Autism ACHIEVE Alliance

Autism Spectrum Disorders:
Waiting for assessment, Phase 2

ASD Diagnostic Pathway and Proformas

(DSM5 Version)

July 2013

NHS Lothian

Queen Margaret University EDINBURGH

THE UNIVERSITY of EDINBURGH

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Contents

Additional resources available on **The Hub: Reducing waits for ASD diagnosis**

- Warning signs checklist for referrers
- Assessment report proforma
- Administration checklist
- Referral checklist
- Referral proforma

https://hub.qmu.ac.uk

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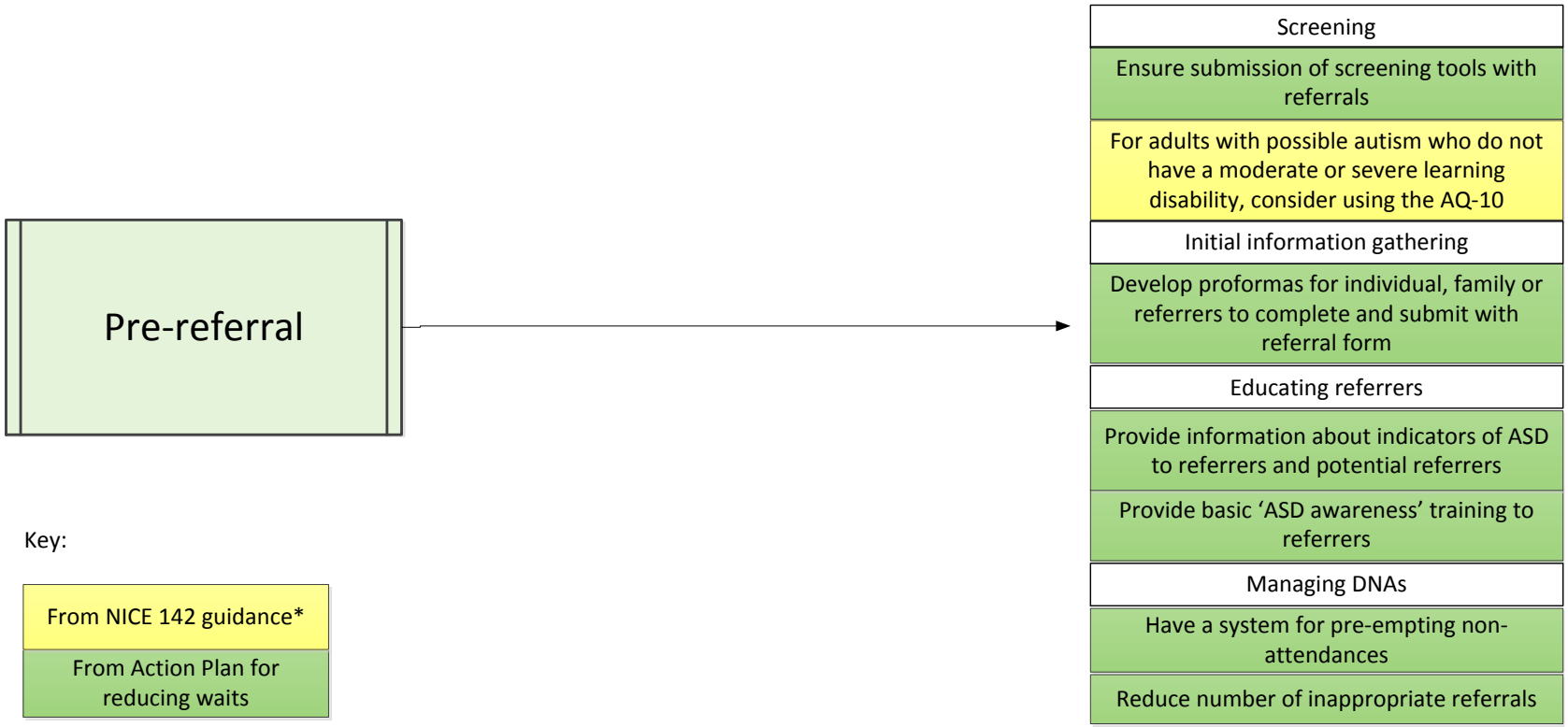
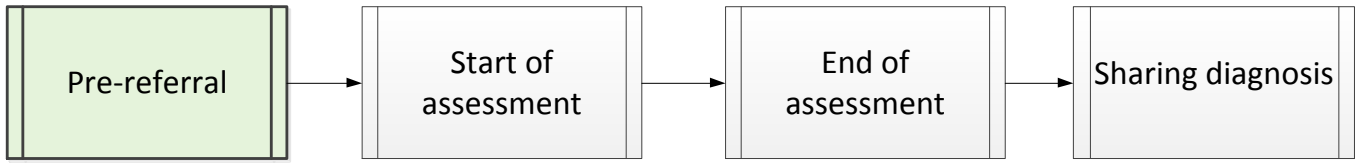
Guidance for care pathway development – pre-referral





*National Institute for Health and Clinical Excellence (2012). *Autism: recognition, referral, diagnosis and management of adults on the autism spectrum [CG142].* London: National Institute for Health and Clinical Excellence.

