



Instructions to the interviewer:

For each DSM 5 criterion, we have provided a number of questions to guide you in gathering information from parents or other caregivers to help determine if a child does or does not meet that criterion. Some numbered questions include follow-up questions and reminders in () to clarify the child's behavior. You do not need to ask each question. You may omit questions that are not relevant due to age, developmental level or cultural or religious factors. You may stop asking questions once you are clear about the child's skill set for that criterion. You also may need to ask additional questions that are not listed to clarify information from parents. Boxes have been added below to assist with the ease of scoring. R = rarely, S = sometimes and O = often. The shading indicates a behavior that is compatible with an ASD.

Begin the interview by saying, "Now I'm going to ask you some questions about how your child communicates, how s/he relates to other members of the family and other children, and how s/he plays with toys." Then ask "First, I'd like to know how many words, signs &/or gestures your child uses?" As appropriate, ask "does s/he say 2-3 words together or use sentences with 4 or more words?" Pause and then ask, "How does s/he usually let you know what s/he wants? Does s/he use words or vocalizations, gestures such as pointing, does s/he hand you the object or just look at the object s/he wants?" Then ask, "Can you understand what your child is trying to communicate? Can other people understand what your child is trying to communicate?"

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| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |

A. Deficits in use or understanding of social communication and social interaction in multiple contexts, not accounted for by general developmental delays, and manifested by all 3 of the following:

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| <input type="checkbox"/> Yes |
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1. Deficits in nonverbal communicative behaviors used for social interaction including: abnormalities in eye contact and body-language, lack of facial expression or gestures, deficits in understanding and use of nonverbal communication, poorly integrated verbal and nonverbal communication.

Next say, "Now I'd like to know more about how s/he uses eye contact, signs and gestures to communicate with you?" Pay particular attention to the questions in this section for children who are non-verbal. Make sure to ask parents to describe any concerns and make sure to ask about past behavior.

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1. Does s/he look at you or others in the eye when s/he wants something or when s/he is talking to you?
2. Does your child turn and look when you walk up and start talking to him/her, or when you call his or her name?
3. Does your child use your hand like a tool, grab it and place it on what s/he wants? Did s/he do so in the past?
4. Does s/he use simple gestures to direct your attention or to request something? For example, does s/he point at a toy or picture in a book, reach up to be picked up, wave bye-bye to let you know s/he wants to go? With eye contact? (Clarify whether the child spontaneously initiated the gesture or is imitating the parent.)

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5. Does your child use words and gestures together, for example, waving bye-bye and saying “bye-bye,” nodding his/her head and saying “Yes” or shaking his/her head and saying “no?” With eye contact?
6. Does s/he show a range of facial expressions that match the situation? For example, does s/he smile, frown, pout, or raise his or her eyebrows in surprise? Does s/he direct his or her facial expressions to others; for example, does s/he look at you and smile?
7. Does s/he understand the expressions of other people’s faces; for example, when you frown or have an angry face, does s/he stop and pay attention, will s/he smile back if you smile?
8. How does your child respond when you use a gesture? For example, if you point to a picture in a book, will s/he look or point at it? Will s/he look where you point when you want to show him/her something interesting across the room?

2. Deficits in social-emotional reciprocity including: lack of initiation of social contact, reduced sharing of interests, emotions and affect, abnormal social approach, failure of normal back and forth conversation.

First ask a few general questions, “How much of the time does s/he play alone versus playing with a family member? Who does s/he like to play with in the family? What types of activities or games do you (they) do together?” Then start with the questions below.

