

ASD PARENT INTERVIEW (based on DSM-5 criteria)*

Instructions to the interviewer:

A diagnosis of Autism Spectrum Disorder is based on specific criteria outlined in the DSM-5. Below you will find the specific criteria highlighted in bold type. For each criterion, we have provided a number of questions that will help guide you in gathering enough information from parents or other caregivers to make the most accurate decision regarding whether the child being evaluated does or does not meet that criterion. You do not need to ask each question. You can omit questions that are not relevant due to age, developmental level, or cultural or religious factors. You can stop asking questions once you are clear about the child’s skill set for that criterion. You may ask follow up questions that are not listed here, if they will provide you with useful information.

<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 manifest by all 3 of the following:

Introductory questions on communication:

1. How many words, signs &/or gestures does your child use?
2. How does your child usually let you know what s/he wants or needs, e.g., if s/he is hungry or needs help?
3. Can you understand what your child is trying to communicate?
4. Can other people understand what your child is trying to communicate?

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

1. Deficits in nonverbal communicative behaviors used for social interaction; ranging from poorly integrated verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.

1. In general, will s/he look you or others in the eye when s/he wants something or when s/he is talking to you?
2. Does your child turn his/her head to look at you when you start talking to him/her or doing things next to him/her? When you call his or her name?
3. If you are right in front of your child, does s/he turn his or her eyes to avoid looking at you?
4. Will s/he look where you point when you point to show him/her a toy or a picture in a book?
5. Does your child ever use your hand like a tool, grab it and place it on what she wants?
6. Does s/he use simple gestures to direct your attention or to request something; e.g., pointing at a toy, reaching up to be picked up, waving bye-bye to let you know s/he wants to go?
7. Does your child use words and gestures together (coordinate use of words and gestures); e.g., pointing to an object and saying “look Mommy,” waving bye-bye and saying “bye-bye,” shaking his/her head and saying “no?”

8. Does his/her face show a range of emotional expressions that match the situation, e.g., does s/he smile, frown, raise his or her eyebrows in surprise?
9. How does your child respond when you use a gesture or facial expression to communicate with him/her, e.g., when you shake your head “no” or frown?

Yes

No

2. Deficits in social-emotional reciprocity; ranging from abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect and response to total lack of initiation of social interaction.

1. If you say “I’m going to get you” or cover your eyes for peek-a-boo, does your child get excited because s/he knows what’s going to happen next?
2. Will s/he play imitative games such as pat-a-cake, peek-a-boo or “so big?” Will s/he cover his or her face to play peek-a-boo with you?
3. Will s/he imitate you when you make nonsense sounds like raspberries or tongue clicking?
4. Will your child imitate you when you stick out your tongue or make faces? Does s/he imitate you when you wave bye-bye, clap your hands for pat-a-cake or shake your head “no?”
5. Does s/he play other imitative games with you? Will s/he imitate you when you are doing housework such as dusting, sweeping or cooking? Does s/he pretend to feed or take care of a doll or stuffed animal?
6. Does your child make hand gestures or movements to familiar songs such as “itsy-bitsy-spider” or “wheels on the bus?” Will s/he fill in a word in a familiar song like “wheels on the bus “?”
7. How does s/he let you know s/he wants you to pay attention to him/her or play with him/her, e.g., does s/he bring a toy or book to show you what s/he is doing?
8. Will s/he play ball by rolling, kicking or throwing it back and forth? Does s/he play games that require turn-taking such as a simple card game or board game? Is s/he interested in what game you want to play or what you want to do?
9. Does s/he share his/her excitement with you after drawing a picture or building something with blocks or Legos that s/he really likes?
10. Does s/he get excited when you praise him or her, for example, if you say “nice job” or “big boy?”
11. Does your child smile back at you when you smile at him or her? Will s/he come up and give you a hug or kiss without being asked?
12. In a new or disturbing situation, does your child look to you for comfort?
13. Does s/he recognize how you are feeling, e.g., when you’re happy, angry or sad? When you’re upset, sad or ill, will s/he try to comfort you?