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Guidance for care pathway development: Diagnostic assessment

Key:

- From NICE 142 guidance*
- From Action Plan for reducing waits

Diagnostic assessment

Standardised assessments

- Use screening tools (if not completed by the referrer)
- To aid more complex diagnosis and assessment for adults, consider using a formal assessment, such as AAA, ADI-R, ADOS-G, ASDI, or RAADS-R .

Early developmental history

- Take an early developmental history
- Where possible involve a family member, partner, carer or other informant/use documentary evidence of current/past behaviour and early development.
- Assess physical/mental disorders, neurodevelopmental conditions and sensitivities
- Request that individual or others complete pro-forma requesting relevant developmental and contextual information

Reported observation by key informant

- Assess functioning at home, in education and in employment

Direct observation by practitioner

- Assess difficulties in social interaction, communication and stereotypic behaviour
- Carry out direct observation of core autism signs and symptoms especially in social situations.
- Assess behavioural problems, restricted interests and resistance to change
- Where appropriate enlist support of carer or support worker to facilitate attendance

Other

- Carry out risk assessments, and develop a risk management plan if necessary
- For adults with possible autism who have a moderate or severe learning disability, conduct an informal assessment
- Carry out assessments for possible differential diagnoses and coexisting disorders or conditions
- Discuss with the person the purpose of the assessment and how the outcome of the assessment will be fed back to them.
- Assessment should be team-based, be carried out by people who are trained and competent, and draw on a range of professions and skills
- Provide service in local area where possible
- Have identified ASD diagnosis appts to slot referrals into
- Make appointments immediately on receipt of referral
- Develop an abbreviated pathway for those who clearly meet criteria for diagnosis
- Work in conjunction with other diagnostic practitioner(s), with protected and scheduled slots to carry out assessments together
- Use information provided pre-referral to inform diagnostic process
- Have a multi-disciplinary assessment
- Complete the diagnostic process in one day (if appropriate)
- Have dedicated, protected time for regular multi-disciplinary review meetings

Pre-referral → **Start of assessment** → **End of assessment** → Sharing diagnosis

*National Institute for Health and Clinical Excellence (2012). *Autism: recognition, referral, diagnosis and management of adults on the autism spectrum [CG142].* London: National Institute for Health and Clinical Excellence.

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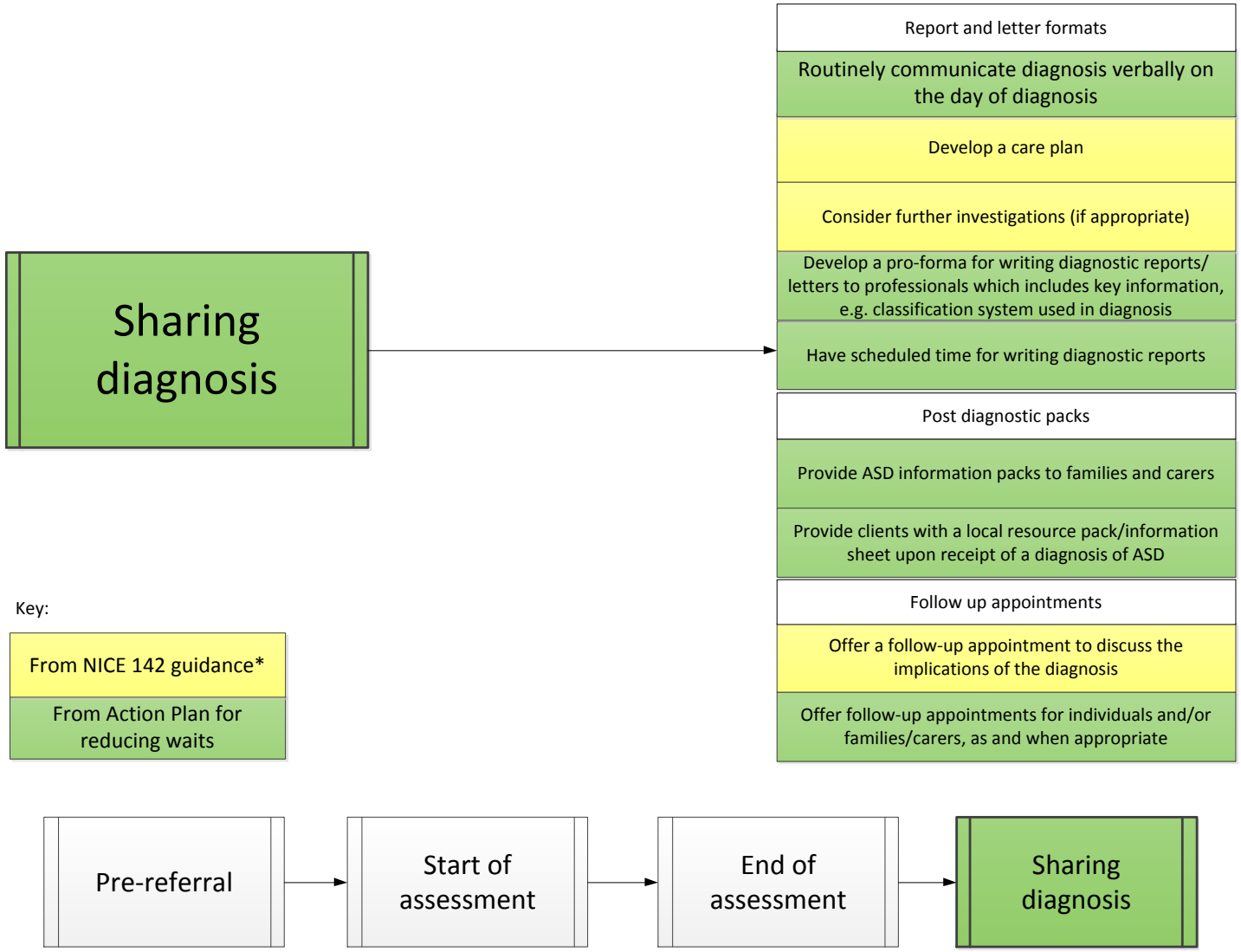
Guidance for care pathway development – sharing diagnosis