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1. Does s/he bring a toy or book to get you to pay attention to him/her or play with him/her? And look at you? (*Clarify whether s/he wants to engage parents in play and not just to get help*).
2. If you say “I’m going to get you” to start a tickle or chase game, does your child get excited because s/he knows what’s going to happen next? Does s/he request you do it again, for example, by looking at you and then getting excited or grabbing your hand or saying “more”?
3. Will s/he play pat-a-cake or peek-a-boo with you? Will s/he cover his or her eyes to play peek-a-boo with you? Does s/he look at you and request you do it again?
4. Will s/he copy or imitate what you do? For example, when you make funny sounds or make funny faces, or when you wave bye-bye, clap your hands or shake your head “no”?
5. If you sit down next to him or her and imitate what s/he is doing, will s/he watch you, repeat what you are doing? (*For clarification ask, “How does s/he usually react when you sit down next to him/her to play? Does s/he hand you a toy or only want you to watch? Does s/he move away when you sit next to him or her?*)

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6. Does your child give a hug, pretend to feed or take care of a doll or stuffed animal, or will s/he imitate you when you are doing housework such as dusting, sweeping or cooking? (*For somewhat older children, does your child make hand gestures or movements to familiar songs such as "itsy-bitsy-spider" or "wheels on the bus"? Will s/he sing along and fill in a word in a familiar song?*)
7. Will s/he take turns when playing with you? When you do something will s/he do the same thing, and if you do it again, does s/he do it again? For example, will s/he play ball by rolling, kicking or throwing it back and forth? (*Clarify how difficult is it to engage your child when you or a sibling initiate the play?*)
8. In a new or disturbing situation, does your child look to you for comfort?
9. Does s/he share his or her interests with you? For example, will s/he look at you and point at a picture in a book to show you, or will s/he point at something across the room or outside and say, "look Mom?"
10. Does s/he share accomplishments with you? For example, will s/he bring a picture s/he has drawn to show you, or make sure you come to see something s/he has drawn or built? (*Clarify whether s/he gets excited when you praise him or her, for example, when you clap or if you say "nice job" or "big boy"?*)
11. Does s/he recognize how you are feeling? For example, when upset, sad or ill, will s/he try to comfort you or do something you like? (Also ask about siblings.)
12. If you make a comment to him or her but don't ask a question, will s/he say something or vocalize in response and will s/he take turns talking or vocalizing?

Yes
 No

3. **Deficits in developing and maintaining relationships appropriate to developmental level (beyond those with caregivers) including: apparent absence of interest in people, difficulties adjusting behavior to suit different social contexts, difficulties in sharing imaginative play and in making friends.**

Start this section by saying, "Now I would like to find out more about his/her relationships with other children."

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1. Is s/he interested in other children? (*If no, ask if there are other people s/he is interested in*).
2. Does s/he watch other children while they are playing at the park, school or daycare and will s/he go over and play close to other children? Does s/he imitate what they are doing?
3. Does s/he talk to or try to join other children in their play? (*Clarify how does s/he join another child or group, e.g., does s/he go up and ask to play or just start doing what the other children are doing*)
4. How does s/he respond if other children talk to or try to play with him/her? Does s/he look at, smile, talk to, follow and join the child in play?

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5. Is your child interested in making friends? For example, does s/he play regularly with the same child or children at school or in the neighborhood? (*Clarify what they do when they play together, for example, chase, cars & trucks, dolls, pretend kitchen?*)
6. Does s/he talk about other children, ask about inviting children over to play or going to play with another child? Is s/he invited to play at other children's houses? (*Clarify whether the child or parent initiates.*)
7. Does s/he pretend to talk on a toy phone or take a pretend bite? Does s/he engage you in this play by offering you a pretend bite or handing you the phone to talk?
8. Does s/he pretend toy figurines are talking to each other, pretend to have a tea party, make-believe s/he is someone or something else, or play other imaginative games? Does the child involve you or another child in pretend or make-believe play?

Yes
 No

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by 2 of the following:

1. **Stereotyped or repetitive speech, motor movements, or use of objects including: echolalia or idiosyncratic phrases, repetitive use of objects, simple motor stereotypes.**

Introduce this section by saying, "Now I would like to talk more about his/her use of words and understanding of language and play with toys." For children who are non-verbal, pay particular attention to the questions on the use of nonsense words and gibberish, tone of voice, and rote repetition of musical notes from songs.

