

# CLINICAL TOOL FOR DETECTION OF AUTISM

Name of child:

ID No:

Age (in months):

Address:

Phone No:

Sex: 1. Male 2.Female

I. Qualitative Impairment in Social Interaction					
1	Does your child have any difficulty in interacting with adults other than primary care giver?	0 Never	1 Sometimes	2 Often	3 Always
2	Does your child smile at others?	0 Never	1 Sometimes	2 Often	3 Always
3	Does your child have difficulty in establishing eye contact?	0 Never	1 Sometimes	2 Often	3 Always
4	Does your child have difficulty in maintaining eye contact?	0 Never	1 Sometimes	2 Often	3 Always
5	Does your child have difficulty in responding when called?	0 Never	1 Sometimes	2 Often	3 Always
6	Does your child have difficulty in mixing with other children of the same age?	0 Never	1 Sometimes	2 Often	3 Always
7	Does your child have difficulty in playing together with other children of the same age?	0 Never	1 Sometimes	2 Often	3 Always
8	Does your child have difficulty in showing emotional responses appropriate to the situation?	0 Never	1 Sometimes	2 Often	3 Always
9	Does your child have difficulty in following instructions to make socially appropriate response? (Eg: waving ta ta, flying kiss)	0 Never	1 Sometimes	2 Often	3 Always
10	Does your child have difficulty in adapting appropriately to a new environment? (eg: social functions)	0 Never	1 Sometimes	2 Often	3 Always
11	Does your child have difficulty in making pretend play or imaginative play?	0 Never	1 Sometimes	2 Often	3 Always
12	Does your child appear to be in his/her own world?	0 Never	1 Sometimes	2 Often	3 Always

II. Qualitative Impairment in Communication					
13	Does your child have difficulty in indicating needs verbally?	0 Never	1 Sometimes	2 Often	3 Always
14	Does your child have difficulty in indicating needs non-verbally? Eg: by gestures, leading adults by the hand or pointing to objects	0 Never	1 Sometimes	2 Often	3 Always
15	Does your child have difficulty in comprehending verbal instruction?	0 Never	1 Sometimes	2 Often	3 Always
16	Does your child have difficulty in comprehending non-verbal cues?	0 Never	1 Sometimes	2 Often	3 Always
17	Does your child have difficulty in meaningfully combining at least two words?	0 Never	1 Sometimes	2 Often	3 Always

18	Does your child repeat questions asked to him / her, instead of answering?	0 Never	1 Sometimes	2 Often	3 Always
19	Does your child have the habit of muttering to himself / herself, using nonsensical words?	0 Never	1 Sometimes	2 Often	3 Always
20	Does your child have the habit of making the same unusual sounds again and again?	0 Never	1 Sometimes	2 Often	3 Always
21	Does your child show an obsessive liking for some musical tones (Eg. TV /Radio advertisements)	0 Never	1 Sometimes	2 Often	3 Always
22	Does your child have difficulty in initiating conversation with others?	0 Never	1 Sometimes	2 Often	3 Always
23	Does your child have difficulty in sustaining conversation with others?	0 Never	1 Sometimes	2 Often	3 Always
24	Does your child have difficulty in understanding simple jokes?	0 Never	1 Sometimes	2 Often	3 Always

<b>III. Peculiar Behavioural Characteristics</b>					
25	Does your child insist on sameness in everyday routines?	0 Never	1 Sometimes	2 Often	3 Always
26	Does your child have inappropriate attachments to some objects?	0 Never	1 Sometimes	2 Often	3 Always
27	Does your child have repetitive motor mannerisms unusual for the age? (Eg: flapping hands, rocking or jumping)	0 Never	1 Sometimes	2 Often	3 Always
28	Does your child show hyperactivity?	0 Never	1 Sometimes	2 Often	3 Always
29	Does your child show extreme restlessness while trying to restrict him / her?	0 Never	1 Sometimes	2 Often	3 Always
30	Does your child show peculiar preference for inanimate objects rather than human beings?	0 Never	1 Sometimes	2 Often	3 Always
31	Does your child show persistent preoccupation with parts of toys and not the toy itself? (Enjoys spinning or rotating wheels of a toy car)	0 Never	1 Sometimes	2 Often	3 Always
32	Does your child have self-injurious behaviour? (Eg. head banging, eye poking, etc...)	0 Never	1 Sometimes	2 Often	3 Always
33	Does your child have inappropriate laughing and giggling?	0 Never	1 Sometimes	2 Often	3 Always
34	Does your child have crying spells with extreme distress for no apparent reasons?	0 Never	1 Sometimes	2 Often	3 Always

<b>IV. Sensory Integration</b>					
35	Does your child show resistance to being touched or hugged by others, may be except mother?	0 Never	1 Sometimes	2 Often	3 Always
36	Does your child show apparent insensitivity to pain?	0 Never	1 Sometimes	2 Often	3 Always
37	Does your child show intolerance to specific sound? (Whistling of pressure cooker, mixie, horn sound, etc... )	0 Never	1 Sometimes	2 Often	3 Always
38	Does your child show unusual (excessive) liking for crispy food items?	0 Never	1 Sometimes	2 Often	3 Always
39	Does your child show unusual (excessive) intolerance for sticky food items?	0 Never	1 Sometimes	2 Often	3 Always

