter totter 跷跷板	Spring riders 弹簧木马	Other(s): 其它
Does your child avoid certain types of toys (i.e. textured toys)?	NO 否	YES 是 Please comment: 请说明				

您的孩子是否会避免某一类玩具（如有织纹的玩具）？						
Does your child exhibit poor safety awareness or engage in activities that are potentially dangerous (i.e. jumping without regard)? 您的孩子是否展示出较差的安全意识或参与有潜在危险的活动（如不注意的跳）？	NO 否	YES 是 Please comment: 请说明				
Which of the following "messy" activities does your child avoid? (circle all that apply) 您的孩子会避免以下哪种“脏乱的”活动？（圈起所有适用的）	Sand 沙	Playing in the grass 在草地玩	Finger paint 手指画	Play-doh 玩多彩泥	Glue 胶水	Other(s): 其它
Which surfaces does your child have difficulty with? (circle all that apply) 您的孩子在何种表面上有困难？（圈起所有适用的）	Ascending stairs 上楼	Descending stairs 下楼	Grass 草地	Gravel driveways 石子路	Woodchips 木屑	Sand 沙
Does your child have poor depth perception (i.e. ducks or blinks when ball is thrown at him/her, difficulty with stairs)? 您的孩子是否有较差的深度感知（如当球向他/她丢来，躲避或眨眼，对楼梯有困难）？	NO 否	YES 是				
Is your child unable to pull up on the monkey bars with bent arms and legs? 您的孩子是否无法在攀吊架上用弯曲的手臂和双腿做引体向上？	NO 否	YES 是				
Is your child unable to maintain bent arms and legs while moving bar to bar on the monkey bars? 您的孩子在攀吊架上从一根棒到下一根棒时是否无法保持手臂和双腿弯曲？	NO 否	YES 是				
Which gross motor skills does our child have difficulty with in comparison to age peers? 对比同龄人，您的孩子在哪项大肌肉群运动技能上有困难？	Hopping 一蹦一跳	Jumping 跳跃	Skipping 跳过	Running 跑	Riding a tricycle/ bicycle 骑三轮车/自行车	
<b>SCHOOL SKILLS 学校技能</b>						
Where does your child attend pre-school or school? 您的孩子在哪儿上学前班或学校？	Home school 家庭学校	Daycare 托儿班	Special needs pre-school class 特殊需要的学前课堂	Regular education class 常规教育课堂	Special education class 特教课堂	Other: 其它
Does your child exhibit a hand preference? 您的孩子是否有展示出用手偏好？	NO 否	YES 是				
		Right 右			Left 左	
		Established at what age? 在几岁形成的？				

