**Autism questionnaire**

**I am a paediatric consultant doing neurodiversity assessment for children with ASD and ADHD. I am collecting information from parents in this template for this to be put in a professional written narrative medical report format.**

This is a valid DSM V autism information collection template for children and young people. It is collected from parents during the interview. If these symbols xx/x/+/++/+++ are present, it means the symptoms are present in the child.

If nothing is there or a blank or 0 symbol is present, those symptoms are not present.

Please use layman’s terms instead of technical words and avoid using symbols like xx,x, etc. in the report.

**Kindly go through the template step by step and use all the information and give detailed report and don’t summarise.**

XXX =Name of the child=

Can you make the report in sentence format and remove the x symbols.

Reports should be written primarily in narrative form, providing detailed information with minimal use of bullet points. The report should therefore not read as a list of symptoms but must include the impact of the symptom against the client’s functioning.

For example,

Ms X loses her belongings on a daily basis, which has a significant financial impact and causes her considerable stress. For example, she recently left her bag containing her purse and her family’s passports on the train on the way to the airport.

**ASSESSMENT OUTCOME**

**It is our joint opinion that XXX meets criteria for ASD.**

**ASSESSMENT INFORMATION**

**The developmental history information was collected from XXX’s mother father.**

**WHO WE ASSESSED**

Positive connotation only – e.g. strengths, character, positive traits, likes/dislikes, special interests/passions, positive behaviour during the assessment process, positive family connections/relationships

Strengths include kindness, humor, affection, empathy, a keen interest in learning, and a desire to do the right thing.

**CONSENT**

* XXX s ….. mother father provided their consent for the assessment to take place.

**UNDERSTANDING OF APPOINTMENT**

Parents are keen to understand the neurodiversity profile so that appropriate support can be given.

**REASON FOR REFERRAL AND PRESENTING CONCERNS**

The parents describe their child as struggling with speech clarity and having received speech therapy until age 7. The child is very expressive nonverbally, affectionate, and responds well to touch, though sometimes struggles with eye contact. He has strong interests in technology (especially Fortnite), reading factual and comedy books, and enjoys hands-on play like Lego, playdoh, sand, and water but only if technology is removed. The child has sensory sensitivities mainly to certain noises such as scraping and loud sounds.

At home, the child has very good relationships but struggles with listening and managing anger, needing to be removed to decompress. He often does not follow instructions despite repeated prompts, appears distracted and "in his own world." Academically, he is described as very intelligent but overwhelmed and unmotivated in class, with messy, unfinished work and difficulty displaying working out in maths. He tends to shut down under pressure and sometimes leaves the classroom to walk around.

**Very intelligent child but struggles with work in class, will stare at the page and not work. Has asked to sit alone to concentrate which he does. Age 12 reading, great at maths in his head but struggles with working out and displaying how he got the answer. Appears to not try hard in school, I feel he gets overwhelmed in certain tasks and shuts dow**

The assessment was carried out via video consultation.

The developmental history information was collected from XXX…. mother

The patient was also present during the assessment, and I confirm that I met the child during my evaluation.

**Family history and social history**:

Parents have 2 children. Sister- 6 yr.

dad- has 2 kids from different partner – 28 years twins

Mum's age is 43 years, and works as operations manager for BUPA

Dad's age is 58 years and he works as …BUILDER….

Family history of neurodiversity/mental health/learning problems : NO

Significant life events: no

**Past medical history:**

Medically fit and healthy- yes

DIAGNOSED WITH ADHD recently

Medications- nil

Allergies : nil

Immunisation: uptodate

Vision: normal- yes- lazy eye. Supposed to wear glasses

Hearing: normal- yes.

Safeguarding or early help involvement noted: no

**Early development history:**

Pregnancy was normal.

Mum used no medications, smoked , alcohol, or drugs during pregnancy = No .

Birth: big baby- failed induction - term delivery, Emergency LSCS

Birth weight: 9.4 pounds

Born healthy: yes.

Babyhood normal

Had silent reflux- constant crying. 3 months medications started -helped him. 99 c =head circumference- family trait

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**DEVELOPMENTAL MILESTONES** : normal

Walked independently at months

Spoke at the right age—Yes.

Speech and language delayed – slightly delayed – clarity not good.