* National Institute for Health and Clinical Excellence (2012). *Autism: recognition, referral, diagnosis and management of adults on the autism spectrum [CG142].* London: National Institute for Health and Clinical Excellence.

ASD Pathway Guidance Information

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Background

This document was developed following discussion with practitioners who are involved in diagnosing Autism as part of the introductory workshop for our study: "Autism Spectrum Disorders: Waiting for Assessment, Phase 2". This group of practitioners were seeking guidance as how to reduce waits for diagnostic assessment while meeting NICE guidance.

The pathway and proformas are therefore underpinned by the components of assessment outlined by NICE 142; early developmental history, reported observation by key informant, narrative of core symptoms of autism and direct observation by practitioner.

In addition, each proforma has been designed to provide evidence in relation to the 4 domains of the DSM 5 diagnostic criteria for ASD:

a) Persistent deficits in social communication and social interaction
b) Restricted, repetitive patterns of behaviour, interests or activities
c) Symptoms were present in early developmental period
d) Symptoms cause significant impairment in current functioning.

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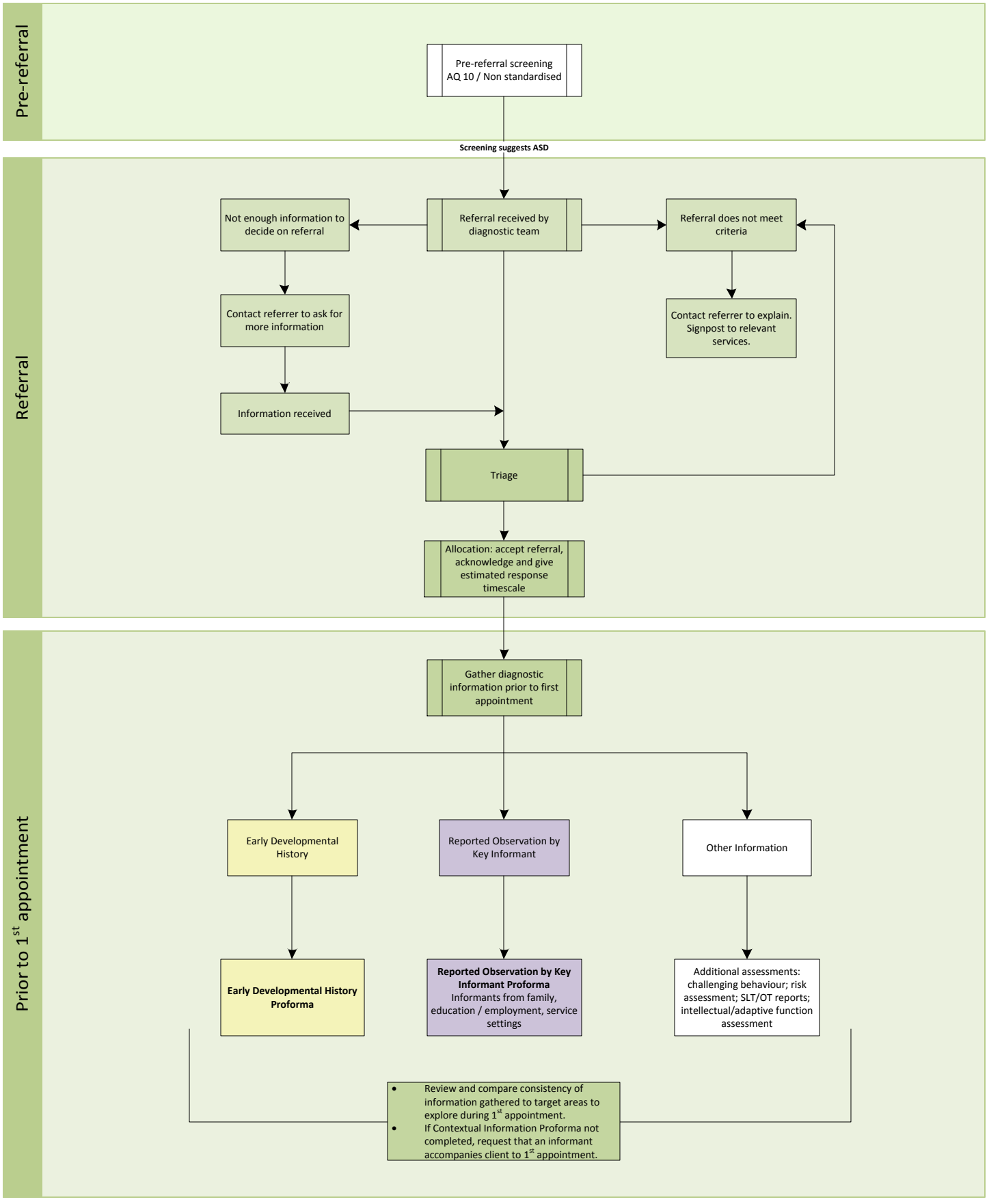
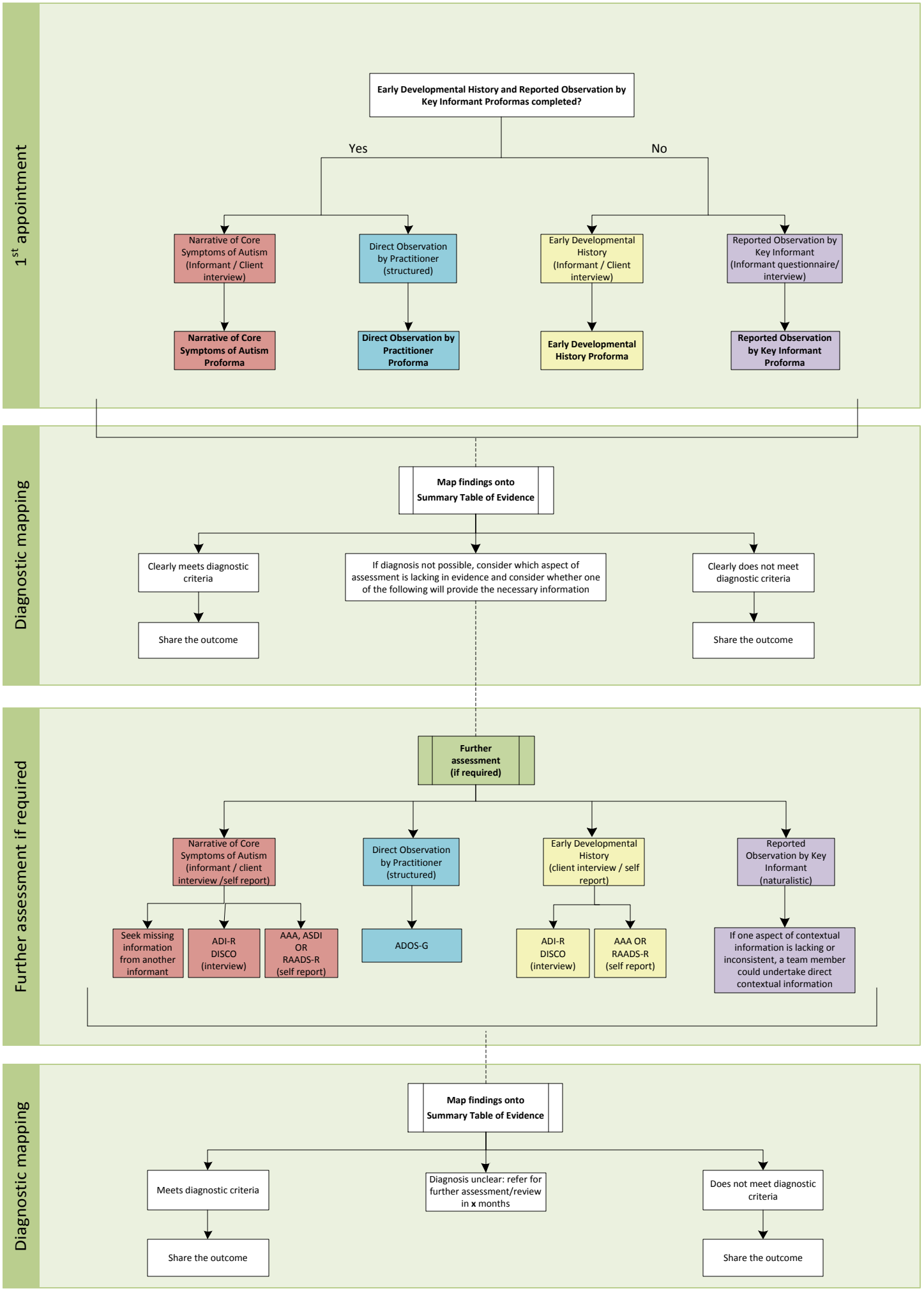
ASD Diagnostic Pathway





Summary Table of Evidence

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Guidance Notes

- The *Summary Table of Evidence* provides an efficient way of recording and presenting the information obtained through ASD assessment.
- It has been designed to pull together the evidence from each proforma onto one single sheet, in order to provide an "at a glance" indication of whether the assessment has gathered enough evidence to support a positive or negative diagnosis.
- In addition, if diagnosis is not possible, the *Summary Table of Evidence* may indicate which aspect of the 4 diagnostic domains is lacking information – see ASD Diagnostic Pathway for information about further assessment options.
- It can be completed by the service undertaking assessment to consider whether a client has an ASD. This may be a health professional or other team member.
- To complete the form, use the completed *proformas* and transfer the ratings given on to the *Summary Table of Evidence* (see key overleaf).
- Once completed, this form should provide a summary of evidence relating to each of the 4 diagnostic domains of the DSM 5 diagnostic criteria for ASD.**