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14. Does s/he understand the expressions of other people's faces? Does s/he notice when others are upset?
15. Which feeling words does s/he use? Does s/he use them appropriately?
16. Will s/he change his/her behavior based on your emotional response, e.g., if you laugh, will s/he do it again, or if you frown and are quiet, will s/he stop and pay attention?
17. Does your child realize certain things s/he does bother other people? Does s/he understand when s/he is being teased, bullied?
18. If you make a comment to him or her but don't ask a question, will s/he say something in response?
19. Does your child ask you questions, for example, about an object, a situation, or a person?
20. Does s/he ever ask socially inappropriate questions, e.g., ask a personal question or make a personal statement at the wrong time?
21. Will s/he start a conversation with you just to talk or chat, not to ask for something?
22. Can s/he take turns in a conversation or is it usually one-sided, i.e., does s/he always need to talk about his or her favorite subject or can s/he talk about what you are interested in?

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

3. Deficits in developing and maintaining relationships appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people

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? Will s/he go over and play close to other children?
3. Does s/he talk to or try to join other children in their play, e.g., at the park, school or daycare? How does s/he join another child or a group, e.g., go up and ask to play, 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?
5. Is your child interested in making friends? How many friends does your child have? Does s/he have a best friend?
6. Does s/he talk about other children, ask about inviting children over to play? Is s/he invited to play at other children's houses (clarify whether the child or parent initiates)?
7. Who does your child prefer to play with? How about other children?
8. What do they do when they play together, chase, cars & trucks, play pretend kitchen?

9. Does s/he dress-up and “make-believe” s/he is someone or something else? How does s/he involve other children in his or her make-believe play?
10. Does s/he pretend to have a tea party, serve pretend food, pretend toy figurines are talking to each other? How does s/he involve other children in his or her pretend play?
11. Does your child always need to direct play with other children or with adults?
12. Does s/he have trouble participating in groups? Does s/he have trouble following cooperative rules for games? Does your child participate on any teams?

Yes

No

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

Yes

No

1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases)

1. What word or name does your child use to refer to himself/herself?
2. Does s/he mix up the pronouns s/he should use to refer to her/himself? Does your child say “you want...” when s/he means “I want...” or “he wants...” instead of “I want...?”
3. Does s/he often say what you said right afterward (immediate echolalia) ?
4. Does s/he say the same phrase over and over in exactly the same way, or use scripted language e.g., things you may have said or that s/he heard someone else say, phrases from TV, a video or movie?
5. Does s/he make nonsense noises or words to himself/herself during play (jibberish, words that s/he has made up)?
6. Does s/he use the same tone of voice each time, or have a sing-song pattern to his/her voice or is speech overly formal, like a teacher lecturing?
7. What are her/his favorite toys/activities?
8. Does s/he play with toys as you would expect, for example, driving toy cars around, building something with blocks or Legos?
9. Does s/he pretend a toy or object is something else, e.g., a banana is a phone or a block is an airplane?
10. Does s/he play with toys in an unusual way (e.g., rolling or dropping objects over and over), or does s/he always play with toys in the same way (e.g., lining up toy cars or sorting toys by color or size)? Does s/he have other repetitive play (does the same thing over and over)?
11. Does s/he have an unusually good memory for the details of special interests, family activities, vacations, movies?

12. Does s/he have any physical mannerisms or odd way of moving his hands or his body that look the same each time, e.g., flapping hands when excited, walking on his toes, flicking his fingers, spinning or rocking his body, walking or pacing in a pattern?

Yes

No

2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; (such as motoric rituals, insistence on same route or food, repetitive questioning, or extreme distress at small changes)

1. Does your child have rigid rituals or 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 mealtime, bedtime or during play?
2. How does s/he react if his or her routine is interrupted or s/he can't complete it (e.g., a toy is broken or missing, s/he has to sleep at a motel when on vacation)?
3. How does s/he react to changes in his or her schedule (e.g., being picked up by Mom instead of riding the bus home, a trip to the library or a school assembly is canceled) or changes in his/her environment, (e.g., 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?
4. Does your child need to touch toys or objects in a certain way? Does s/he do it the same way every time?