Needed SALT- Speech and language support- yes . from 2 yr and had a course at 4 years and another course at 5 years and 6-7 private SALT= TOTAL 12 MONTH S OF SALT SUPPORT

Regression of milestones: no

Toileting achieved independently at normal age- yes

NIGHT TIME – pull up- till 7 years. ? might be lazy

Started nursery at 14 months

Concerns in nursery= No

Separation anxiety - =No

Social skills concerns – present in nursery = no

Play skills concerns present in nursey= no

**Sociable- confident boy- play skills good.**

**MENTAL HEALTH AND WELLBEING**

Include anxiety and mood, any prior or current mental health services input

**Current developmental history**: ASD features

First concerns raised by teachers' parents at the AGE of

Challenges include managing overwhelming emotions, time management, getting ready to leave the house, occasional rudeness to adults (without insight), being triggered by his sister and perceived injustices, and difficulty with rationalizing others' intentions.

Teachers raised concerns first- 10 months back. around overwhelmed in school- sensory issues

ADHD diagnosed recently.

Not doing his work- bright intelligent boy- looked like as defiance

Easy work for him. He becme overwhelmed and not do things- sound sensitive.

Younger sister is noisy- he cries.-upset.

Something was not right-?

Cocnentraion -focus- and emotional struggle=started year 1-2

1. **PERSISTENT DEFICITS IN SOCIAL COMMUNICATION AND SOCIAL INTERACTION ACROSS CONTEXTS**:

**A1. Problems with social initiation and response**

|  |  |
| --- | --- |
| **Failure of normal back and forth conversation: Tick if true**  **He can have good conversations. If interested he will talk and talk- about gaming.**  **Hard with new people- he is quiet**  **Can have 2 way conversation.**  **Speak like childlike voice** | |
|  | |
| Not come for social chats- comes mainly for needs | Xx sometimes |
| Poor pragmatic/social use of language (e.g. does not clarify if not understood; does not provide background information) | 0 |
| * Failure to respond when name called or when spoken directly to | 0 |
| * Does not initiate conversation | 0 |
| * One sided conversations/monologues/tangential speech |  |
| **Reduced sharing of interests: yes - share about his interets** | |
| * Doesn’t share |  |
| * Lack of showing, bringing, or pointing out objects of interest to other people |  |
| * Impairments in joint attention (both initiating and responding) |  |
| **Reduced sharing of emotions/affect** | |
| * Not understand others emotions unless they are obvious- * Picks peoples emotions * Sometimes – not see other persons view. * Fixed mindset. * Misunderstand and feels others have hurt when in fact it might have been accident while playing | 0 |
| * Not able to understand emotions and express them well * Not express well * Can have meltdowns and gets angry * Expresses his emotions in anger- shouts * Also go quiet- thinker * He worries a lot. Told that he was scared of mum dying. * Not want to talk about it when mum wanted to talk | xx |
| * Lack of responsive social smile (note: the focus here is on the response to another person’s smile). |  |
| * Failure to share enjoyment, excitement, or achievement with others |  |
| * Failure to response to praise |  |
| * Does not show pleasure in social interactions * Like going to parties/family gatherings | 0 |
| * Prefers small gatherings or 1:1 settings otherwise gets overwhelmed |  |
| * Failure to offer comfort to others when ther in distress or hurt | 0 |
| * Indifference / aversion to physical contact and affection like cuddles/hugs/touch | Loves it- particularly with mum |
| **Lack of initiation of social interaction:** | |
| * Only initiates to get help; limited social initiations |  |
| **Poor social imitation:** | |
| * Limited imaginative play * Never played with toys * Preferred people to toys | xx |
| * Likes to keep toys in line or order according to size or colour | 0 |
| * Failure to engage in simple social games | 0 |
| **Abnormal social approach:** |  |
| * Unusual social initiations (e.g. intrusive touching; licking of others) |  |
| * Use of others as tools |  |