DSM 5 requires the following for diagnosis of Autism Spectrum Disorder**

Must meet criteria A, B, C, and D:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:

1. Deficits in social-emotional reciprocity; ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviours used for social interaction ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to total lack of facial expression and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example. From difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history:

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food everyday).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

Summary Table of Evidence

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Client name:
Client date of birth:
Client contact details:

Date/s completed:
Completed by:

Key:

4 None of the time
3 Some of the time
2 Most of the time
1 All of the time

			PRIOR TO FIRST APPOINTMENT												FIRST APPOINTMENT				MEETS DIAGNOSTIC CRITERIA
DSM Criteria	Diagnostic Areas	Diagnostic Items	Early Developmental History		Reported Observation by Key Informant (1)				Reported Observation by Key Informant (2)				Narrative of Core Symptoms		Direct Observation by Practitioner		
D**	Self Care*	a. personal hygiene	Y	N	4	3	2	1	4	3	2	1	Y	N			
		b. clothing	Y	N	4	3	2	1	4	3	2	1	Y	N			
		c. eating and drinking	Y	N	4	3	2	1	4	3	2	1	Y	N			
	Productivity*	a. household routines	Y	N	4	3	2	1	4	3	2	1	Y	N			
		b. education, work, production	Y	N	4	3	2	1	4	3	2	1	Y	N			
		c. engaging in family activities	Y	N	4	3	2	1	4	3	2	1	Y	N			
	Community life*	a. community activities	Y	N	4	3	2	1	4	3	2	1	Y	N			
		b. recreational/leisure activities	Y	N	4	3	2	1	4	3	2	1	Y	N			
		c. scheduled activities	Y	N	4	3	2	1	4	3	2	1	Y	N			
C**	Early indicators	a. difficulties in childhood	Y	N													
		b. family history of ASD	Y	N													
		c. risk factors present	Y	N													
A**	Interaction	a. social approach	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. two way interaction	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. interest in others	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
	Nonverbal	a. verbal/ nonverbal integration	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. using	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. understanding	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
	Relationships	a. adjusting behaviour	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. imaginative play/activities	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. making friends	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
B**	Stereotyped or repetitive behaviour	a. motor stereotypes	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. uses objects repetitively	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. repetitive use of language	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
	Adherence to routines	a. motor rituals	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. sameness	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. reaction to changes	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
	Restricted interests	a. fixations	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. attachment/preoccupation	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. circumscribed/pervasive	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
	Hyper or hypo reactivity to sensory input	a. indifference to pain/heat/cold	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. response to sounds/textures	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. fascination spinning/ touching	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	

Outcome

☐ **Meets diagnostic criteria** ☐ **Does not meet diagnostic criteria** ☐ **Diagnosis unclear; refer for further assessment or review in __months**

Sources:

* Headings taken to address Criteria D: symptoms together limit and impair everyday functioning**
World Health Organisation (2013). *International Classification of Function [online version].* Available at: http://apps.who.int/classifications/icfbrowser/ accessed 28.03.13.

** American Psychiatric Association . *Diagnostic and statistical manual of mental disorders* (5th ed.). APA: Washington, DC

Pre-referral Screening

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Screening tool for ASD

Adults who have an intellectual disability

Consider a brief assessment to ascertain whether the following behaviours are present (if necessary using information from a family member, partner or carer):

	Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
The individual has limited interaction with others (e.g. rarely uses eye contact, smiling or facial expression).				
The individual rarely greets others spontaneously.				
The individual appears one sided during social interaction and does not share enjoyment or interest with others.				
The individual does not adapt behaviour in response to different social situations.				
The individual lacks feelings for others or shows abnormal response to others emotions (e.g. rarely offers comfort at times of distress).				
The individual has rigid routines and is resistant to change.				
The individual has attachment to unusual objects (e.g. touches, smells or tastes objects inappropriately or with unusual intensity).				
The individual has marked repetitive activities (e.g. rocking, hand or finger flapping, repeating a certain phrase/word/sound), especially when under stress or expressing emotion.				

If two or more of the above categories of behaviour are present, offer a comprehensive assessment for autism.

Screening tool for ASD
Is ASD a possible factor in this person's presentation?

Consider a brief screening to ascertain whether referral to Autism team is appropriate. Explore the issues with the person and/or their family/partner/carer to understand if there are current difficulties with social interaction and repetitive behaviours:

Social Interaction –*possible evidence of autism may be found in exploring the following themes.*
These individuals may be characterised by high levels of compliance in passive presentations (very good, teachers pet, taking the moral high ground) or high levels of non compliance in presentations that may be described as head strong, determined, stubborn etc).

- Unusual pattern of engaging with others (overly passive, one sided, intense).
- Avoidance of contact with others. Lack of engagement during interval/play time/lunch time at school/college or work.
- Difficulty making close friends (cousins and children of family friends should be considered with caution).
- Social opportunities engineered by parents with passive acceptance.
- Apparent lack of understanding of the impact of behaviour on others.
- Wandering, getting lost with little concern leading to a need for increased level of supervision.
- Difficulty understanding emotions, intentions, or motivations of others.
- Difficulty sharing in play when younger or sharing ideas/opinions when older. Passive presentations may appear to share and care should be taken when considering the quality of sharing.
- Lack of embarrassment when behavior is unusual.

