**Dr. David Templeman** MD FRCPC DCAP
*Child and Adolescent Psychiatry*
151 Pine Valley Drive, London, ON N6J 4M2
Ph: 519-435-6499 Fax: 1-866-504-3115
www.doctortempleman.com email: dr.templeman@gmail.com

Dear parents/caregivers:

Your child has been referred to me by your GP/Paediatrician for an assessment to determine if they have an Autism Spectrum Disorder. **I will be seeing your child for a ONE-TIME consultation only**. After I see them, I will send a written report to the referring doctor (it takes about 2-3 weeks to get there) with my opinion and recommendations. **Follow-up will be with the referring doctor**. I do not see patients more than once. When you come to the appointment, it is best if both parents come. DO NOT bring any other children to the appointment.

The questionnaire that follows **MUST BE COMPLETED AND SUBMITTED TO MY OFFICE IN ORDER TO HAVE AN APPOINTMENT SCHEDULED**. Whenever possible, the intake questionnaire should be filled out by **both parents together**. If your child is in JK/SK, please ask their teacher to complete the Teacher's Questionnaire for children aged 4-5 (they can complete it online at www.doctortempleman.com/teachers).

As part of the assessment process, I need you to spend some time to **record some videos** of the behaviours that you are concerned about (i.e. tantrums, odd movements, odd behaviours, their interactions with others or lack of, how they communicate and react to you, or don't, how they play with you or respond when you try to talk to them, or don't, etc.). Once you have the videos, put them on google drive or any other file-share program and send me the link to share them with me at dr.templeman@gmail.com. If the videos are longer than a minute or two in length, please *make a note of the time stamp during which the behaviours are occurring.* You can send me the videos anytime, just be sure that I receive them **at least 72 hours before the assessment** so that I have time to watch them.

**If I do not receive anything from you by 72 hours (3 working days) before your scheduled assessment, your assessment will be cancelled and you will have to reschedule it for a later date.**

If you are unable to keep your appointment, **48 HOURS NOTICE (2 WORKING DAYS - EXCLUDING WEEKENDS)** is required. Missed appointments are not paid for by OHIP and will be billed directly to you ($300.00). If an assessment is missed, I will not reschedule it until the fee is paid in full.

Sincerely,

Dr. David Templeman B.Sc. MD FRCPC DCAP
Child and Adolescent Psychiatry

**Dr. David Templeman** B.Sc. MD FRCPC DCAP
*Child and Adolescent Psychiatry*
Ph: 519-435-6499 Fax: 1-866-504-3115

# PARENT/CAREGIVER QUESTIONNAIRE

This form was completed by: _____ on _____
(your name) (date)

Relationship to the child:

- ☐ Biological Parent
- ☐ Other: _____ ➔ how long have you known this child? _____
  (please describe)

In your own words, please describe the main reason for this assessment (i.e. what are your concerns?)

# Social History

Child's Name: _____ Gender: _____ Age: _____ Date of Birth: ____/____/____ (day / month / year)

Mother's Name: _____ Age:_____ Father's Name: _____ Age: _____

Address: _____ Postal Code:_____ Phone #: _____

Parent/caregiver's e-mail: _____

**Who lives in the home?**

☐ MOM ☐ DAD ☐ Step-Parent: _____

Siblings: _____ ____ _____ ____ _____ ____
Name Age Name Age Name Age

_____ ____ _____ ____ _____ ____
Name Age Name Age Name Age

Others: _____

**School:** Currently Attending: _____ Grade: _____

Are they working at grade level? ◯ YES ◯ NO → How far behind are they? _____
How many different schools have they gone to so far? _____

Is religion an important part of your family's values? ◯ NO ◯ YES → Religious Denomination: _____

**Family History of Mental Health Problems**

| | Addictions | Violent/aggressive Criminal | Learning Disabilities | Anxiety / OCD / Panic | Mood | Bipolar | Autism | Tourette's tics | Personality Disorders | ADHD |
|---|---|---|---|---|---|---|---|---|---|---|
| **Mother** | No | | | | | | | | | |
| her parents | | | | | | | | | | |
| her siblings | | | | | | | | | | |
| **Father** | No | | | | | | | | | |
| his parents | | | | | | | | | | |
| his siblings | | | | | | | | | | |
| **Child's Sibling 1** | | | | | | | | | | |
| **Child's Sibling 2** | | | | | | | | | | |
| **Child's Sibling 3** | | | | | | | | | | |
| **Child's Sibling 4** | | | | | | | | | | |

