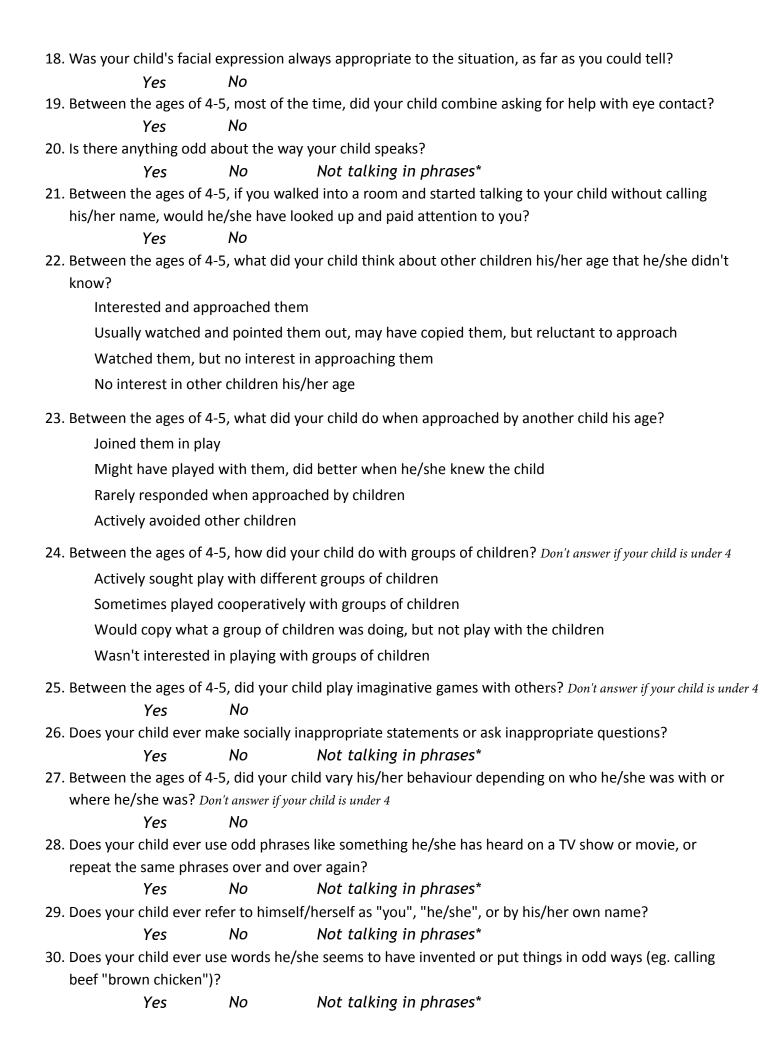
Autism Spectrum Questionnaire

Some questions focus on when your child was between 4-5 years of age. If he/she is 4 years old or younger, then you should answer based on what he/she is currently doing.

Between the ages of 4-5, did your child want you to enjoy things just as much as he/she did?

	Yes No						
2.	2. Has your child ever used your h	Has your child ever used your hand as a tool?					
	Yes No						
3.	3. Between the ages of 4-5, did yo	our child respond when unfamiliar adults approached him/her?					
	Yes No						
4.	4. Between the ages of 4-5, did yo	our child smile when he/she approached other people?					
	Yes No						
5.	5. Between the ages of 4-5, did yo	our child comfort you when you were hurt, sad, or sick?					
	Yes No						
6.	6. Between the ages of 4-5, did yo	our child show you things that interested him/her?					
	Yes No						
7.	7. Between the ages of 4-5, did yo	our child offer to share food or toys with you?					
	Yes No						
8.		all talk" with you, just to be friendly?					
	Yes No	Not talking in phrases*					
9.	9. Can you have a back-and-forth	Can you have a back-and-forth conversation with your child? Will he/she build on what you say and/or					
	ask you follow up questions?						
	Yes No	Not talking in phrases*					
10.		our child enjoy games like Ring Around the Rosies, What Time is it Mr.					
	Wolf?, or Simon Says?						
	Yes No						
11.		our child point to things that interested him/her?					
	Yes No						
12.	·	o see if you were looking at what he/she was pointing at?					
	Yes No						
13.	13. Between the ages of 4-5, did yo	our child nod to mean "yes"?					
	Yes No						
14.		our child shake his/her head to mean "no"?					
	Yes No						
15.		Between the ages of 4-5, did your child use other gestures to communicate like waving, thumbs up,					
	blowing kisses, or clapping?						
	Yes No						
16.	<u>-</u>	our child look you in the eye when talking with you?					
	Yes No						
17.		our child have a "normal" range of facial expressions compared to other					
	kids his/her age?						
	Yes No						



31. Does your	child have an <i>Yes</i>	y odd ways of <i>No</i>	moving his/her ha	inds or fingers?				
32. Does your child have any repetitive complex movements of his/her entire body (eg. spinning, tip								
walking, et		•	•					
	Yes	No						
33. Does your child ever line things up or do the same thing with a toy over and over again?								
	Yes	No						
34. Does your child tolerate minor changes to his/her routine or the way his/her things are arranged?								
	Yes	No						
35. Does your	5. Does your child have any verbal rituals? Have to say something in a very precise way or have to have							
you say something in a particular way?								
	Yes	No	Not talking in p					
36. Does your			or compulsive be	naviours?				
	Yes	No						
37. Is your chil			nges around the h	ouse or in your appearai	nce?			
20 Dansum	Yes	No						
			ests that preoccu	by him/her all the time t	nat would seem odd to			
other peop	ole? (eg. stree <i>Yes</i>	No						
20 Doos your			ios or intorosts the	nt are unusually intense	taking up all of his/hor			
39. Does your child have any typical hobbies or interests that are unusually intense, taking up all of his/he time?								
time:	Yes	No						
40. Does your	child tend to	focus on parts	of a toy rather th	an playing with the who	le toy?			
•	Yes	No	•		•			
41. Does your him/her at		nething (othe	r than a blanket o	r a stuffy) that he/she ha	as to carry around with			
	Yes	No						
42. Is your child bothered by loud noises?								
	Yes	No						
43. Is your chil	d bothered b	other sensor	y stimuli?					
	Yes	No						
44. Does your	child seek or	crave certain s	sensory stimuli?					
	Yes	No						
*Talking in phrases mean putting 3 or more words together on a daily basis (eg. I go outside)								
Child's name	:		Date of B	rth:	Age:			
Person comp	leting form:		Relationship to child:					