From the evidence, are there current difficulties with social interaction? **Yes** ☐ **No** ☐

Has it been a life-long difficulty? **Yes** ☐ **No** ☐

Repetitive Behaviors – *possible evidence of autism may be found in exploring the following themes.*

- Presence of favorite activity which is; repetitive, rigid, time spent is greater than would be expected, done to the exclusion of most other activity.
- Presence of collecting for collection sake.
- Fascination or attachment to objects.
- General resistance to change, i.e. clothing, food, schedule, furniture, decoration, holiday etc. – early signs may include difficulty with weaning or rigid sleep patterns.

From the evidence, are there current difficulties with repetitive behaviors? **Yes** ☐ **No** ☐

Has it been a life-long difficulty? **Yes** ☐ **No** ☐

If 'Yes' was ticked in all four boxes, consider referral to appropriate specialist team.
Please forward this form when you make a referral for/with this person

The information gathered in this form reflects the ICD-10 diagnostic criteria for Autism (World Health Organisation (2010). *International classification of diseases [online version].*)

NHS National Institute for Health Research

AQ-10

Autism Spectrum Quotient (AQ)

A quick referral guide for adults with suspected autism who do not have a learning disability.

Please tick one option per question only:		**Definitely Agree**	**Slightly Agree**	**Slightly Disagree**	**Definitely Disagree**
1	I often notice small sounds when others do not				
2	I usually concentrate more on the whole picture, rather than the small details				
3	I find it easy to do more than one thing at once				
4	If there is an interruption, I can switch back to what I was doing very quickly				
5	I find it easy to 'read between the lines' when someone is talking to me				
6	I know how to tell if someone listening to me is getting bored				
7	When I'm reading a story I find it difficult to work out the characters' intentions				
8	I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant etc)				
9	I find it easy to work out what someone is thinking or feeling just by looking at their face				
10	I find it difficult to work out people's intentions				

SCORING: Only 1 point can be scored for each question. *Score 1 point for Definitely or Slightly Agree on each of items 1, 7, 8, and 10. Score 1 point for Definitely or Slightly Disagree on each of items 2, 3, 4, 5, 6, and 9.* If the individual scores **more than 6 out of 10**, consider referring them for a specialist diagnostic assessment.

This test is recommended in 'Autism: recognition, referral, diagnosis and management of adults on the autism spectrum' (NICE clinical guideline CG142). www.nice.org.uk/CG142

Key reference: Allison C, Auyeung B, and Baron-Cohen S, (2012) *Journal of the American Academy of Child and Adolescent Psychiatry* 51(2):202-12.

UNIVERSITY OF CAMBRIDGE

autism research centre arc

Early Developmental History Proforma Guidance for Completion

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1. Who should fill in the early developmental history proforma?

- The E*arly Developmental History Proforma* should be completed by a referring health professional when they refer an individual for further assessment to consider whether they have an Autism Spectrum Disorder (ASD).
- The referrer may ask another individual who has access to relevant information to help them to complete the form.
- Please return the completed form to the team/ professional undertaking diagnostic assessment.

2. Why am I being asked to fill it in?

- The individual has been referred for assessment in order to consider the possibility that they may have ASD and it is important to know how they were in their childhood.
- This proforma has been designed to provide information about how an individual presented in their childhood in areas that can be affected in people with ASD: ***everyday functioning, communication and social interaction and patterns of behaviour, interests and activities***.
- During diagnostic assessment, it can be time consuming to find out about an individual's childhood but any information you can find is helpful. This may be available from the individual, an informant such as a parent or carer, school, medical or other reports.

3. What time period should I think about when filling it in?

- The information gathered should be about how they were in their childhood. They will have changed a lot, so comments about the age the observation was made or about how they differed from peers of the same age are helpful.

4. How do I fill it in?

- Write in the client information, date of completion and information about informant.
- Try to answer each question as fully as possible, with yes or no and a comment where you have additional information.
- Please write any additional comments in the space provided or attach a further piece of paper if there are further comments you wish to make.
- Please attach other reports which may contain relevant information.
- If you feel you cannot comment about a particular question, leave the question blank.
- For individuals who have an intellectual disability consider whether any difficulties experienced can be explained by the presence of their intellectual disability. You can still complete the form but may wish to add a comment.

5. How do I use the examples?

- The same form is used for individuals with or without an intellectual disability, so the examples may not always seem to apply to the person you know – You should try to answer in relation to the stem of the question.
- You can use the examples to help you think about what the question means.
- Although we have provided a range of examples, you may not see one that exactly fits the person you know. If this is the case you can still fill it in based on the stem of the question but if you wish, add a comment.

6. What if I need help with the form?

- Please contact the professional who has given you the form to discuss any help you need.
- You can write on the form any difficulty you had in making sense of the form in relation to the individual you know.

7. What if I don't have the information asked for?

- This is common, please do not worry.
- Please note the sources you have looked at to find the information.
- Please state that you do not have the information and we will be able to record that we have sought the information without success.

