

Example questionnaire and observation tools used in the screening and assessment of 0-5-year-olds.

Measure ¹	Reference	Purpose	Scales/Items/Constructs	Age range (months)	Format ²	Rater	No of Items	Training	Estimates of associated costs ³	Interpretation
Ages & Stages Questionnaire: Social-Emotional (ASQ:SE-2)	Squires, Bricker, & Twombly (2015)	To identify and screen children's social and emotional behaviours	A total score of social-emotional development is produced from items related to self-regulation, compliance, social-communication, adaptive functioning, autonomy, affect, and interaction with people	1 – 72	Qu	Parent	~30	3 training DVDs or 18-hour seminar	Starter pack including User Guide, and master questionnaires and scoring sheets: ~£245	The information summary sheet for scoring provides total scores by page, total overall score, and cut-off. A graph is used that shows whether the child's score falls below the cut-off, in the monitoring zone, or above the cut-off where further assessment with a professional may be appropriate. Guidance on score interpretation is provided, and follow-up referral considerations and actions are outlined.
Alarm Distress Baby Scale (ADBB)	Guedeney & Fermanian, (2001)	To assess relational withdrawal in infants by observing their behaviour during an interaction with an unfamiliar adult (e.g., a health visitor)	Assesses social behaviour across eight items: facial expressions, eye contact, general level of activity, self-stimulating gestures, vocalisations, briskness of response to stimulation, relationship, and attraction	0 – 24	Obs	Practitioner	8	65 hours training w/ developers	~£1000 – £1600 pp for training	Each of the eight items are scored on a 0 (no unusual behaviour) to 4 (severe unusual behaviour) scale. Total scores range from 0 to 32. Based on studies of French infants, a cut-off score has been suggested for screening purposes. If a child receives a score over the threshold, re-evaluation within two weeks to assess the stability of the behaviour is advised. If the behaviours are found to be persistent, further confirmation and investigation is recommended.

¹ Tools and classification systems used for diagnostic purposes have not been considered here, however examples of such approaches include the Development and Well-Being Assessment (DAWBA; Goodman et al., 2000; Goodman, 2011), the Preschool Age Psychiatric Assessment (PAPA; Egger & Angold, 2004), Diagnostic Infant and Preschool Assessment Manual (DIPA; Scheeringa, 2004), and the DC: 0-5. Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Washington (Zero to Three, 2016). Screening tools for specific symptom groups (e.g., The modified checklist for autism in toddlers M-CHAT-R; Robbins et al., 2014) are also not considered.

² Qu means Questionnaire and Obs means observation.

³ These are estimations based on advertised costs described in publications related to these measures, information provided by distributors, or other publicly available sources (as of April 2023). Costs are likely to vary depending on the context and scale of the measure's use.