**Medical problems:** [chronic or serious **physical** health problems]

_____ ☐ PAST ☐ CURRENT _____ ☐ PAST ☐ CURRENT

_____ ☐ PAST ☐ CURRENT _____ ☐ PAST ☐ CURRENT

Has the child ever had: Seizures ☐ YES ☐ NO Heart Problems ☐ YES ☐ NO Concussions ☐ YES ☐ NO

**What medication(s) are they currently taking** (name and dose)

1) _____ What's it for? _____ When was it started? _____

2) _____ What's it for? _____ When was it started? _____

3) _____ What's it for? _____ When was it started? _____

| **What meds were tried on in the past?** | **What did it help with?** | **Why was it stopped?** |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**What medication(s) are they allergic to?** _____

# Early Developmental History

## *Pregnancy*

| | YES | NO | |
|---|---|---|---|
| Was the pregnancy intentional? | ☐ | ☐ | How old was the mother at the time?_____<br>How old was the father at the time?_____ |
| Did the mother use any drugs or substances during the pregnancy? | ☐ | ☐ | Smoked/vaped **marijuana/cannabis** |
| | ☐ | ☐ | Drank **alcohol** |
| | ☐ | ☐ | Used stimulants or uppers like meth, MDMA, cocaine, etc. |
| | ☐ | ☐ | Used depressants or downers like Opioids, benzos, H, K, etc. |
| | ☐ | ☐ | Used hallucinogens like LSD, mushrooms, MDMA, etc. |

## *Delivery*

| | | | |
|---|---|---|---|
| Was the child born premature (<36 weeks) | ☐ | ☐ | If YES, how early? _____ |
| Did anything go wrong *after* they were born? | ☐ | ☐ | Did they need to stay in the hospital for more than 1-2 days? |
| | ☐ | ☐ | Did the mother have Post-Partum depression? |

## *Social History*

| | | | | |
|---|---|---|---|---|
| Are the child's parents still together? | ☐ | ☐ | If NO, how old were they (the child) when the parents split up? | |
| Have they (the child) been physically abused? | ☐ | ☐ | If YES, how old were they when it happened? | |
| Have they (the child) been sexually abused? | ☐ | ☐ | If YES, how old were they when it happened? | |
| Is CAS involved with the **family** right now? | ☐ | ☐ | If YES, why? | |
| Has CAS **ever** been involved with the **family**? | ☐ | ☐ | If YES, why? | |
| Has the **child** ever been in foster care? | ☐ | ☐ | If YES, how many different homes were they in? | |

# BEHAVIOURAL CONCERNS

| CHILD'S FULL NAME | First | Middle | Last |
|---|---|---|---|
| CHILD'S GENDER ☐ Boy ☐ Girl | CHILD'S AGE | CHILD'S ETHNIC GROUP OR RACE | |
| TODAY'S DATE DD MM YY | CHILD'S BIRTHDATE DD MM YY | | |

Please fill out this form to reflect *your* view of the child's behavior even if other people might not agree.

**PARENTS' USUAL TYPE OF WORK, even if not working now.**
(Please be specific — i.e. mechanic, high school teacher, homemaker, construction, doctor, salesman, military, general labourer, IT, etc.)

FATHER'S TYPE OF WORK _____

FATHER'S HIGHEST EDUCATION COMPLETED: _____

MOTHER'S TYPE OF WORK _____

MOTHER'S HIGHEST EDUCATION COMPLETED: _____

Below is a list of items that describe children. For each item that describes the child ***now or within the past 3 months***, please mark the ***2*** if the item is ***very true or often true*** of the child. Mark ***1*** if the item is ***somewhat or sometimes true*** of the child. Mark ***0*** if the item is ***not true*** of the child. Please answer all items as well as you can, even if some do not seem to apply to the child.