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1. Does your child use his/her name instead of I; for example, "Melissa wants" instead of "I want," or does s/he mix up the pronouns s/he should use to refer to her/himself, for example, does s/he say "you want" when s/he means "I want?"
2. Does s/he often say what you said right afterward (immediate echolalia)?
3. Does s/he say the same word, sound or phrase over and over, or use scripted language; for example, things you may have said or that s/he heard someone else say, phrases from TV, a video or movie, songs from videos? (*If the child uses few words, does s/he repeat the musical notes from songs in just the right order and intonation even though s/he doesn't know the words?*)
4. Does s/he make nonsense noises or say nonsense words to himself/herself during play; for example, humming, gibberish, words that s/he has made up?
5. Does s/he use the same tone of voice each time (for example, monotone or scripted), have an odd intonation or have a sing-song pattern to his/her voice, or is speech overly formal, like a teacher lecturing?
6. Next ask what are her/his favorite toys and activities. Then ask, does s/he play with toys as you would expect; for example, driving toy cars around, or building something with blocks or Legos?

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7. Does s/he play with toys by doing the same thing over and over (for example, rolling or dropping objects over and over), or does s/he always play with toys in the same way, for example, lining up toy cars or sorting toys by color or size? Are there any other times when s/he does the same thing over and over?
8. Does s/he have any physical mannerisms or odd way of moving his hands or his body that look the same each time, for example, flapping hands when excited, walking on his toes, flicking his fingers, spinning or rocking his body?

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| <input type="checkbox"/> Yes |
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2. **Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change including: insistence on same route or food, motoric rituals, repetitive questioning, extreme distress at small changes.**

Introduce this discussion by stating “Many young children like things to happen in a certain way or in a certain sequence.” Then proceed with question 1.

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1. Does your child have routines that s/he set up? For example, are there things s/he has to do in a particular way or sequence every time at bedtime, in the bathroom, when dressing or when greeting others?
2. Does s/he have a markedly selective diet, eat the same few foods over and over and resist new foods, or do foods need to be presented a certain way (for example, food not touching on the plate or sandwich cut diagonally not straight across) or come from a certain package?
3. Does s/he have a marked insistence on adherence to the rules, show extreme distress if rules are broken or incorrect information given, or insist on correcting others?
4. Does s/he repeat the same play routine over and over the same way every time and resist any change to his or her routine if you or another child joins in? (*For older children, does your child ask the same question over and over, for example, about an object, a situation, or a person?*)
5. Does s/he have motor rituals. For example, does s/he need to repeat an activity a certain number of times, walk or pace in a certain pattern, or walk only along the outside of a sidewalk or the perimeter of a room or park?
6. Does s/he become very upset if his or her routine is interrupted or s/he can't complete it; for example, if a block or toy car is moved out of place, s/he needs to stop an activity before s/he is finished or when s/he needs to transition to another activity?
7. Does s/he become very upset with changes in a usual activity, (for example, being picked up by Mom instead of riding the bus home, an unexpected errand, a substitute teacher or new child in the class), or changes in his/her environment, (for example, how the furniture is arranged at home or classroom, where s/he sits at the dinner table), or if you drive a different way to school or the store?
8. Does your child need to make sure everything is in its place (toys, clothes, towels in the bathroom), make sure doors are closed or electrical appliances are off, or does s/he repetitively count things (toys, money, steps) or repetitively name numbers and letters?

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| <input type="checkbox"/> | Yes |
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- 3. Highly restricted, fixated interests that are abnormal in intensity or focus including: strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests.**

Introduce this section by saying, "Now I'd like to talk more about the toys s/he plays with."

