

# Questionnaire for Autistic Spectrum Disorder

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

## What is the diagnosis for your child?

Autism  PDD  AD(H)D  Asperger's syndrome,  other diagnosis \_\_\_\_\_

## Check appropriate answers for the following categories:

**Language:**  doesn't speak  speaks only words  speaks but no conversation  
 doesn't understand  understands some  no problem to understand

**Learning:**  does not learn at all  able to learn some  
 good learning ability  good only at certain subject

**Eye contact:**  no eye contact at all  sometimes  good eye contact

**Social skill:**  doesn't play with kids  plays somewhat  
 plays with siblings only  no problem, very social

**Potty train:**  not yet  tried but didn't work  already trained at age \_\_\_\_\_

**Hyperactive:**  all the time  sometimes  not at all  
 happens a few hours after eating certain food \_\_\_\_\_

**Behavior:**  obsessive \_\_\_\_\_  compulsive \_\_\_\_\_  
 aggressive  other behavior issues \_\_\_\_\_

**Emotion:**  emotional and sensitive  irritable/angry  cry/break down  
 not emotional  other issues \_\_\_\_\_

**Vaccine:**  most vaccines  vaccinated before and stopped  never did

**Diet:**  CF/GF (not 100%)  CF/GF (100%)  tried CF/GF but stopped  
 SCD  no special diet  other diet \_\_\_\_\_

**Therapies:**  biomedical  speech/occupational etc  other \_\_\_\_\_