Early Developmental History Proforma

Autism ACHIEVE Alliance

Client name:
Client date of birth:
Client contact details:

Date completed:
Completed by:

	In childhood the individual…	Yes	No	Comments
SELF CARE	**Had difficulty with personal hygiene and appearance** (e.g. knowing how to or when it is necessary to wash, brush teeth, cut nails).			
	Had difficulty choosing appropriate clothing (e.g. wanting to wear favourite wellies all year round).			
	Had difficulty in selecting food and drink to maintain good health (e.g. maintaining a balanced diet).			
PRODUCTIVITY	**Had difficulty taking part in household routines** (e.g. preparing meals, housework, shopping).			
	Had difficulty taking part in educational activities (e.g. informal learning, training, paid or voluntary work, engaging in a focussed activity at a day centre).			
	Had difficulty routinely engaging in family activities (e.g. attending family gatherings or outings).			
COMMUNITY LIFE	**Had difficulty taking part in community activities** (e.g. shopping).			
	Had difficulty taking part in recreational/leisure activities (e.g. informal or organised activities, engaging in hobbies and interests).			
	Had difficulty in taking part in scheduled activities (e.g. organising items needed for school).			

Early Developmental History Proforma

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	The individual…	Yes	No	Comments
EARLY INDICATORS	**Had abnormal or impaired development evident before the age of 3 years in at least one of the following areas:** 1. Receptive or expressive language as used in social communication 2. The development of selective social attachments or of reciprocal social interaction 3. Functional or symbolic play **and/or** **Had signs of ASD which have persisted since childhood** Could be any difficulties recognised by you or others in the early years, including language delay, additional support needs, challenging behaviours, co-ordination or motor difficulties affecting self care routines, play or learning. Difficulties may become apparent at school (e.g. additional support required, difficulties with aspects of the curriculum which required use of imagination or social interaction and communication, difficulties during transition out of school).			
	Has a genetic family history of ASD or related conditions (e.g. parent or sibling with ASD, intellectual disability, neurological condition, parental history of psychosis or affective disorder).			
	Presents with any factors that place them at greater risk of having an ASD (e.g. a history of pre-term birth, neurodevelopmental conditions [including Intellectual disability and ADHD], neurological conditions [such as epilepsy, tuberous sclerosis], mental disorders [including anxiety disorders], speech delay or regression).			

Early Developmental History Proforma

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	In childhood the individual…	Yes	No	Comments
INTERACTION	**Had abnormal social approach** (e.g. uses language/ interaction in unusual ways, is exceptionally precise or pedantic, uses unusual words or phrases, makes socially inappropriate comments, stands too close or uses inappropriate touch).			
	Had difficulty with two way interaction (e.g. reduced initiation of social interaction and / or difficulty with normal back and forth conversation).			
	Had limited/reduced interest in others or sharing of interests and emotions with others			
NONVERBAL	**Had poorly integrated verbal and nonverbal communication** (e.g. looking at the object they are pointing at to request something and not the person).			
	Had difficulty in <u>using</u> nonverbal communication (e.g. eye contact, body language, facial expression, gestures).			
	Had difficulty in <u>understanding</u> nonverbal communication (other people's eye gaze, pointing facial expression, gestures, body language).			
RELATIONSHIPS	**Had difficulty adjusting behaviour to suit different social contexts** (e.g. different expectations in school, church, park, shops).			
	Had difficulties sharing imaginative play/activities (e.g. imagining how others might feel, sharing ideas about future, generating new ideas, using imagination to solve problems, understanding time concepts).			
	Had difficulties making friends			

Early Developmental History Proforma

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	In childhood the individual…	Yes	No	Comments
REPETITIVE BEHAVIOUR	**Had motor stereotypes** (e.g. hand flapping or rocking).			
	Used objects repetitively (e.g. stroking or tapping objects).			
	Had repetitive use of language (e.g. echolalia, idiosyncratic phrases, repetitive questioning).			
ADHERENCE TO ROUTINES	**Had motor rituals** (e.g. hand washing).			
	Was Insistent on sameness (e.g. route, food).			
	Experienced extreme distress at small changes			
INTERESTS	**Had fixations that were abnormal in intensity or focus**			
	Had strong attachment to, or preoccupation with, unusual objects			
	Had excessively circumscribed or perseverative interests (e.g. memorising and acquiring facts and details about a specific interest).			
SENSORY ASPECTS	**Had apparent indifference to pain/heat/cold**			
	Had adverse response to specific sounds or textures			
	Had fascination with lights or spinning objects or excessively smells or touches objects			

Early Developmental History Proforma
Assessment Summary Sheet

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Guidance Notes

- The *Assessment Summary Sheet* provides an efficient way of recording and presenting the information obtained through ASD assessment.
- It provides an "at a glance" indication of whether a client meets/does not meet the criteria for ASD, related to each of the 4 diagnostic domains** and follows the same format as the *Early Developmental History Proforma*.
- It can be completed by the service undertaking assessment to consider whether a client has an ASD. This may be a health professional or team member.
- The person completing the form can choose whether to complete the *Assessment Summary Sheet* or to transfer the information directly onto the *Summary Table of Evidence*, which may be more appropriate if using more than one proforma.
- To complete the form, use the completed *Early Developmental History Proforma* to mark whether the referrer (who completed the form) has marked "Yes" or "No" for each question.
- Once completed, this form will provide a summary of evidence about whether the client's difficulties were evident in childhood.