**0 = Not True (as far as you know) 1 = Somewhat or Sometimes True 2 = Very True or Often True**

| 0 | 1 | 2 | | |
|---|---|---|---|---|
| ○ | ○ | ○ | 1. | Avoids looking others in the eye |
| ○ | ○ | ○ | 2. | Can't concentrate, can't pay attention for long |
| ○ | ○ | ○ | 3. | Can't stand having things out of place |
| ○ | ○ | ○ | 4. | Can't stand waiting; wants everything now |
| ○ | ○ | ○ | 5. | Chews on things that aren't edible |
| ○ | ○ | ○ | 6. | Clings to adults or too dependent |
| ○ | ○ | ○ | 7. | Constantly seeks help |
| ○ | ○ | ○ | 8. | Constipated, or refuses to poop (when not sick) |
| ○ | ○ | ○ | 9. | Cries a lot |
| ○ | ○ | ○ | 10. | Cruel to animals |
| ○ | ○ | ○ | 11. | Defiant |
| ○ | ○ | ○ | 12. | Demands must be met immediately |
| ○ | ○ | ○ | 13. | Destroys his/her own things when angry |
| ○ | ○ | ○ | 14. | Destroys things belonging to his/her family or other children when angry |
| ○ | ○ | ○ | 15. | Can't sit still, restless, or hyperactive |
| ○ | ○ | ○ | 16. | Doesn't want to cuddle or be affectionate |
| ○ | ○ | ○ | 17. | Disobedient |
| ○ | ○ | ○ | 18. | Disturbed by any change in routine |
| ○ | ○ | ○ | 19. | Doesn't want to sleep alone |
| ○ | ○ | ○ | 20. | Doesn't answer when people talk to him/her |
| ○ | ○ | ○ | 21. | Picky eater (describe): |
| ○ | ○ | ○ | 22. | Doesn't want to leave the house |
| ○ | ○ | ○ | 23. | Doesn't get along with other children their age |
| ○ | ○ | ○ | 24. | Doesn't know how to have fun; acts like a little adult |
| ○ | ○ | ○ | 25. | Doesn't seem to feel guilty after misbehaving |
| ○ | ○ | ○ | 26. | Easily jealous |
| ○ | ○ | ○ | 27. | Eats or drinks things that are not edible (describe): |
| ○ | ○ | ○ | 28. | Fears certain animals, situations, or places (describe): |
| ○ | ○ | ○ | 29. | Feelings are easily hurt |
| ○ | ○ | ○ | 30. | Gets hurt a lot, accident-prone, clumsy |
| ○ | ○ | ○ | 31. | Gets into fights (physical) with children their age |
| ○ | ○ | ○ | 32. | Gets into everything |
| ○ | ○ | ○ | 33. | Gets too upset when separated from parents |
| ○ | ○ | ○ | 34. | Has trouble falling asleep |
| ○ | ○ | ○ | 35. | Complain of headaches (without medical cause) |
| ○ | ○ | ○ | 36. | Hits others without provocation |
| ○ | ○ | ○ | 37. | Refuses to apologize to others |
| ○ | ○ | ○ | 38. | Hurts animals or people without meaning to |
| ○ | ○ | ○ | 39. | Looks unhappy for no reason most of the time |
| ○ | ○ | ○ | 40. | Angry moods |
| ○ | ○ | ○ | 41. | Nausea +/- vomiting (without medical cause) |
| ○ | ○ | ○ | 42. | Repetitive movements or tics (describe): |
| ○ | ○ | ○ | 43. | Nervous, high-strung, or tense |
| ○ | ○ | ○ | 44. | Complains of nightmares or bad dreams a lot |