Yes

No

3. Highly restricted, fixated interests that are abnormal in intensity or focus; (such as strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests)

1. Does s/he play with a variety of toys or does s/he have a special interest in one toy, activity or subject that is unusual in its intensity (all encompassing)?
2. Is your child fixated by toys or objects that are shiny or that light up or spin?
3. Does s/he have any interests that seem unusual or odd for his or her age, e.g., flags of the world, sprinkler systems?
4. Does s/he pay attention only to part of a toy, e.g., spinning the wheels of the car or opening and closing the doors rather than driving it around on a "make-believe" road?
5. Does your child play with objects that are not usually toys, for example, carrying around DVD cases or strings?
6. How does s/he react if you try to change a favorite activity or change the subject of a conversation?

- Yes
 No

4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment; (such as 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).

1. Does s/he notice every small noise in the environment or at other times not respond to loud sounds in the environment? Do you have concerns about your child's hearing?
2. Is he/she fearful of some loud sounds, for example, noises of household appliances such as the vacuum? How does s/he show s/he's afraid?
3. Does your child seem overly sensitive to touch?
4. Does s/he forcefully press his or her face, head or body against people or furniture?
5. Does s/he play with toys by touching them to his/her lips, smelling, sniffing or licking them?
6. Is your child overly interested in the way things feel? Does s/he enjoy touching or rubbing certain surfaces?
7. 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?
8. Does s/he dislike teeth or hair brushing, having hair or face washed, haircuts or washing hair, fingernails or toenails cut?
9. Does s/he only eat certain types of foods, for example, does s/he refuse to eat certain textures, or refuse to eat foods that are touching or mixed, or foods that are a specific temperature, or will only eat food that comes out of a specific carton or package?
10. Does s/he avoid messy materials such as paints, glue?
11. Does s/he avoid swings, jungle gyms, being thrown in the air? Does s/he seek these activities out?
12. What does s/he do in loud, crowded places? Does s/he easily become over stimulated?
13. 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?
14. 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 shows limited interest in parents or social games such as pat-a-cake. The language loss persists for at least 1 month and usually much longer.
2. Does s/he lick or put non-edible items in his mouth (pica)?
3. Is your child clumsy? Does s/he fall a lot, have an odd-looking walk or run?

BEHAVIOR CONCERNS: (What other behavior concerns do you have for ____?)

1. Self-regulation

- a. Is s/he frequently irritable?
- b. Does s/he over-react to small problems?
- c. Does s/he have intense, angry outbursts? Does s/he have outbursts for little or no apparent reason? (specify situations in which outbursts occur)

2. Attention and Executive function

- a. Is s/he easily distractible; does he act without thinking?
- b. Is s/he restless, not able to sit still; is he overly active?
- c. Does s/he have difficulty initiating or finishing tasks such as homework?
- d. Does s/he have difficulty finding things in his/her room or desk?
- e. Is his/her written work poorly organized, does s/he have difficulty planning ahead?
- f. Does s/he forget to hand in homework?

3. Oppositional and Aggressive behavior:

- a. Is your child destructive to toys or other objects?
- b. Does s/he say “no” or refuse to comply when asked to do something?
- c. Does your child regularly argue with you (parents), teachers?
- d. Does s/he tease or bully other child? Has s/he been teased or bullied?
- e. Is s/he aggressive with siblings, peers or adults, e.g., hits or pushes? Does s/he swear, call names or make threats?

4. Anxiety

- a. Do you think your child worries more than other children?
- b. What does s/he worry about?
- c. Does s/he ever have problems falling asleep because she is worrying about something?
- d. Does your child have many fears?
- e. Is s/he easily scared? Can s/he be easily comforted by reassurance?

5. Depression

- a. What is your child’s mood like most of the time?
- b. Is s/he often unhappy, sad or tearful?
- c. Does your child’s mood change abruptly for no apparent reason?
- d. Have you noticed a change in his/her interest in things s/he used to enjoy?
- e. Have you noticed a change in his/her energy or activity level? Is s/he more quiet than usual?
- f. Have you noticed a change in his/her sleep patterns or appetite?

*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).