



1200000

PLACE LABEL HERE.  
  
IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

**AUTISM SCREENING QUESTIONNAIRE - OUTPATIENT ENCOUNTER**

Please fill out the following about how your child **usually** is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- 1. Does your child enjoy being swung, bounced on your knee, etc.?  Yes  No
- 2. Does your child take an interest in other children?  Yes  No
- 3. Does your child like climbing on things, such as up stairs?  Yes  No
- 4. Does your child enjoy playing peek-a-boo/hide-and-seek?  Yes  No
- 5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?  Yes  No
- 6. Does your child ever use his/her index finger to point, to ask for something?  Yes  No
- 7. Does your child ever use his/her index finger to point, to indicate interest in something?  Yes  No
- 8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them?  Yes  No
- 9. Does your child ever bring objects over to you (parent) to show you something?  Yes  No
- 10. Does your child look you in the eye for more than a second or two?  Yes  No
- 11. Does your child ever seem oversensitive to noise? (e.g. plugging ears)  Yes  No
- 12. Does your child smile in response to your face or your smile?  Yes  No
- 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)  Yes  No
- 14. Does your child respond to his/her name when you call?  Yes  No
- 15. If you point at a toy across the room, does your child look at it?  Yes  No
- 16. Does your child walk?  Yes  No
- 17. Does your child look at things you are looking at?  Yes  No
- 18. Does your child make unusual finger movements near his/her face?  Yes  No
- 19. Does your child try to attract your attention to his/her own activity?  Yes  No
- 20. Have you ever wondered if your child is deaf?  Yes  No
- 21. Does your child understand what people say?  Yes  No
- 22. Does your child sometimes stare at nothing or wander with no purpose?  Yes  No
- 23. Does your child look at your face to check your reaction when faced with something unfamiliar?  Yes  No

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Please refer to: Robins, D., Fein, D., Barton, M., & Green, J. (2001). The Modified Checklist for Autism in Toddlers: An initial study investigating the early detection of autism and pervasive developmental disorders. Journal of Autism and Developmental Disorders. 31 (2), 131-144.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_