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1. Does s/he spend most of the time playing with just one or two toys or in one or two activities? (*Make sure to ask parents to describe the toy and activity. These special interests may change over time*).
2. Does s/he have any special interests that are unusual in intensity; for example, toys or topics s/he always plays with or always talks about such as trains, letters and numbers, or dinosaurs?
3. Is your child fixated by toys or objects that are shiny or that light up or spin (also see B 4.1)? For example, does s/he repeatedly activate toys that are shiny or light up, persist in staring at objects that spin such as a fan?
4. Is s/he preoccupied with only part of a toy; for example, spinning the wheels of a toy car or opening and closing the car's doors over and over? Does s/he play with non-functional parts of toys or objects, for example, the label on a blanket?
5. Does your child play with objects that are not usually toys (for example, does s/he carry around DVD cases, straws or strings); or does s/he always carry something around in his or her hands; or is s/he preoccupied with certain activities (for example, the vacuum, a broom, water play, or flushing the toilet)?
6. Does s/he have any special interests in toys, activities or topics that seem unusual, odd or advanced for his or her age; for example, astronomy, flags of the world, sprinkler systems?

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| <input type="checkbox"/> | Yes |
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- 4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment including: 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.**

Introduce this section by saying, "Now I have some questions about how s/he responds to different sensations such as touch and sound."

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1. Is your child fixated by toys or objects that are shiny or that light up or spin, or is s/he overly interested in light reflecting from mirrors or other objects? (From B.3.3)
2. Is he/she fearful of some loud sounds; for example, noises of household appliances such as the vacuum or babies crying? (*How does s/he show s/he's afraid?*)
3. Does s/he like very tight hugs or forcefully press his or her face, head or body against people or furniture?
4. Does s/he play with toys by touching them to his/her lips, smelling, sniffing or licking them, or is your child fixated on chewing on non-food items?
5. Is your child overly interested in the way things feel? Does s/he enjoy touching or rubbing certain surfaces, rubbing or twirling your hair or his/her hair?
6. Does s/he dislike wearing certain clothes, for example, won't wear tight clothes, won't wear long sleeves or short sleeves, resists tags in clothes or seams in socks?

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7. Does s/he only eat certain types of foods, for example, does s/he refuse to eat certain textures, or only eat foods that are a specific temperature or color?
8. Do his or her hands need to be cleaned right away if sticky or dirty, or shirt changed right away if wet or dirty? (Does s/he avoid messy materials such as paints or glue?)

9. Does s/he bring toys very close to his/her face, look out of the side of his/her eyes or lay his/her head on the floor and look from the side at toys such as the wheels turning on a toy car?
10. Does s/he have a high pain tolerance? How can you tell when s/he is having pain?

Supplemental Questions:

1. Has your child lost any skills once s/he has developed them? (A typical autistic regression involves language and behavior and generally occurs between 14 and 24 months of age. For example, a child is regularly using 4 or more words after 12 months of age and then stops using them, stops pointing or use of other gestures and loses interest in engaging parents or playing social games such as pat-a-cake.)
2. Does s/he put non-edible items in his mouth? Do you worry about him/her swallowing non-food items (pica)?
3. Is your child clumsy? Does s/he fall a lot, have an odd-looking walk or run?
4. Do you have any other behavioral concerns?
 - a. Is s/he overly active, have difficulty sitting still?
 - b. Is s/he frequently irritable, have intense, angry outbursts?
 - c. Does your child say “No” or refuse to comply when asked to do something?
 - d. Does your child have many fears? Do you think your child worries more than other children? (*Is the child’s anxiety a better explanation of the interview results?*)
 - e. Does s/he hurt him/herself deliberately, for example, banging his/her head, hitting his/her head with hands or scratching face?
 - f. Is s/he aggressive with you, siblings, other children or adults; for example, hitting or pushing? (*Is it related to being told “No” or a limit being set, a toy the child wants or does it happen for no apparent reason?*)
 - g. Has the child experienced trauma, for example, environmental neglect or abuse, a traumatic event? (*Is the child’s experience of trauma a better explanation of the interview results?*)

*Interview questions are adapted from a number of sources including the ADI-R (Lord et.al., 1994), the Parent Interview for Autism – Clinical Version (Stone et.al., 2002), the First Year Inventory (Reznick et.al., 2007), the Communication and Symbolic Behavior Scales Developmental Profile Caregiver Questionnaire (Wetherby & Prizant, 2002), the CARS-2 Questionnaire for Parents or Caregivers (Schopler et.al., 2010), and the CDRC Autism Interview (unpublished).