

## BEHAVIOR/SYMPTOM CHECKLIST BY PARENT/GUARDIAN

Please check off any of the following behaviors that describe your child, both as he/she is now and was in the past.  
 You may check more than one.

<b>A. RELATING WITH OTHER PEOPLE</b>	<b>Current</b>	<b>Past</b>
Not cuddly as baby		
Prefers to be by self		
"In world of his/her own"		
Ignores people generally		
Aloof, distant		
"Clings" to people		
Doesn't recognize parents		
Very fearful of strangers		
Likes to be held		
Doesn't play with other children		
Prefers to play with younger children		
Other - Please describe below		

<b>B. IMITATION (for children under 5 only)</b>	<b>Current</b>	<b>Past</b>
Doesn't imitate waving "bye-bye", "patty cake", etc. (physical imitation)		
Doesn't repeat words said to him (verbal imitation)		
Copies actions that he/she sees others do (e.g. pretends to vacuum, talk on the phone, etc).		
Other - Please describe below		

<b>C. EMOTIONAL RESPONSES</b>	<b>Current</b>	<b>Past</b>
Temper tantrums		
Moods change very quickly, sometimes for no apparent reason		
Often has a blank expression on face – little response to what is happening around him/her.		
Over-responds to situations		
Laughs or smiles for no apparent reason		
Cries or seems sad for no apparent reason		
Other - Please describe below		

<b>D. COORDINATION</b>	<b>Current</b>	<b>Past</b>
Clumsy, awkward when running, jumping, etc.		
Has trouble using hands for fine work		
Other - Please describe below		
<b>E. USE OF BODY</b>	<b>Current</b>	<b>Past</b>
Rocks from foot to foot		
Rocks in bed or chair		
Holds hands in strange positions		
Wiggles hands or fingers in strange ways		
Has unusual posture		
Bites him/herself		
Masturbates		
Bangs head		
Spins or twirls him/herself		
Walks on tiptoes		
Nothing unusual about his/her body		
Other - Please describe below		

<b>F. USE OF MATERIALS, OBJECTS</b>	<b>Current</b>	<b>Past</b>
Has strong attachment to a particular object		
Spins wheels or small parts of toys		
Dangles string, straws, etc.		
Doesn't play with toys as they are supposed to be used		
Gets involved in a simple activity for long periods of time		
Plays with toys appropriately		
Other - Please describe below		

<b>G. REACTION TO CHANGE</b>	<b>Current</b>	<b>Past</b>
Gets upset when routine changes		
Will wear only certain clothes		
Gets upset if objects in house are moved (furniture, his place at table, etc)		
Age appropriate adaptability to change		
Other - Please describe below		

<b>H. VISUAL RESPONSE</b>	<b>Current</b>	<b>Past</b>
Often avoids looking at people when they are talking to him/her		
Fascinated by lights – stares at certain ones		
Stares vacantly around the room		
Often doesn't look at anything		
Very interested in small parts of an object		
Likes to look at self in mirror		
Likes to look at shiny objects		
Stares at parts of body – e.g. hands		
Seems to look at things out of the corner of his/her eye and not by looking directly at them		
Plays with turning lights on and off		
Other - Please describe below		

<b>I. RESPONSE TO SOUNDS</b>	<b>Current</b>	<b>Past</b>
Often ignores what is said to him/her (speech)		
Often ignores sound		
Doesn't respond when name is called		
Afraid of certain sounds		
Seems to hear distant or soft sounds which most other people don't hear or don't notice		
Really likes certain sounds (ex: music or motors)		
Unpredictable response to sounds (sometimes reacts, sometimes doesn't)		
Other - Please describe below		

<b>J. OTHER SENSES</b>	<b>Current</b>	<b>Past</b>
Puts many objects in mouth		
Licks objects		
Tries to chew or eat objects which are not supposed to be eaten (ex: clay)		
Doesn't seem to notice if something tastes bad		
Smells objects not usually smelled or smells unfamiliar objects		
Doesn't notice pain as much as most people		
Overreacts to pain		
Likes vibrations		
Other - Please describe below		

<b>K. ANXIETY AND FEARS</b>	<b>Current</b>	<b>Past</b>
Gets overly upset by certain things or situations		
Not easily calmed		
Stays upset for a long time		
No unusual fears		
Other - Please describe below		

<b>L. SPEECH</b>	<b>Current</b>	<b>Past</b>
No speech currently		
Speech developing too slowly		
Repeats questions instead of answering them		
Hard to understand what he/she is saying		
Unusual pitch or tone		
Seldom speaks unless prodded		
Says some words or phrases over and over		
Has language of his/her own (maybe sounds like foreign language), jargon		
Doesn't seem to understand what is said to him/her without gestures		
Other - Please describe below		

<b>M. NON-VERBAL COMMUNICATION</b>	<b>Current</b>	<b>Past</b>
Doesn't let you know what he/she wants with gestures (without speech)		
Takes your hand for help, or leads you to what he/she wants		
Other - Please describe below		

<b>N. ACTIVITY LEVEL</b>	<b>Current</b>	<b>Past</b>
Often overactive		
Often underactive		
Both overactive and underactive		
Other - Please describe below		
Activity level appropriate to age		

<b>O. ATTENTION</b>	<b>Current</b>	<b>Past</b>
Short attention span		
Easily distracted		
Not much interest in things		
Other - Please describe below		
Attention and concentration age appropriate		

<b>P. EATING</b>	<b>Current</b>	<b>Past</b>
Likes only a few foods		
Has trouble chewing		
Poor appetite		
Other - Please describe below		
<b>Q. SLEEPING</b>	<b>Current</b>	<b>Past</b>
Sleeps very little		
Sleeps a lot		
Has trouble getting to sleep at night		
Has trouble sleeping all night		
Doesn't like to sleep alone or needs someone to stay with him/her until he/she falls asleep		
Nightmares		
Other - Please describe below		
No sleeping problems		

<b>R. TOILET TRAINING</b>	<b>Current</b>	<b>Past</b>
Overly difficult to toilet train		
Other - Please describe below		
Easily toilet trained		

<b>S. MANAGEABILITY</b>	<b>Current</b>	<b>Past</b>
Difficult to manage or discipline		
Other - Please describe below		
Not a management problem		