

Childhood Autism Spectrum Test

Child's Information

Child's Name: _____ Age: _____

Date of Birth: _____ Date of Assessment: _____

Parent/Caregiver Name: _____

Behavioral Assessment

For each item, mark a checkbox with a "Yes" or "No" based on the child's behaviors and interactions.

Questions	Yes	No
Does the child have difficulty understanding social cues?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child struggle to make eye contact during conversations?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child's speech repetitive or lacking in conversation skills?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have intense interests in specific topics or objects?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child engage in repetitive body movements (e.g., hand-flapping, rocking)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child display difficulty in forming relationships with peers?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child show limited response to emotional cues from others?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child overly sensitive to sensory stimuli (e.g., lights, sounds, textures)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child engage in echolalia (repeating words or phrases)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child struggle with imaginative play or pretend activities?	<input type="checkbox"/>	<input type="checkbox"/>

Does the child struggle with changes in routines or transitions?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child able to maintain a back-and-forth conversation with others?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have difficulty understanding jokes or sarcasm?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child exhibit unusual or repetitive play behaviors?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have a strong preference for sameness in their environment?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child struggle with sharing or taking turns during activities?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child show limited interest in engaging with peers?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child able to express emotions appropriately in various situations?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child demonstrate an aversion to specific textures, tastes, or clothing?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have difficulty understanding nonverbal gestures, like pointing or nodding?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child exhibit difficulty in understanding figurative language (e.g., metaphors, idioms)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child engage in repetitive play with objects or toys?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child able to initiate and sustain a conversation with others?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child display intense reactions to minor changes in their environment?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child express empathy and understanding towards others' feelings?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have trouble expressing their needs and desires verbally?	<input type="checkbox"/>	<input type="checkbox"/>

Does the child display unusual sensitivity or lack of response to pain or discomfort?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child comfortable with physical touch and affection?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child tend to engage in repetitive questioning or seek repetitive reassurance?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child demonstrate an interest in collaborating on group activities?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child display a wide range of facial expressions to convey emotions?	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL SCORE:

Scoring

For each "Yes" response, assign 1 point.

Sum the total points at the end of the questionnaire.

Interpretation

Total Score of 16 or above suggests potential autism spectrum disorder (ASD) traits.