**A2. Problems with nonverbal communication**

**(Deficits in nonverbal communicative behaviours used for social interaction; ranging from poorly integrated – verbal and nonverbal communication, through abnormalities in eye contact and body language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures)**

|  |  |
| --- | --- |
|  | **Tick if true** |
| * Impairments in social use of eye contact like eye contact * ( mum is observing it now ) * social smile- yes | Xx - limited |
| * Not understand others body language |  |
| * Impairment in the use and understanding of body postures (e.g. facing away from a listener) | 0 |
| * Impairment in the use and understanding of gesture (e.g. pointing, waving, nodding/shaking head) | 0 |
| * Abnormal volume, pitch intonation, rate, rhythm, stress, prosody or volume in speech |  |
| * Impairment in the use of facial expressions (may be limited of exaggerated)\* | Xx  Hard to read- he is a thinker |
| * Lack of warm, joyful expressions directed at others\* |  |
| * Limited communication of own affect (inability to convey a range of emotions via words, expressions, tone of voice, gestures)\* |  |
| * Inability to recognise or interpret other’s nonverbal expressions\* |  |
| * Lack of coordinated verbal and nonverbal communication (e.g. inability to coordinate eye contact or body language with words) |  |
| * Lack of coordinated nonverbal communication (e.g. inability to coordinate eye contact with gestures) |  |

**A3. Problems with social awareness and insight, as well as with the broader concept of social relationships**

**(Deficits in developing and maintaining relationships appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behaviour to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people)**

|  |  |
| --- | --- |
| **Deficits in developing and maintaining relationships,**  **Appropriate to developmental level Tick if true** | |
| * Lack of “theory of mind”; inability to take another person’s perspective (CA > 4 years |  |
| **Difficulties adjusting behaviour to suit social contexts Tick if true**  **Social cues- fine** | |
| * Does not notice another person’s lack of interest in an activity |  |
| * Lack of response to contextual cues (e.g. social cues from others indicating a change in behaviour is implicitly requested) |  |
| * Inappropriate expressions of emotion (laughing or smiling out of context) |  |
| * Unaware of social conventions / appropriate social behaviour; asks socially inappropriate questions or makes socially inappropriate statements * Not understand sarcasm- takes very literally | Xx  Comes a s rude |
| * Does not notice another’s distress or disinterest and can go on and on |  |
| * Does not recognise when not welcome in a play or conversational setting |  |
| * Limited recognition of social emotions (does not notice when he or she is being teased; does not notice how his or her behaviour impacts others emotionally) |  |
| **Difficulties in sharing imaginative play (Note: solitary imaginative**  **play/role-playing is NOT captured here) Tick if true** | |
| * Lack of imaginative play with peers, including social role-playing (>4 years developmental age) |  |
| **Difficulties in making friends Tick if true**  **Raely has fallouts**  **Small close knit friends for last 3 years. Comes as confident. Goes and asks to play.**  **Positive around social skills**  **Maintains a small group of close friends but can be scapegoated as he struggles to quickly verbalise situations to teachers.** | |
| * Struggles to make and keep friendships | 0 |
| * Has fallouts with friends | 0 |
| * Does not try to establish friendships |  |
| * Does not have preferred friends |  |
| * Lack of cooperative play (over 24 months of developmental age); parallel play only |  |
| * Unaware of being teased or ridiculed by other children |  |
| * Does not play in groups of children |  |
| * Does not play with children his/her age or developmental level (only older/younger) |  |
| * Has an interest in friendship but lacks understanding of the conventions of social interaction (e.g. extremely directive or rigid; overly passive) |  |
| * Does not respond to the social approaches of other children |  |
| **Absence of interest in others Tick if true** | |
| * Lack of interest in peers |  |
| * Withdrawn, aloof, in own world |  |
| * Does not try to attract the attention of others |  |
| * Limited interest in others |  |
| * Unaware or oblivious to children or adults |  |
| * Limited interaction with others |  |
| * Prefers solitary activities |  |

**B. Restricted, repetitive patterns of behaviour, interests or activities**

**B1. Includes atypical speech, movements, and play**

**(Stereotyped or repetitive speech, motor movements or use of objects: such as simple motor stereotypes, echolalia, and repetitive use of objects or idiosyncratic phrases)**

