Dataset for Autism Diagnosis Dataset Based on DMS-5 Questionnaire

We are carrying out a research on Autism Diagnosis and Classification for database collection and to develop a model for Autism Classification using machine learning. Thank you for taking time to fill in this questionnaire, it should take only 5 minutes. Please return the questionnaire to the school when completed. Your answers will be treated with complete confidentiality, and unless you choose to provide an email address, will be entirely anonymous. If you have any questions about the questionnaire, please contact amina3sani@gmail.com (+2347037164696).

**Kindly thick: ✓ the correct option**

1. Please choose a category you belong to

* Parent
* Caregiver
* Researcher
* Medical Practitioner
* Special Needs Educator
* Other:

2. Are you a Nigerian?

* Yes
* No

3. Which age group does your child belong to?

* 0-3
* 4-6
* 7-9
* 10-12
* 12 and above

4. Sex of child

* Male
* Female

5. Please your country of residence

* Nigeria
* Other………………….

1. Please what is the age of the Mother when the child was born

* below 20yrs
* 20yrs - 25yrs
* 26yrs - 34yrs
* above 35yrs

7. Is your child formerly diagnosed?

* Yes
* No

1. If Diagnosis is yes , what was his/her diagnosis? (DSM 4 Diagnosis)

* Autism
* Aspergers
* PDD Nos
* Other:……………………….

1. If Diagnosis is yes, what was his/her diagnosis? (DSM 5 Diagnosis)

* Level 1 (Mild Autism)
* Level 2 (Moderate Autism)
* Level 3 (Severe Autism)

10. At what age was the child diagnosed

* 2
* 3
* 4
* 5
* 6
* Other:………….

11. Where was the diagnosis done?

* Nigeria
* Abroad

12. Is your child

* Verbal
* Non- Verbal
* Just Few Words

13. Please can you give us some of your child’s unique behaviors that prompted you to go for a diagnosis?

………………………………………………………………………………………………………

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**Please select the right options and do not select if you are not sure**

14. How can you rate your child's deficits in social communication and social interaction?

* Mild
* Moderate
* Severe

15. How can you rate your Childs nonverbal communicative behaviors capabilities (i.e abnormalities in eye contact, body language or deficits in understanding, use of gestures, total lack of facial expressions and nonverbal communication)

* Poor
* Good
* Very good

16. Can your Child develop, maintain and understand relationships (as in difficulties in sharing imaginative play or in making friends and absence of interest in peers.)

* Yes
* No
* Some times

17. Do your Child has Stereotyped or repetitive motor movements and echolalia?

* Yes
* No
* Sometimes

18. How is his/her Hyporeactivity to sensory aspects of the environment (i.e can he/she differentiates pain/temperature, respond to specific sounds or textures, do excessive smelling or touching of objects?)

* Mild
* Moderate
* Severe

19. Please what other challenges is your child’s diagnosed apart from Autism?

* Attention deficit Hyperactivity Disorder (ADHD)
* Epilepsy
* Anxiety disorders,
* Specific learning difficulties
* Intellectual Disability
* Other Developmental Conditions……………………………………….

Please can you drop your email address in case we will like to contact you in another time…………………………………………………………………….

**Thank you.**