

Autism Symptoms Checklist

	Yes	No
A. Six or more symptoms from (1), (2), or (3)		
(1) Impairment in social interaction, as indicated by AT LEAST TWO of the following:		
a. Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction	<input type="checkbox"/>	<input type="checkbox"/>
b. Failure to develop peer relationships appropriate to developmental level	<input type="checkbox"/>	<input type="checkbox"/>
c. Stereotyped and repetitive use of language or idiosyncratic language	<input type="checkbox"/>	<input type="checkbox"/>
d. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace	<input type="checkbox"/>	<input type="checkbox"/>
e. Lack of social or emotional reciprocity	<input type="checkbox"/>	<input type="checkbox"/>
(2) Impairments in communication as indicated by AT LEAST ONE of the following:		
a. Delay in, or total lack of, the development of spoken language (without an attempt to use alternative modes of communication such as gesture or mime)	<input type="checkbox"/>	<input type="checkbox"/>
b. In individuals with adequate speech - marked impairment in the ability to initiate or sustain a conversation with others	<input type="checkbox"/>	<input type="checkbox"/>
c. Stereotyped and repetitive use of language or idiosyncratic language	<input type="checkbox"/>	<input type="checkbox"/>
d. Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace	<input type="checkbox"/>	<input type="checkbox"/>
(3) Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as indicated by AT LEAST ONE of the following:		
a. Preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus	<input type="checkbox"/>	<input type="checkbox"/>
b. Adamantly demands specific, nonfunctional routines or rituals	<input type="checkbox"/>	<input type="checkbox"/>
c. Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)	<input type="checkbox"/>	<input type="checkbox"/>
d. Persistent preoccupation with parts of objects	<input type="checkbox"/>	<input type="checkbox"/>
B. Delays or abnormal functioning in AT LEAST ONE of the following areas, with onset prior to age 3 years:		
(1) Social Interaction	<input type="checkbox"/>	<input type="checkbox"/>
(2) Language as used in social communication	<input type="checkbox"/>	<input type="checkbox"/>
(3) Symbolic or imaginative play	<input type="checkbox"/>	<input type="checkbox"/>
C. The symptoms are not better accounted for by:		
<u>(1) Rett's Disorder</u>		
<u>(2) Childhood Disintegrative Disorder</u>		
*This checklist has been adapted from the DSM-IV diagnostic criteria for Autistic Disorder		