**0 = Not True (as far as you know)  1 = Somewhat or Sometimes True  2 = Very True or Often True**

| 0 | 1 | 2 | | |
|---|---|---|---|---|
| ○ | ○ | ○ | 45. | Shows panic for no good reason |
| ○ | ○ | ○ | 46. | Physically attacks people when angry |
| ○ | ○ | ○ | 47. | Look at things in odd ways (too close, to the side, squinty-eyed, etc.) (describe): |
| ○ | ○ | ○ | 48. | Punishment doesn't change his/her behavior |
| ○ | ○ | ○ | 49. | Quickly shifts from one activity to another |
| ○ | ○ | ○ | 50. | Refuses to share with family |
| ○ | ○ | ○ | 51. | Refuses to play active games |
| ○ | ○ | ○ | 52. | Repeatedly rocks head or body |
| ○ | ○ | ○ | 53. | Doesn't sleep through the night |
| ○ | ○ | ○ | 54. | Screams a lot for no reason (when not angry) |
| ○ | ○ | ○ | 55. | Seems unresponsive to affection |
| ○ | ○ | ○ | 56. | Self-conscious or easily embarrassed |
| ○ | ○ | ○ | 57. | Selfish or won't share with other children their age |
| ○ | ○ | ○ | 58. | Shows little affection toward people |
| ○ | ○ | ○ | 59. | Shows little interest in things around him/her |
| ○ | ○ | ○ | 60. | Shows too little fear of getting hurt |
| ○ | ○ | ○ | 61. | Too shy or timid |
| ○ | ○ | ○ | 62. | Sleeps less than most kids during day and/or night (describe): |
| ○ | ○ | ○ | 63. | Smears or plays with bowel movements |
| ○ | ○ | ○ | 64. | Speech problem (describe): |
| ○ | ○ | ○ | 65. | Stares into space or zones out |
| ○ | ○ | ○ | 66. | Stomach-aches or cramps (no medical cause) |
| ○ | ○ | ○ | 67. | Mood can shift between happy and angry/sad in less than a second (literally) |
| ○ | ○ | ○ | 68. | Strange behavior (describe): |
| ○ | ○ | ○ | 69. | Stubborn, sullen, or irritable |
| ○ | ○ | ○ | 70. | Can't stand getting dirty |
| ○ | ○ | ○ | 71. | Temper tantrums when things don't go their way |
| ○ | ○ | ○ | 72. | Too concerned with neatness or organizing |
| ○ | ○ | ○ | 73. | Too fearful or anxious |
| ○ | ○ | ○ | 74. | Uncooperative |
| ○ | ○ | ○ | 75. | Unusually loud when talking |
| ○ | ○ | ○ | 76. | Upset by new people or situations |
| ○ | ○ | ○ | 77. | Wanders away |
| ○ | ○ | ○ | 78. | Wants a lot of attention |
| ○ | ○ | ○ | 79. | Withdrawn, doesn't get involved with others |
| ○ | ○ | ○ | 80. | Easily frustrated |

# Developmental Abilities

This next part of the questionnaire contains statements that describe different skills and behaviours of children in various domains of development. It is perfectly normal for children to have a wide range of things that they are good at and things that they are not so good at, compared to others of the same age. For each skill/behaviour listed below, **report how you feel that your child does (their level of ability) compared to other children of the same age (peers).** Are they much **WORSE** than peers or do **LESS** of those behaviours, about the **SAME** as peers, or much **BETTER** than peers or do **MORE** of those behaviours. If it's only a little better/more or a little worse/less, then that's about the **SAME**. Some of the skills listed will be things that your child cannot do yet due to their age, and this will be the **SAME** as other children their age.

