

# Autism Spectrum Disorder Screening Form

This is intended for initial screening purposes and does not provide a medical diagnosis. Please complete each section to the best of your ability.

Patient's name:	Date of test:
Date of birth:	Gender:
Contact information:	
Name of respondent:	
Relationship to patient:	
Reason for the test:	
<b>I. Please answer the following questions to provide context before beginning the core screening.</b>	
A. Has the individual been previously assessed for developmental or behavioral concerns?	
Yes	No
If yes, please specify:	
B. Are there any concerns about the individual's communication, behavior, or social skills?	
Yes	No
If yes, please describe briefly:	
C. At what age did the individual begin speaking in full sentences (if applicable)?	
Before 2 years old	Between 2–3 years
After 3 years	Not yet speaking in full sentences
D. Has anyone (teacher, doctor, caregiver) raised concerns about possible autism?	
Yes	No
<b>II. Complete the table based on your observations and interactions with the patient. The items reflect DSM-5 criteria for Autism Spectrum Disorder. Answer each question to the best of your knowledge. If a question is not applicable, mark it accordingly.</b>	
For criteria that require specification of severity, the levels are as follows:	
<ul style="list-style-type: none"><li>• Level 3 - Requires very substantial support</li><li>• Level 2 - Requires substantial support</li><li>• Level 1 - Requires support</li></ul>	

	Yes	No	Not applicable
<p><b>1. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history</b></p> <p><i>Note: The patient must have met all of the criteria 1 to 3 below for this criterion to be considered met.</i></p> <p>If criterion A has been met, please specify the severity level below:</p>			
<p>1. Deficits in social-emotional reciprocity</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Abnormal social approach</li> <li>• Failure of normal back-and-forth conversation</li> <li>• Reduced sharing of interests, emotions or affect</li> <li>• Failure to initiate or respond to social interactions</li> </ul>			
<p>2. Deficits in nonverbal communicative behaviors used for social interaction</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Poorly integrated verbal and nonverbal communication</li> <li>• Abnormalities in eye contact and body language</li> <li>• Deficits in understanding and use of gestures</li> <li>• Total lack of facial expressions and nonverbal communication</li> </ul>			
<p>3. Deficits in developing, maintaining, and understanding relationships</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Difficulties adjusting behavior to suit various social contexts</li> <li>• Difficulties in sharing imaginative play or in making friends</li> <li>• Absence of interest in peers</li> </ul>			

	Yes	No	Not applicable
<p><b>B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history</b></p> <p><i>Note: The patient must have met at least 2 of the criteria 1 to 4 below for this criterion to be considered met.</i></p> <p>If criterion B has been met, please specify the severity level below:</p>			
<p>1. Stereotyped or repetitive motor movements, use of objects, or speech</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• simple motor stereotypes</li> <li>• lining up toys or flipping objects</li> <li>• Echolalia</li> <li>• idiosyncratic phrases</li> </ul>			
<p>2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• extreme distress at small changes, difficulties with transitions</li> <li>• rigid thinking patterns</li> <li>• greeting rituals</li> <li>• need to take same route or eat same food every day</li> </ul>			
<p>3. Highly restricted, fixated interests that are abnormal in intensity or focus</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• strong attachment to or preoccupation with unusual objects</li> <li>• excessively circumscribed or perseverative interests</li> </ul>			

	Yes	No	Not applicable
<p>4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• apparent indifference to pain/temperature</li> <li>• adverse response to specific sounds or textures</li> <li>• excessive smelling or touching of objects</li> <li>• visual fascination with lights or movement</li> </ul>			
<p><b>C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life)</b></p>			
<p><b>D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.</b></p>			
<p><b>E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.</b></p>			
<p><b>Specifications:</b></p>			
<p>With or without accompanying intellectual impairment</p> <p>With or without accompanying language impairment</p> <p>Associated with another neurodevelopmental, mental, or behavioral disorder</p> <p>With catatonia</p> <p>Associated with a known medical or genetic condition or environmental factor</p>			
<p><b>Results:</b></p>			
<p><b>Additional notes:</b></p>			