

## Supplementary Material

### Anamnestic Questionnaire

1. Date of Birth.

### General Information

2. Who accompanies X? \_\_\_\_\_
3. Biological or adopted parents? YES-NO
4. Are both parents alive? YES-NO
  - Please, specify \_\_\_\_\_
5. How tall is X?
6. How much does X weigh?
7. Local healthcare \_\_\_\_\_

### Family and Demographic Information

8. Date of birth - mother:
9. Date of birth - father:
10. Occupation - mother:
  - Unemployed
  - Scientific/educational/medical/highly specialized professional (physician, researcher, teacher, psychologist, engineer etc...)
  - Office worker
  - Entrepreneur/businessman
  - Health professional (nurse, speech therapist, sociomedical operator, obstetrician etc...)
  - Service industry/salesperson
  - Farmer
  - Artisan
  - Laborer
  - Member of armed forces
  - Manager/director/executive (public administration)

- Manager/director/executive (private)
- Artist/athlete

11. Occupation - father:

- Unemployed
- Scientific/educational/medical/highly specialized professional (physician, researcher, teacher, psychologist, engineer etc...)
- Office worker
- Entrepreneur/businessman
- Health professional (nurse, speech therapist, sociomedical operator, obstetrician etc...)
- Service industry/salesperson
- Farmer
- Artisan
- Laborer
- Member of armed forces
- Manager/director/executive (public administration)
- Manager/director/executive
- Artist/athlete

12. Educational level - mother: middle license / high school diploma / degree/ PhD or other high specialization

13. Educational level - father: middle license / high school diploma / degree/ PhD or other high specialization

14. Date of birth – maternal grandmother: \_\_\_\_\_

15. Date of birth – maternal grandfather: \_\_\_\_\_

16. Date of birth – paternal grandmother: \_\_\_\_\_

17. Date of birth – paternal grandfather: \_\_\_\_\_

18. Are parents divorced? YES-NO

- If yes, the child lives with: mother-father
- If yes, are parents remarried? NO – BOTH – MOTHER – FATHER

## Pregnancy and Delivery

19. Was it the first pregnancy? YES-NO

20. X is:

- Only child;
- Firstborn;
- Second-born;
- Third-born;
- Fourth-born;
- Twin;
- Other (please, specify \_\_\_\_\_)

21. How many children do you have? \_\_\_\_\_

- Other 1: M-F; Firstborn; Second-born; other
- Other 2: M-F; Firstborn; Second-born to; other
- Other : M-F; Firstborn; Second-born; other

22. Conception was: natural/assisted.

If assisted, specify:

- Transvaginal ovum retrieval
- Embryo transfer
- Intracytoplasmic sperm injection - Icsi
- Testicular sperm retrieval
- Cryopreservation
- Gamete intrafallopian transfer - Gift
- Zygote intrafallopian transfer - Zift
- Tubal embryo transfer - Tet
- Testicular Sperm Aspiration - Tesa
- Microsurgical Epididymal Sperm Aspiration – Mesa

23. Were there complications in pregnancy? YES-NO

If yes, specify:

- Risk of abortion
- Risk of Pre-term labor
- Risk of induced delivery

24. Which week of pregnancy did the birth occur? N° \_\_\_\_\_

25. Childbirth...

- Natural
- Cesarean section

26. If natural...

- Was forceps used? YES-NO
- Was vacuum used? YES-NO
- Was it necessary to induce the birth with a drug (oxytocin)? YES-NO