Does your child frequently change his/her grasp on pencils/other tools? 您的孩子是否经常改变他/她对铅笔/其它工具的抓握姿势?	NO 否	YES 是								
Which writing skills does your child struggle with/avoid? (circle all that apply) 您的孩子在以下哪种书写技能中有困难/会避免? (圈起所有适用的)	Drawing Coloring 画 涂颜色	Tracing 描	Copying 抄写	Handwriting 写字	Use of graded pressure 用力程度 Too much 过多	Too little 过少	Stabilization of paper while drawing/writing 在画画/写字时固定纸张	Proper desk posture 合适的书桌姿势		
Which fine motor skills does your child struggle with/avoid? (circle all that apply) 您的孩子在以下哪种精细活动技能中有困难/会避免? (圈起所有适用的)	Grasping and maneuvering a scissors 抓握和操纵一把剪刀			Performing 2 different tasks at the same time (i.e. hold and turn paper while cutting, cut food using knife and fork) 同时完成 2 项不同的任务 (如裁剪时握住并转动纸张, 用刀叉切食物)						
Which skills does your child struggle with? (circle all that apply) 您的孩子在以下哪项技能中有困难? (圈起所有适用的)	Finding items within a "Hidden picture" 在隐藏的图片中找物品	Phonetic learning 语音学习	Telling time 告诉时间	Sequencing months of the year 排序一年中的月份	Spelling 拼写	Puzzles and construction/manipulation of materials 拼图和建筑/操纵材料	Responding promptly to verbal instruction 响应口头指示	Writing numbers & letters correctly (without frequent reversals) 正确地写数字&字母 (没有顺序倒置)		
Is your child's draw-a-person immature for age? 您孩子画的一个人对于年龄是否不成熟?	NO 否	YES 是								
Does your child write up/down hill on paper? 您孩子在纸张上的书写是否是上坡下坡的?	NO 否	YES 是								
Which of the following visual-related skills does your child struggle with? (circle all that apply) 您的孩子在以下哪项视觉相关的技能上有困难? (圈起所有适用的)	Poor eye teaming 较差的眼睛合作	Using peripheral more than central vision 使用周边视觉多过中央视觉	Keeping eyes too close to work 眼睛凑得太近来工作	Closing/covering one eye while doing near work 近距离的工作时闭上/遮住一只眼睛	Eye strain after reading a short period of time 在阅读短时间后眼睛疲劳	Copying from chalkboard to paper 从黑板抄写到纸张	Short attention span in reading/ copying 阅读/抄写时短暂的注意力	Turning head when reading across a page 横向阅读一页时转头	Losing place often during reading 阅读时经常丢失读到的地方	Needing finger or marker to keep place while reading 阅读时需要手指或记号笔来保持读到的地方
	Reading comprehension 阅读理解	Reverses letters or words 倒置字母或单词	Rereads or skips words 重读或跳词	Doesn't look when manipulating objects 操纵物品时不看	Tracking a moving object with head movement 用头部运动追踪一个运动的物体					
Does your child have difficulty sitting still? 您的孩子是否有困难安静地坐着?	NO 否	YES 是								
		Does your child fidget while listening? 您的孩子在聆听时是否坐立不安?			NO 否	YES 是				

MOVEMENT SKILLS 运动技能		
Does your child become overly excited after movement activity? 您的孩子在运动后是否过度兴奋?	NO 否	YES 是 Please comment: 请说明

Does your child display the following movement difficulties? (circle all that apply) 您的孩子是否展示了以下的运动困难? (圈起所有适用的)	Avoids activities where feet leave the ground 躲避双脚会离开地面的活动		Avoids/fears activities requiring balance 躲避/恐惧要求平衡的活动		Avoid age appropriate gross motor activities 躲避适龄的大肌肉群的运动活动				
	Loses balance/trips easily or frequently 容易或经常失去平衡/绊倒		Dislikes being moved 不喜欢被挪动		Drags hand or bangs object along wall when walking 走路时沿着墙拖着手或撞击物体				
	Stomps/slaps feet on ground when walking 走路时跺脚		Drags feet or has poor heel-toe pattern when walking 走路时拖着脚或有较差的脚跟-脚趾模式		Unable to reciprocate feet on stairs 在楼梯上无法交换脚				
	Excessive dizziness from swinging, spinning, or riding in a car 秋千、旋转或乘车造成过度的眩晕		Resists having head tilted backwards 抗拒仰头		Fear falling when no real danger exists 没有实际危险时也恐惧跌落				
	Fearful of being tossed in the air or turned upside down 恐惧被抛在空中或倒立		Holds head upright when leaning or being over 倾斜时保持头部向上		Dislikes inversion 不喜欢倒转				
	Confuses left and right 混淆左右		Lethargic or inactive 昏昏欲睡的或不活跃		Difficulty moving between rooms 很难在房间之间移动				
	Difficulty moving from one floor surface to another 很难从一个地表移动到另一个地表		Poor body scheme awareness 较差的躯体认知		Leans on objects/people for stability 倚靠在物体/人上获取稳定性				
	Poor sense of direction or awareness of space in relation to self 较差的方向感或关系自我的空间意识		Limited rotation of pelvis and/or shoulder girdle around central core of body 局限的、围绕身体核心的盆骨和/或肩胛带旋转		Moves with quick bursts of activities rather than sustained effort 活动中快速爆发地移动而不是持续的用力				
	Sets jaw or locks major joints for stability when applying effort 施力时, 为了稳定固定下巴或锁住主要关节		Seems weaker or tires more easily than peers 相比于同龄人, 看上去更虚弱或更容易疲劳		Poor coordination or sense of rhythm 较差的协调或节奏感				
Does your child like to be wrapped tightly in a sheet or blanket, or seeks tight spaces? 您的孩子是否喜欢被紧紧地裹在垫单/被子里, 或寻找紧的空间?	NO 否	YES 是							
Does your child shake head vigorously or assume an upside-down position frequently? 您的孩子是否会经常猛烈地摇头或保持倒立的姿势?	NO 否	YES 是							
Is your child able to conceive and organize a plan of action to direct play/movement? 您的孩子是否能构思并组织一个行动计划来指导玩耍/运动?	NO 否	YES 是							
<b>DAILY ENVIRONMENT INTERACTION 日常环境互动</b>									
Does your child demonstrate an irrational fear of any of the following noisy appliances? (circle all that apply) 您的孩子对以下的嘈杂的用具是否展示出不合常理的恐惧? (圈起所有适用的)	Vacuum cleaner 吸尘器	Hair dryer 吹风机	Fans 风扇	Blender 搅拌机	Coffee grinder 咖啡打磨器	Toilet flushing 冲厕所	Dehumidifier 干燥器	Air vents 通气孔	Other(s): 其它
	Please comment: 请说明								
Does your child demonstrate an irrational	Jets/ Airplanes 飞机		Trucks 卡车		Thunder 雷		Other(s): 其它		