**Base your answers on your experience with your child over the last 2 months.**

| | WORSE or LESS | SAME | BETTER or MORE |
|---|---|---|---|
| **Gross Motor Skills** | | | |
| Learning new motor skills (big body movements like a somersault or climbing). | ○ | ○ | ○ |
| Being careful when moving (i.e. Not clumsy, tripping or always bumping into things). | ○ | ○ | ○ |
| Running smoothly without falling. | ○ | ○ | ○ |
| Kicking a ball. | ○ | ○ | ○ |
| Throwing and catching a beach ball (with two hands). | ○ | ○ | ○ |
| Pedalling a tricycle or pushing themselves on a 3-wheeled scooter. | ○ | ○ | ○ |
| Coordination in general. | ○ | ○ | ○ |
| Balance in general. | ○ | ○ | ○ |
| **Fine Motor Skills** | | | |
| Using a spoon without spilling. | ○ | ○ | ○ |
| Building tall, balanced towers out of blocks. | ○ | ○ | ○ |
| Twisting off lids or opening things like snacks, bags, or wrapped things | ○ | ○ | ○ |
| Using scissors to cut paper. | ○ | ○ | ○ |
| Using, assembling and handling small objects (like Lego or puzzles). | ○ | ○ | ○ |
| Buttoning buttons or doing up zippers when getting dressed. | ○ | ○ | ○ |
| Drawing with a pencil/pen. | ○ | ○ | ○ |
| Using a video game controller or a mouse. | ○ | ○ | ○ |
| **Attention & Concentration** | | | |
| Staying focussed on an activity (i.e. Not wandering off in the middle of it). | ○ | ○ | ○ |
| Finishing crafts, games, puzzles or activities they wanted to do in the first place. | ○ | ○ | ○ |
| Listening to what someone says to them. | ○ | ○ | ○ |
| Problem solving (i.e. Figuring out how to do something they want to do) | ○ | ○ | ○ |
| Being organized, putting things where they belong. | ○ | ○ | ○ |
| Keeping track of where their favourite things are | ○ | ○ | ○ |
| Being neat and tidy, keeping things / themselves clean | ○ | ○ | ○ |
| **Activity Level & Patience** | | | |
| Sitting still and keeping their body calm when they should | ○ | ○ | ○ |
| Playing in a calm and peaceful manner | ○ | ○ | ○ |
| Being patient and waiting to talk instead of interrupting adults' conversations. | ○ | ○ | ○ |
| Being patient and waiting their turn when playing with peers or siblings | ○ | ○ | ○ |
| Starting tasks or activities in a timely manner | ○ | ○ | ○ |
| General level of energy throughout the day | ○ | ○ | ○ |
| Responding to environmental stimuli appropriately (i.e. Not be "in their own world") | ○ | ○ | ○ |

| | WORSE or LESS | SAME | BETTER or MORE |
|---|---|---|---|
| **Perception** | | | |
| Having a good sense of direction i.e. Knows how to get somewhere, notices if you aren't going the usual way | ○ | ○ | ○ |
| Imitating the movements of others | ○ | ○ | ○ |
| Overreacting to sensory experiences (Sound, taste, smell, temperature, pain) | ○ | ○ | ○ |
| Underreacting to sensory experiences (Sound, taste, smell, temperature, pain) | ○ | ○ | ○ |
| Reacting with fear in unexpected situations (to small heights, bathrooms, people in costumes, toys, etc.) | ○ | ○ | ○ |
| **Memory** | | | |
| Remembering names of friends/peers that they've met | ○ | ○ | ○ |
| Remembering names (matched to faces) of relatives they see regularly | ○ | ○ | ○ |
| Remembering specific events from their past | ○ | ○ | ○ |
| Remembering new songs or games they learned | ○ | ○ | ○ |
| Remembering how to play (the rules of) a game after two or more weeks of not playing it | ○ | ○ | ○ |
| Remembering instructions you have given them for tasks or chores | ○ | ○ | ○ |
| Remembering where they put something down | ○ | ○ | ○ |
| Remembering where things go when putting stuff away | ○ | ○ | ○ |
| Remembering activities that were told about more than one day ago | ○ | ○ | ○ |
| Remembering steps for daily routines, such as bedtime or getting dressed | ○ | ○ | ○ |
| Remembering what they were doing and resume an activity after an interruption of at least 30 minutes | ○ | ○ | ○ |
| Remembering and retelling what they did today | ○ | ○ | ○ |
| Remembering more significant events from the past year such as family vacations or unusual experiences they've had | ○ | ○ | ○ |
| Remembering events from more than a year ago | ○ | ○ | ○ |
| Remembering very specific, minor details of events from the past (i.e. What someone was wearing, what day of the week it was, etc.) | ○ | ○ | ○ |
| **Language Use and Comprehension** | | | |
| Understanding what people say to them | ○ | ○ | ○ |
| Answering questions with the correct information if they know it, or by saying "I don't know" when they don't | ○ | ○ | ○ |
| Repeating random sounds over and over (i.e. Hums, squeals, bark, meow, mouth noises) | ○ | ○ | ○ |
| Repeating random words or sentences out of context | ○ | ○ | ○ |
| Repeating what they just heard someone else say, word for word or repeating what they just said, word for word | ○ | ○ | ○ |
| Speaking / pronouncing words such that parents understand them | ○ | ○ | ○ |
| Speaking / pronouncing words such that strangers understand them | ○ | ○ | ○ |

