



## Risk Factors Associated with Developmental Differences Survey

If you have answered YES to three or more questions, please consider speaking to your primary care provider about having a chromosomal analysis to determine if your child has an X or Y Chromosomal Variation.

#	Survey Question	Yes	No
1	My baby was quiet and demanded little attention	Yes	No
2	By 9 months, my baby was saying “ma-ma”, “da-da” or “ba-ba” in a turn taking game with me	Yes	No
3	My child was on the late side for walking (after 16 months)	Yes	No
4	My child struggled with “latching on” to the breast	Yes	No
5	My child cried for several weeks when beginning Day Care, Preschool or Kindergarten	Yes	No
6	My child is shy with other children but talks very well with me and familiar adults	Yes	No
7	My child seems clumsy in comparison to his age group	Yes	No
8	My child has flat feet	Yes	No
9	My child has a shortened attention span for his/her age	Yes	No
10	My child “worries” about events, people or what might happen	Yes	No
11	My child seems very good at puzzles or computers	Yes	No
12	My child has angry outbursts over minor events	Yes	No
13	My child seems “a step behind” when compared to his peers in speech and language skills	Yes	No
14	My child struggles with reading	Yes	No
15	My child shows fear or increased discomfort with loud noises, vacuum cleaners or in crowded places	Yes	No
16	My child seems to have soft muscles sometimes called low muscle tonus	Yes	No
17	My child is taller than his/her peers	Yes	No