<p> <b>fear of any of the following noisy sounds? (circle all that apply)</b>                      您的孩子对以下的噪音是否展示出不合理的恐惧? (圈起所有适用的)                 </p>	Please comment: 请说明	
<p> <b>Is your child confused about the direction of sounds?</b>                      您的孩子是否会混淆声音的方向?                 </p>	NO 否	YES 是 Please comment: 请说明
<p> <b>Does your child hear sounds that others do not or before others notice?</b>                      您的孩子是否能听到别人听不到的声音或是在别人注意到之前就听到?                 </p>	NO 否	YES 是 Please specify: 请详细说明
<p> <b>Does your child cover ears to shut out objectionable auditory input or overreact to unexpected noises?</b>                      您的孩子是否会遮住耳朵来阻挡不喜欢的听觉输入或过度反应意料之外的噪音?                 </p>	NO 否	YES 是 Please comment: 请说明
<p> <b>Does your child attend to auditory input less than a few seconds?</b>                      您的孩子是否会延迟几秒注意到听觉输入?                 </p>	NO 否	YES 是 Please comment: 请说明
<p> <b>Does your child appear under or over sensitive to pain?</b>                      您的孩子看上去对于疼痛是否太不敏感或过度敏感?                 </p>	NO 否	YES 是 Please specify: 请详细说明
<p> <b>Does your child dislike having eyes covered or being in the dark?</b>                      您的孩子是否不喜欢眼睛被遮住或身处黑暗里?                 </p>	NO 否	YES 是 Please comment: 请说明
<p> <b>Is your child overly sensitive to lights/sunlight?</b>                      您的孩子是否对光/阳光过度敏感?                 </p>	NO 否	YES 是 Please comment: 请说明
<p> <b>Does your child seem to need to "fix" the environment (i.e. arrange objects, chairs, etc.)?</b>                      您的孩子是否看上去有修复环境的需要 (如安排物品, 椅子等)?                 </p>	NO 否	YES 是 Please comment: 请说明
<p> <b>Does your child avoid environments/ objects with certain odors?</b>                      您的孩子是否回避有某些气味的环境/物品?                 </p>	NO 否	YES 是 Please comment: 请说明
<p> <b>Does your child seek environments / objects with certain odors?</b>                      您的孩子是否寻找有某些气味的环境/物品?                 </p>	NO 否	YES 是 Please comment: 请说明