27. If caesarean section, why? Please specify: \_\_\_\_\_

28. Was X ever hospitalized immediately after birth? YES-NO

- If yes, please specify: \_\_\_\_\_

29. Birthweight: \_\_\_\_\_ gr

30. Length at birth: \_\_\_\_\_ cm

31. Head circumference at birth: \_\_\_\_\_ cm

32. Apgar: N° \_\_\_ - \_\_\_

### Previous Medical Examinations

33. Has X ever had an EEG?

- If yes, in which year? \_\_\_\_\_

34. Has X ever had an MRI?

- If yes, in which year? \_\_\_\_\_

35. Has s X ever had an audiometer examination?

- If yes, in which year? \_\_\_\_\_

36. Has X ever had a neuropsychological, psychological or neuropsychiatric assessment?

- If yes, in which year? \_\_\_\_\_

37. Has X ever had genetic analyses?

- If yes, in which year? \_\_\_\_\_

### Developmental Stages

38. Feeding: breastfeeding – artificial milk - mixed

39. Was Gastroesophageal Reflux present during breastfeeding? YES-NO

40. How many months did the weaning take place?
41. How many months did X walk? \_\_\_\_\_
42. Did/does X use coded signals to communicate (for instance, “bye bye”, “yummy” ecc...)?  
YES-NO
43. Did/does X use gestures to indicate objects, persons or events in the environment? YES-NO
44. Did/does X use gestures while playing, as getting the hand close to the ear for “telephone”?  
YES-NO
45. How many months did X say the first words? \_\_\_\_\_
46. How many months did X say the first sentences? \_\_\_\_\_
47. Did language develop regularly? YES-NO
48. Is the child exposed to languages other than Italian? For example: he/she speaks Italian at school, but at home he/she mainly speaks another language. YES-NO
49. Is the child potty-trained (day)? YES-NO
- If yes, how old were he/she? \_\_\_\_\_
50. Is the child potty-trained (night)? YES-NO
- If yes, how old were he/she? \_\_\_\_\_
51. Does he/she have enuresis? YES-NO
52. Does he/she have encopresis? YES-NO
53. Has sleep always been regular? YES-NO

### **Habits and Issues**

54. Is sleep regular now? YES-NO
55. Does X sleep in his/her own bed and in his/her bedroom? YES-NO
56. What time does X go to sleep?
- between 9pm and 10pm
  - between 10pm and 11 pm
  - between 10pm and 12 pm
  - after midnight
57. How many hours do you sleep?
- Less than 5 hours/night
  - 5-6 hours/night
  - 7-8 hours/night
  - More than 8 hours

58. Is his/her diet regular? YES-NO

If no:

- He/she eats too much
- He/she eats too little
- he only eats some foods

59. X's diet is:

- vegetarian
- veggie
- mixed

60. Does X routinely take one or more of the following products?

- food supplements
- diuretics
- laxatives
- digestive
- herbal products
- energy drinks and energizers

61. Does X have gastrointestinal problems? YES-NO.

If yes, please specify:

- constipation
- vomit
- acid reflux
- diarrhea

62. Does X tire easily? YES-NO

63. X has or has had recurrent ear infections (> 6 per year)? YES-NO

64. Does X frequently have phlegm? YES-NO

65. Only for females: did she have her first menstruation? YES-NO

- If yes, please specify the age at first menstruation: \_\_\_\_\_

### **Family History**

66. Do you have cases of neurodevelopmental conditions in your family? For instance intellectual disability, autism spectrum disorder, speech problems etc... Please, consider only close family, as X parents, brothers, grandparents and NOT in-laws. YES-NO

If yes, what cases of neurodevelopment problems are or have been present in the maternal line of kinship?

- Autism
- Intellectual disability
- Communication Disorders
- Specific Learning Disorder
- Attention deficit/hyperactivity disorder
- Genetic syndromes

If yes, what cases of neurodevelopment problems are or have been present in the paternal line of kinship?

- Autism
- Intellectual disability
- Communication Disorders
- Specific Learning Disorder
- Attention deficit/hyperactivity disorder
- Genetic syndromes

67. Do you have cases of psychiatric conditions in your family? For instance anxiety, depression etc... Please, consider only close family, as X parents, brothers, grandparents and NOT in-laws. YES-NO

If yes, what cases of psychiatric conditions are or have been present in the maternal line of kinship?