|  |  |
| --- | --- |
| **Stereotyped or repetitive speech: Tick if true** | |
| * Talks in baby voice or language | xx |
| * Talks in different accents | 0 |
| * Pedantic speech or unusually formal language (child speaks like an adult or “little professor”) | 0 |
| * Echolalia (immediate or delayed); may include repetition of words, phrases, or more extensive songs or dialogue | 0 |
| * “Jargon” or gibberish (mature jargoning after the developmental age of 24 months) |  |
| * Use of “rote” language |  |
| * Idiosyncratic or metaphorical language (language that has meaning only to those familiar with the individual’s communication style); neologisms |  |
| * Pronoun reversal (for example, “You” for “I”; not just mixing up gender pronouns) |  |
| * Refers to self by own name (does not use “I”) |  |
| * Perservative language |  |
| * Makes silly random noises | Xx – ins school |
| * Repetitive vocalisations such as repetitive guttural sounds, intonational noise making, unusual squealing, repetitive humming |  |
|  |  |
| **Stereotyped or repetitive motor movements Tick if true**  **Had excessive blinking previously- like tic -around year 1.** | |
| * Repetitive hand movements (e.g. clapping, finger flicking, flapping, twisting) | 0 |
| * Stereotyped or complex whole-body movements (e.g. foot to foot rocking, dipping and swaying; spinning) |  |
| * Abnormalities of posture (e.g. toe walking; full body posturing) |  |
| * Intense body tensing |  |
| * Unusual facial grimacing |  |
| * Excessive teeth grinding |  |
| * Repetitively puts hands over ears |  |
| * Perseverative or repetitive action/play/behaviour (note: if 2 or more components, then it is routine and should be considered under B2) |  |
| * Repetitive picking |  |
| **Stereotyped or repetitive use of objects Tick if true** | |
| * Nonfunctional play with objects (waving sticks; dropping items) |  |
| * Lines up toys or objects |  |
| * Repetitively opens and closes doors |  |
| * Repetitively turns lights on and off |  |

**B2. Includes rituals and resistance to change**

**(Excessive adherence to routines, ritualised patterns of verbal or nonverbal behaviour, or excessive resistance to change, such as motoric rituals, insistence on same route or food, repetitive questioning of extreme distress at small changes)**

|  |  |
| --- | --- |
| **Adherence to routine Tick if true** | |
| * Needs routines and predictabilities. Needs to know what happens next. * Changes and surprises- gets upset and emotional * If routine changes- morning- everything goes wrong * Need to give notice and reasons for changes * (dad is similar) * Parents have started good fixed routines = which is helping now | xx |
| * Routines: specific, unusual multiple-step sequences of behaviour |  |
| * Insistence on rigidly following specific routines (note: exclude bedtime routines unless components or level of adherence is atypical) |  |
| * Unusual routines |  |
| **Ritualised patterns of verbal and nonverbal behaviour Tick if true** | |
| Repetitive questioning about a particular topic | 0 |
| Verbal rituals – has to say one or more things in a specific way or requires others to say things or answer questions in a specific way |  |
| Compulsions (e.g. insistence on turning in a circle three times before entering a room) |  |
| **Excessive resistance to change: Tick if true** | |
| * Difficulty with transitions (should be out of the range of what is typical for children of that developmental level) | Xx  Not like change |
| * Overreaction to trivial changes (moving items at the dinner table or driving an alternate route) |  |
| **Rigid Thinking: Tick if true** | |
| * Is very literal in understanding. Is white and black in understanding | xx |
| * Strong willed,stubborn, cant change views. Its either his/her way or no way | xx |
| * Inability to understand humour | 0 |
| * Inability to understand non-literal aspects of speech such as irony or implied meaning/sarcasm | xx |
| * Excessively rigid, inflexible, or rule bound in behaviour or thought |  |

**B3. Includes preoccupations with objects or topics (Highly restricted, fixated interests that are abnormal in intensity or focus (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests)**

|  |  |
| --- | --- |
| **Reading- maths – exceptional**  **Excellent memory- details- war – space – history- amazing information**  **If interested he will put full effort to lean it** | |
|  |  |
| * Preoccupations; obsessions with gaming – talk about it and play ? common for his age. * It wills witch from one to other | xx |
| * Interests that are abnormal in intensity= gaming | xx |
| * Narrow range of interests |  |
| * Focused on the same few objects, topics or activities |  |
| * Preoccupation with numbers, letters, symbols |  |
| * Being overly perfectionist | 0 |
| * Interest that are abnormal in focus |  |
| * Excessive focus on non-relevant or non-functional parts of objects |  |
| * Preoccupations (e.g. colour, time tables, historical events, etc) |  |
|  |  |
| * Attachment to unusual inanimate objects (e.g. piece of string or rubber band) |  |
| * Having to carry round or hold specific or unusual objects (not common attachment objects such as blankets, stuffed animals, etc) | Has a teddy while sleeping. |
| * Unusual fears (e.g. afraid of people wearing earrings) |  |

