

AUTISM ONLY QUESTIONNAIRE AND CHECKLIST

DEVELOPMENTAL MILESTONES

What age was your child when he/she:

ACTIVITY	AGE	ACTIVITY	AGE
Sat alone		Talked (single word)	
TOILET TRAINING		Talked in phrases	
Dry days		Talked in sentences	
Dry nights		Echolalia (repeating words or sentences)	
No accidents		Undressed without help	
Crawled		Dressed without help	
Walked		Brushed hair without help	
Rode a tricycle		Bathed without help	
Drank from a cup w/o spilling		Tied shoelaces	
Used a spoon		Brushed teeth without help	

	YES	NO
Has your child lost skills or stopped progressing in any of the above areas? If yes, please tell us more. _____		
How old was your child when skills were lost or stopped progressing?		
Was your child ill just prior to <u>or</u> at the time of the loss? If Yes, what was wrong? _____		
Tell us about your child's <u>special</u> skills or abilities. _____		
Does your child seem to have a knack for Music, Art, Math, Reading, Electronics, or Balance? Explain: _____		
Tell us how your child communicates to you currently:		
Does your child point to things?		
Does your child use picture exchange cards to communicate?		
Can your child follow a one-step command (eg., bring mommy the ball) without you giving any visual cues (pointing)?		
Can your child follow a two-step command (eg., go in the bedroom and find your shoe) without you giving any visual cues (pointing)?		
Can strangers understand your child's speech?		
Does your child have trouble pronouncing certain letters?		
Can your child hold a conversation about a favorite topic for any length of time?		
Does your child seem overly sensitive to certain smells, textures of clothing or food, to lights, or to different sounds? If Yes, describe: _____		
Does your child prefer to have clothing or shoes off?		
Does your child ever use certain objects or use their own hands or fingers in unusual or odd ways? If yes, describe: _____		

	YES	NO
Does your child play with toys in typical ways? If no, please describe		
Does your child seem to focus on only certain parts of toys or objects?		
Does your child seem overly pre-occupied with certain objects, toys, videos, or subjects?		
Does your child have difficulty relating to people?		
Does your child emotionally overreact to certain situations?		
Does your child have good eye contact?		
Does your child look at objects out of the corner of his/her eyes?		
Does your child ever look at objects from unusual angles?		
Does your child ever engage in self-injurious behaviors (eg., headbanging, eye-poking, picking at skin, hitting himself)?		
Does your child ever show aggression to others?		
Does your child frequently have temper tantrums?		
Does your child walk on tiptoes?		
Does your child rock back and forth or side to side?		
Is your child overly active <u>or</u> underactive?		
Does your child frequently have trouble sleeping?		
Does your child ever seem depressed?		
Does your child ever threaten to harm himself/herself?		
Does your child cover his/her ears in response to certain sounds or for no apparent reason?		
Does your child ignore unusually loud noises (sirens, vacuum cleaner)?		
Is your child bothered by tags in his/her clothing?		
Does your child frequently smell, touch, or lick objects or people?		
Does your child ever eat things that are not food?		
Does your child ever pull out his/her hair?		
Does your child ever eat his/her own hair?		
Does your child collect certain things or objects?		
Does your child seem pre-occupied with turning over your furniture or turning objects upside-down?		
Does your child insist on cupboards and doors being all open <u>or</u> all closed?		
Does your child complain when he/she is injured		
Does your child seem overly fearful <u>or</u> lack safety awareness?		
Does your child have difficulty learning compared to other children the same age?		

	Yes	No
Does your child ever mimic, echo, or repeat previously heard words or phrases?		
Does your child ever repeat phrases from television commercials or videos over and over?		
Does your child ever act out portions of videos or TV shows over and over?		
Does your child become upset if routines are changed?		
Does your child do some things in the same way over and over again?		
Does your child seem interested in people?		
Does your child seem interested in peers?		
Is your child affectionate?		
Does your child form friendships?		
Does your child play with other children?		
Does your child prefer to be alone?		