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Brief Infant-Toddler Social and Emotional Assessment	Briggs-Gowan et al. (2004)	To identify social-emotional and behavioural problems and delays in competence	The Problem scale assesses social-emotional/behavioural problems such as aggression, defiance, overactivity, negative emotionality, anxiety, and withdrawal. The Competence scale assesses empathy abilities such as empathy, prosocial behaviours, and compliance.	12 – 36	Qu	Parent, early education practitioner	42	Recommend 4 hours of training w/ clinician	Starter kit including the BITSEA manual, and 25 parent and 25 childcare provider questionnaires : ~£100; Scoring software: ~£75	Scoring generates a social emotional problems total score and a social emotional competencies total score. Cut-off scores are provided in the manual. Calculations can account for premature birth. The manual emphasises that possible problems or delays identified through the measure should not be considered diagnostic and further follow-up is always necessary.
Child Behavior Checklist (CBCL; 1.5-5)	Achenbach & Rescorla (2000)	To assess behavioural and emotional problems	Items relate to the following scales: emotionally reactive, anxious/depressed, somatic complaints, withdrawn, attention problems, aggressive behaviour, sleep problems	18 – 60	Qu	Parent	99	Recommend individuals be trained to master's degree level	~£42 for manual, plus ~£1.30 per questionnaire and scoring sheet	Subscales combine into internalising and externalising scores as well as a total problem score. Raw scores are converted to norm referenced scores. Cut-offs are used to indicate clinically significant and borderline scores which suggest that further assessment or intervention may be appropriate. DSM oriented scales (e.g. depressive problems, oppositional defiant problems) comprise items that are considered to be consistent with DSM-5 diagnostic categories.
Conners Early Childhood	Conners (1989, 1997, 2009)	To assess the behavioural, social, and emotional development, and developmental milestones of preschool-aged children.	Items focused on children's behaviour relate to defiant and aggressive behaviours, inattention/hyperactivity, social functioning, atypical behaviours, mood and anxiety, and sleep problems	24 – 72	Qu	Parent, teacher	190	Requires training up to a master's level or qualification to practice in healthcare	~£120 for manual, ~£4.50 per response booklet, and ~£215 for scoring software	An interpretive report can be generated for each completed assessment. In the interpretive report, individual scores are compared to a normative group. Raw scores are converted to <i>t</i> -scores, accounting for child age and gender. It is emphasised that information gathered through this measure should be combined with information obtained through other measures and tools before being used to aid assessment and guide intervention decisions.

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Infant-Toddler Social and Emotional Assessment (ITSEA)	Carter, Briggs-Gowan, Jones, & Little (2003)	To assess a wide array of social-emotional and behavioural problems and competencies	Items relate to externalising (e.g., impulsivity, aggression, defiance), internalising (e.g., anxiety, separation distress, withdrawal), and dysregulation (e.g., negative emotionality, sensory sensitivity), competencies (e.g., compliance, attention, imitation/play, empathy, and prosociality), maladaptive behaviours, atypical behaviours, and social relatedness	12 – 36	Qu	Parent, childcare provider	166	Recommended 4 hours of training w/ clinician	Starter kit including the ITSEA manual, and 25 parent and 25 childcare provider questionnaires : ~£200; Scoring software: ~£75	The subscale scores are added and averaged depending on the number of items answered. Scores are then converted to <i>t</i> -scores and percentile ranks dependent on child age and gender. Elevated <i>t</i> -scores on the internalising, externalising, and dysregulation scales identify areas “of concern”. The manual provides guidance for interpretation alongside exemplar clinical cases.
Neonatal Behavioural Assessment Scale (NBAS)	Brazelton (1984)	To provide a strengths-based, in-depth neurobehavioural assessment for newborn babies	Administered or observed items focus on habituation (sleep protection), social interactive responses and capabilities, motor system, state organisation and regulation, autonomic system, and reflexes	0 – 2	Obs	Practitioner	53	2-day course + practice phase	£745 for course	The scale has been used as a tool for observation, assessment, and intervention. The infant’s responses to the behavioural and reflex items are recorded on a standardised scoring sheet. This measure does not use norming in its scoring.

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Strengths and Difficulties Questionnaire (2-4)	Goodman (1997)	To assess emotional and behavioural problems and prosociality	Items relate to scales for emotional problems, conduct problems, hyperactivity, peer problems, and prosociality	18 – 60	Qu	Parents, childcare provider	25	Free, 60-min video call with Youth in Mind offered for training	Free use of questionnaire, cost for electronic scoring at ~£0.21 per questionnaire	If the measure is completed online, the Youth in Mind website produces a technical report for professionals, a description of the scores, the level of concern, an overall impression, and suggestions for further assessment and action. A provisional banding of SDQ scores for 2–4-year-olds has been developed based on prevalence estimates in the general population and data on the distribution of SDQ scores in 2–4-year-olds. The measure can be used in initial clinical assessments, in evaluating outcomes, and as a screener. For interpretation, it is emphasised that information gathered through this measure should be combined with learning from research interviews and clinical ratings.