**B4. Includes atypical sensory behaviours (Hyper or hypo-reactivity to sensory input or unusual interest in sensory aspects of the environment (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of objects, fascination with lights or spinning objects)**

|  |  |
| --- | --- |
| **Tick if true** | |
| * Sensitive to temperature-hot or cold | 0 |
| * High tolerance for pain-undersensitive / oversensitive | 0 |
|  |  |
| * Poking own eyes/ Self harm |  |
| **Preoccupation with texture or touch (includes attraction/aversion to texture) Tick if true** | |
| * Tactile defensiveness: does not like to be touched by particular objects or textures | 0 |
| * Significant aversion to having hair or toenails cur, or teeth brushed | 0 |
| **Unusual visual exploration / activity Tick if true** | |
| * Close visual inspection of objects of self for no clear purpose (for example, holding things at unusual angles) (No vision impairment) |  |
| * Looks at objects, people out of the corner of eye |  |
| * Unusual squinting of eyes |  |
| * Extreme interest or fascination with watching movements of other things (e.g. the spinning wheels of toys, the opening and closing of doors, electric fans or other rapidly revolving objects) |  |
| **In all domains of sensory stimuli (sound, smell, taste, vestibular, visual) Tick if true** | |
| * Odd responses to sensory input (e.g. becoming extremely distressed by the atypical sound). Not like loud sudden noise | Xx sound |
| * Atypical and / or persistent focus on sensory input |  |
| **Unusual sensory exploration with objects (sound, smell, taste, vestibular) Tick if true** | |
| * Sensitive to smell |  |
| * Sensitive to taste |  |
| * Sensitive to light |  |
| * Licking or sniffing objects |  |

Obsessed with mums hair from a young age- comfortaer- strokes for long time.

|  |  |
| --- | --- |
| **Diet-**  Good appetite  Growing well- | **0** |
| **Sleep:got better now- given magnesium now.**  Sleep difficulties  Struggles to switch off  Struggles to sustain sleep | **0** |
| Sleeps at 8.30 pm and wakes up 6 am |  |
| **MENTAL HEALTH AND WELLBEING**  Include anxiety and mood, any prior or current mental health services input  Mental health concerns=no  Suicide, Self harm,Low mood =no  Anxious child- worries a lot. Worries about mum dying.  Scared easily.  Lift-elevators- worries |  |
| **Self-Care & Independence- needs reminders**  He is ok |  |
| **Difficulty with emotional regulation:**  **Chilled boy overall**  **Angry and emotional**  **Lots of improvement -recently** |  |
|  |  |

OBSERVATIONS FROM CLINICAL INTERVIEW

Appropriately dressed and was in good mood. Looked healthy and was well nourished and engaged in consultation.

WHY DID WE DIAGNOSE?

# Overall Summary and Conclusion of Assessment for ASD

Based on the information gathered during this assessment, which included a school report, a social communication observation and developmental history, our conclusion is that xxx ’s presentation meets the criteria for a diagnosis of autism spectrum disorder (ASD) based on the following DSM-5 criteria.

**It is my opinion that XXX meets criteria for ASD.** A summary of the evidence gathered against the criteria is presented in the following report.

The developmental history, observations from clinical interview/developmental history, and school report are all suggestive of Autism features.

He/She shows features of ASD according to DSM-5 criteria

**screening measures**

· school report- Met the criteria

· ADOS-- Met the criteria

· observations from clinical interview/developmental history-- Met the criteria

· developmental history-- Met the criteria

**RECOMMENDATIONS & FURTHER CONSIDERATIONS**

**Speech & Language / Occupational Therapy / Ed Psych**

Concerns were raised about (insert concern). It is recommended that this is discussed with the school or GP, who can consider whether any onwards referrals to other services may be necessary.

**Physical Health**

In view of (insert concern e.g. bladder problems), it is recommended that parent/carer discuss this further with their GP.

**Sleep**

**e) Parent/carer reported difficulty with sleep. Getting a good night’s sleep is essential for both the child, and carers. We recommend that family explore the following online resources related to sleep hygiene. If difficulties persist, contact the GP. · Cerebra Sleep Advice Service · Scope – Sleep Right Service · National Autistic Society – Sleep Guidance · YouTube Video on Sleep Strategies**