- Depression/bipolar/ mood disorders
- Feeding and eating disorders
- Anxiety Disorders
- Disruptive, Impulse-Control, and Conduct Disorders
- Psychosis/schizophrenia
- Tic
- Substance-Related and Addictive Disorders

If yes, what cases of neurodevelopment problems are or have been present in the paternal line of kinship?

- Depression/bipolar/ mood disorders
- Feeding and eating disorders
- Anxiety Disorders
- Disruptive, Impulse-Control, and Conduct Disorders
- Psychosis/schizophrenia
- Tic
- Substance-Related and Addictive Disorders

### **Past and Current Treatments**

68. Did X ever receive any kind of diagnosis in the past? YES-NO

- If yes, specify: \_\_\_\_\_

69. Does X take medications? YES-NO

- If yes, specify: \_\_\_\_\_

70. Did X take any medications in the past? YES-NO.

- If yes, specify: \_\_\_\_\_

71. Ongoing treatments:

- Psychological/behavioral: YES-NO. If yes, how many hours/week? \_\_\_\_\_
- Speech therapy: YES-NO. If yes, how many hours/week? \_\_\_\_\_
- Psychomotricity: YES-NO. If yes, how many hours/week? \_\_\_\_\_
- Other: YES-NO. If yes, how many hours/week? \_\_\_\_\_

72. Past treatments:

- Psychological/behavioral: YES-NO. If yes, how many hours/week? \_\_\_\_\_
- Speech therapy: YES-NO. If yes, how many hours/week? \_\_\_\_\_
- Psychomotricity: YES-NO. If yes, how many hours/week? \_\_\_\_\_
- Other: YES-NO. If yes, how many hours/week? \_\_\_\_\_

### **School**

73. Did X attended nursery? YES-NO

74. X is currently attending:

- Preschool



- Primary school
- Secondary school
- High-school

75. Is X willing to go to school? YES-NO

76. Does X part peacefully when you leave him/her at school? YES-NO

77. Do teachers refer any learning difficulty? YES-NO

78. Do teachers refer any behavioral problem? YES-NO

79. Do teachers refer attention problems? YES-NO

80. How is academic performance?

- good
- sufficient
- poor

81. Have there been school failures (rejection or recoveries)? YES-NO

If yes,

- Failure: academic year: \_\_\_\_\_
- Recovery: school subject \_\_\_\_\_ academic year: \_\_\_\_\_

82. What is the most difficult school subject for X?

- Matematica
- Literature
- English/French
- Other
- All
- No one

83. Does X have a support teacher? YES-NO.

- If yes, please specify the number of hours/week: \_\_\_\_\_

### **Activities and Socialization**

84. Is X involved in sports or physical activities? YES-NO

If yes, specify: \_\_\_\_\_ how frequently?

- Every day
- 2-3 times/week
- 4-5 times/week

85. Is X involved in other activities? YES-NO

If yes, specify: \_\_\_\_\_

86. Does X watch TV? YES-NO

If yes, how many hours/day?

- About half an hour
- About 1 hour
- About 2 hours
- More than 2 hours

87. Does X use smartphone and/or tablet? YES-NO

If yes, how many hours/day?

- About half an hour
- About 1 hour
- About 2 hours
- More than 2 hours

88. Does X have good relationships with peers? YES-NO

89. Does X have good relationships with adults? YES-NO

90. Does X have good relationships within family? YES-NO

### **Life Events**

91. Have there been any particularly critical events in X's life? YES-NO.

If yes:

- Mourning(s)
- Parents' divorce
- Fight or separation from friends
- Car accident
- Household accident
- Illness of relatives or friends
- Natural disaster (earthquake etc...)

92. Have there been other events that you think have significantly affected X's life? YES-NO. If

yes, specify: \_\_\_\_\_

93. Why does X come to visit? \_\_\_\_\_

94. Who suggested this visit for your child?

- School
- Family doctor
- Psychologist
- Speech therapist
- Other kind of physician
- Informal suggestion
- We came here spontaneously