| | WORSE or LESS | SAME | BETTER or MORE |
|---|---|---|---|
| Speaking / pronouncing words such that peers can understand them | ○ | ○ | ○ |
| Understanding simple, one step instructions | ○ | ○ | ○ |
| Understanding simple, 2 to 3 step instructions | ○ | ○ | ○ |
| Explaining clearly what they want you/others to do | ○ | ○ | ○ |
| Understanding a story that they were told | ○ | ○ | ○ |
| Retelling a story to others, without forgetting the important parts | ○ | ○ | ○ |
| Understanding words that reference timelines (i.e. Before, then, after, soon, in a minute, next week, last year, etc.) | ○ | ○ | ○ |
| Accurately using words that reference timelines | ○ | ○ | ○ |
| Understanding descriptive quantity-related words (i.e. A bunch, a couple, a few, lots, more, less, too much, enough, etc.) | ○ | ○ | ○ |
| Accurately using quantity-related words | ○ | ○ | ○ |
| Being very precise in their choice of quantity or numerical words (i.e. “it’s 7:59!”, “it’s been 32 seconds already”, “I have 17 stuffies”) | ○ | ○ | ○ |
| Understanding when someone is joking around or pretending (i.e. “I’m going to eat you!”) | ○ | ○ | ○ |
| Joking around or engaging in pretend play appropriately | ○ | ○ | ○ |
| Using enough words to communicate their wants/needs effectively | ○ | ○ | ○ |
| Adjusting the volume of their voice appropriately (i.e. Not too loud or too quiet) | ○ | ○ | ○ |
| Having a back-and-forth conversation with others | ○ | ○ | ○ |
| Contributing to a conversation with appropriate/relevant information | ○ | ○ | ○ |
| Saying what they want to say without having to repeat words/sentences | ○ | ○ | ○ |
| Using a tone of voice that is appropriate to the situation | ○ | ○ | ○ |
| Understanding emotion related words (i.e. Happy, sad, scared, worried, embarrassed, frustrated, love, like, hate, etc.) | ○ | ○ | ○ |
| Using emotion related words to label their own emotions, accurately | ○ | ○ | ○ |
| Speaking at a normal rate (i.e. Not too fast or too slow) | ○ | ○ | ○ |

**Non-Verbal Communication**

| | | | |
|---|---|---|---|
| Pointing to things accurately with their index finger | ○ | ○ | ○ |
| Easily following your pointing finger to an object to look at or to get | ○ | ○ | ○ |
| Nodding appropriately (i.e. When they are saying yes or meaning yes) | ○ | ○ | ○ |
| Shaking their head appropriately (i.e. When saying or meaning No) | ○ | ○ | ○ |
| Using hand gestures properly (i.e. Waving, thumbs up, so-so, come here, etc.) | ○ | ○ | ○ |
| Understanding hand gestures from others | ○ | ○ | ○ |
| Using facial expressions properly | ○ | ○ | ○ |
| Understanding others' facial expressions | ○ | ○ | ○ |

| | WORSE or LESS | SAME | BETTER or MORE |
|---|---|---|---|
| **Learning** | | | |
| Memorizing and retelling facts/information | ○ | ○ | ○ |
| Generalizing skills learned (i.e. Using manners learned at home when visiting other people's homes) | ○ | ○ | ○ |
| Having exceptional knowledge/skill in some areas of interest (i.e. Puzzles, baseball, dinosaurs, trains, coding, art, music, etc.) | ○ | ○ | ○ |
| **Social Skills** | | | |
| Defying authority figures | ○ | ○ | ○ |
| Participating well in group activities with peers | ○ | ○ | ○ |
| Sharing well with others | ○ | ○ | ○ |
| Initiating greetings and goodbyes (says Hi & Bye first to people) | ○ | ○ | ○ |
| Reciprocating greetings and goodbyes from others (says Hi & Bye after others say it first) | ○ | ○ | ○ |
| Bullying or being mean to other children | ○ | ○ | ○ |
| Being bossy with peers | ○ | ○ | ○ |
| Being bossy with adults | ○ | ○ | ○ |
| Demonstrating kindness and empathy for peers | ○ | ○ | ○ |
| Being thoughtful and considerate of others who are not present | ○ | ○ | ○ |
| Following the rules that are explicitly stated | ○ | ○ | ○ |
| Policing other children to ensure they are following the rules | ○ | ○ | ○ |
| Apologizing when it is appropriate to do so | ○ | ○ | ○ |
| Standing up for themselves when it is appropriate to do so | ○ | ○ | ○ |
| Standing up for others when it is appropriate to do so | ○ | ○ | ○ |
| Suggesting fair compromises to others (to resolve conflict/disagreement) | ○ | ○ | ○ |
| Accepting fair compromises others have suggested | ○ | ○ | ○ |
| Initiating play with peers | ○ | ○ | ○ |
| Having to be first / making everything a competition | ○ | ○ | ○ |
| Joining into already established peer activities/games appropriately | ○ | ○ | ○ |
| Following the group (i.e. Doing what their peers are doing) | ○ | ○ | ○ |
| Understanding stranger danger | ○ | ○ | ○ |
| Understanding others personal space | ○ | ○ | ○ |
| Communicating with eye contact and understanding what different 'looks' mean | ○ | ○ | ○ |
| Spontaneously demonstrating too much affection to others (i.e. Hugging strangers or peers who don't want a hug, etc.) | ○ | ○ | ○ |
| Reciprocating affection appropriately (i.e. Hugging you back, saying I love you too, etc.) | ○ | ○ | ○ |
| Asking for help in appropriate situations (i.e. Not too dependent or too independent) | ○ | ○ | ○ |

| | WORSE or LESS | SAME | BETTER or MORE |
|---|---|---|---|
| **Emotion Regulation** | | | |
| Gets angry very easily | ○ | ○ | ○ |
| Physically attacks family when angry | ○ | ○ | ○ |
| Physically attacks peers when angry | ○ | ○ | ○ |
| Physically attacks other adults when angry | ○ | ○ | ○ |
| Destroys things when angry | ○ | ○ | ○ |
| Cries very easily | ○ | ○ | ○ |
| Acts very stoic when they get hurt physically or emotionally (refuses to cry or show emotional reactions when it is appropriate to do so) | ○ | ○ | ○ |
| Seeks comfort from parents when hurt or upset | ○ | ○ | ○ |
| Accepts comfort from parents when hurt or upset | ○ | ○ | ○ |
| Worries more than they should | ○ | ○ | ○ |
| Becomes very upset with small changes | ○ | ○ | ○ |
| Becomes emotionally attached to odd things (old shoes, a stick, etc.) | ○ | ○ | ○ |
| Holds a grudge against others that have wronged them in the past | ○ | ○ | ○ |

If you could pick only one thing to fix or change for them today, what would it be?

What is the one thing that they do that brings you the most joy?

When you think about your child and their behaviours (not appearance), which family member/relative do they remind you of the most?

# Questionnaire on Social Communication and Interactions

| **If your child is NOT able to talk using short phrases and sentences, GO TO question 5 (leave 1-4 blank)** | YES | NO |
|---|---|---|
| 1. Do they ever talk with you just to be friendly (rather than to get something)? | ○ | ○ |
| 2. Can you have a back-and-forth conversation with them that involves taking turns or building on what you or they have said? | ○ | ○ |
| 3. Do they ever make odd, repetitive noises or say the same thing over and over in exactly the same way (**not** asking for something but words or phrases they have made up or heard from others or media)? | ○ | ○ |
| 4. Do they get their pronouns mixed up (e.g. saying 'You' instead of 'I', 'He' instead of 'She') or refer to themselves in the third person (by their own name)? | ○ | ○ |
| 5. Do they have things that they seem to have to do in a very particular way or order, or rituals that they have to have you do (e.g. bedtime routine, the shape of food, how they eat, where they sit)? | ○ | ○ |
| 6. Do they ever used your hand like a tool, or as if it were part of their own body (e.g. pointing with your finger, putting your hand on a door knob to get you to open a door, putting your hand on the toy they want you to use)? | ○ | ○ |
| 7. Do they have any interests that preoccupy them and seem odd compared to other children their age (e.g. traffic lights, toilets, street signs, washing machines, fans, numbers)? | ○ | ○ |
| 8. Do they ever seem to be more interested in a certain part of a toy or an object rather than using it the way it is supposed to be used (e.g. spinning the wheels of a toy, opening and closing a door repeatedly, lining up, sorting or stacking toys instead of playing with them)? | ○ | ○ |
| 9. Do they have any special interests that are **unusual** in their intensity but otherwise appropriate for children their age (e.g. trains, animals, colours, a specific show or character)? | ○ | ○ |
| 10. Have they ever seemed to be **unusually interested** in the sight, feel, sound, taste or smell of things or people? | ○ | ○ |
| 11. Have they ever seemed to be **unusually bothered** by the sight, feel, sound, taste or smell of things or people? | ○ | ○ |
| 12. Have they ever had any odd ways of moving their hands or fingers such as flapping, twisting or rhythmically moving them in front of their eyes? | ○ | ○ |
| 13. Have they ever had any repetitive movements of their whole body such as spinning, rocking, jumping up and down, or have an odd way of sitting or walking (e.g. on their toes all the time)? | ○ | ○ |
| 14. Do they ever repeatedly bang their head against objects, hit themselves, bite themselves or otherwise do something that looks like it would hurt? | ○ | ○ |
| 15. Do they ever have any objects (other than a soft toy or blanket) that they have to carry around with them most of the day or take to bed with them? | ○ | ○ |
| 16. Do they have a friend that they really like to play with and are always excited to see? | ○ | ○ |
| 17. Do they usually remember friends' names? | ○ | ○ |
| 18. Does their facial expression usually seem appropriate to the situation, as far as you can tell? | ○ | ○ |
| 19. Do they ever spontaneously copy what they see you or other people doing in real life – not on TV or digital media (e.g. vacuuming, cooking, gardening, dancing, exercising)? | ○ | ○ |

## Questionnaire on Social Communication and Interactions

| | | |
|---|---|---|
| 20. Do they ever spontaneously point at things around them just to show you something they like or find interesting (**not** because they want it)? | ◯ | ◯ |
| 21. Do they ever use gestures, other than pointing or pulling your hand, to let you know what they want? | ◯ | ◯ |
| 22. Do they sometimes nod their head to mean "yes" **instead of** saying it? | ◯ | ◯ |
| 23. When they say the word "yes", do they nod their head at the same time? | ◯ | ◯ |
| 24. Do they sometimes shake their head side-to-side to mean "no" **instead of** saying it? | ◯ | ◯ |
| 25. When they say the word "no", do they shake their head side-to-side at the same time? | ◯ | ◯ |
| 26. Do they usually look at you directly and make eye contact for longer than 2 seconds when doing things with you or talking with/listening to you? | ◯ | ◯ |
| 27. Do they smile back at someone if someone smiles at them? | ◯ | ◯ |
| 28. Do they ever bring things to you, **just** to show it to you (not because they want you to do something with it)? | ◯ | ◯ |
| 29. Do they ever offer to share things other than food with you? | ◯ | ◯ |
| 30. Do they ever seem to want you to join in their enjoyment of something? | ◯ | ◯ |
| 31. Do they ever try to comfort you if you are sad or hurt? | ◯ | ◯ |
| 32. When they want something, or want help, do they look at you directly and use gestures along with sounds or words to get your attention? | ◯ | ◯ |
| 33. Do they show a normal range of facial expressions throughout the day? | ◯ | ◯ |
| 34. Do they ever spontaneously join in and try to copy actions in social games such as Duck, Duck, Goose, or in children's songs with gestures? | ◯ | ◯ |
| 35. Do they ever play any pretend or make-believe games with toys, dolls or action figures? | ◯ | ◯ |
| 36. Do they appear to be interested in other children of approximately the same age that they do not know yet? | ◯ | ◯ |
| 37. Do they respond positively when another child approaches them or tries to interact with them? | ◯ | ◯ |
| 38. If someone says "hi" or "bye" to them and waves, will they spontaneously reciprocate? | ◯ | ◯ |
| 39. If you came into the room and started talking to them without calling their name, would they usually look up and pay attention to you? | ◯ | ◯ |
| 40. Do they ever play imaginative games with other children in such a way that you can tell that they understand what each other is pretending? | ◯ | ◯ |
| 41. Do they play cooperatively in games that need some form of joining in with a group of other children, such as hide and seek, grounders or soccer? | ◯ | ◯ |



SUBMIT