DSM 5 requires the following for diagnosis of Autism Spectrum Disorder**

Must meet criteria A, B, C, and D:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:

1. Deficits in social-emotional reciprocity; ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviours used for social interaction ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to total lack of facial expression and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example. From difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history:

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food everyday).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

Early Developmental History Proforma
Assessment Summary Sheet

Autism ACHIEVE Alliance

Client name:
Client date of birth:
Client contact details:

Date completed:
Completed by:

D: Symptoms together limit and impair everyday functioning**	**Self care***	a) Had difficulty **with personal hygiene and appearance**	Y	N
		b) Had difficulty **choosing appropriate clothing**	Y	N
		c) Had difficulty in **selecting food and drink** to maintain good health	Y	N
	Productivity*	a) Had difficulty **taking part in household routines**	Y	N
		b) Had difficulty taking part in **education, work and/ or productive activities**	Y	N
		c) Had difficulty **routinely engaging in family activities**	Y	N
	Community life*	a) Had difficulty taking part in **community activities**	Y	N
		b) Had difficulty taking part in **recreational** and **leisure activities**	Y	N
		c) Had difficulty in **taking part in scheduled activities**	Y	N
C: Symptoms present in childhood**	**Early indicators**	a) Had **difficulties recognised in childhood**	Y	N
		b) Has a **family history of ASD** or related condition	Y	N
		c) Had medical **risk factors present** or other diagnosed condition	Y	N
A: Persistent deficits in social communication and social interaction across contexts**	**Interaction**	a) Had **abnormal social approach**	Y	N
		b) Had difficulty with **two way interaction**	Y	N
		c) Had limited **interest** in others or **sharing of interests and emotions**	Y	N
	Nonverbal	a) Had poorly integrated **verbal and nonverbal** communication	Y	N
		b) Had difficulty in **using** nonverbal communication	Y	N
		c) Had difficulty in **understanding** nonverbal communication	Y	N
	Relationships	a) Had difficulty **adjusting behaviour** to suit different social contexts	Y	N
		b) Had difficulties sharing **imaginative play/activities**	Y	N
		c) Had difficulties **making friends**	Y	N
B: Restricted, repetitive patterns of behavior, interests, or activities**	**Stereotyped or repetitive behaviour**	a) Had **motor stereotypies**	Y	N
		b) Used **objects** repetitively	Y	N
		c) Had **repetitive use of language**	Y	N
	Adherence to routines	a) Had **motor rituals**	Y	N
		b) Was insistent on **sameness**	Y	N
		c) Experienced **extreme distress** at small changes	Y	N
	Restricted interests	a) Had **fixations** that are abnormal in intensity or focus	Y	N
		b) Had **strong attachment** to or **preoccupation** with unusual objects	Y	N
		c) Had **excessively circumscribed** or **perseverative interests**	Y	N
	Hyper or hypo reactivity to sensory input	a) Had apparent indifference to **pain/heat/cold**	Y	N
		b) Had adverse response to specific **sounds or textures**	Y	N
		c) Had fascination with **lights, smells, spinning or touching objects**	Y	N

Sources:

* Headings taken to address Criteria D: symptoms together limit and impair everyday functioning**
World Health Organisation (2013). *International Classification of Function [online version].* Available at: http://apps.who.int/classifications/icfbrowser/ accessed 28.03.13.

** American Psychiatric Association . *Diagnostic and statistical manual of mental disorders* (5th ed.). APA: Washington, DC

Reported Observation Proforma Guidance for Completion

Autism ACHIEVE Alliance

1. Who should fill in the Reported Observation by Key Informant Proforma?

- The *Reported Observation by Key Informant Proforma* is designed to be completed by **someone who knows the individual in their day to day life**, such as a family member, colleague, friend, tutor, key worker or support worker.
- The forms may be given to more than one person, in order to find out if the person is different in different settings.
- The form will then be returned to the professional or team undertaking assessment with the individual and they will review the form.

2. Why am I being asked to fill it in?

- The individual has been referred for assessment in order to consider the possibility that they may have an Autism Spectrum Disorder (ASD).
- It has been designed to provide information about an individual's ***everyday functioning, communication and social interaction and patterns of behaviour, interests and activities***, in different contexts. These areas can be affected in people with ASD.
- During diagnostic assessment, it is not always possible for clinicians to observe individuals in a range of contexts and over time but this information is very important to the assessment. You are in a position to do this as you know the individual in real life settings.

3. How do I fill it in?

- Write in the Client information, date of completion and information about informant.
- Try to answer each question as fully as possible.
- The information gathered should be about how their current presentation (i.e. what you have observed in the last 3-6 months).
- When scoring, think about how often the difficulty is observed in an average week (none, some, most or all of the time).
- Think about the contexts you see them in.
- Select a response for each question, please circle only one of the four choices.
- If you feel you cannot comment about a particular question, leave the question blank.
- Please write any additional comments in the space provided or attach a further piece of paper if there are further comments you wish to make.
- For individuals who have an intellectual disability consider whether any difficulties experienced can be explained by the presence of their intellectual disability. You can still score the form but may wish to add a comment.

4. How do I use the examples?

- The same form is used for individuals with or without an intellectual disability – You should answer in relation to the stem of the question.
  EXAMPLE 1: The question stem might say…
  The individual has an abnormal social approach
  And then (e.g.… many examples are given)
  You do not need to observe all or any of the examples if you feel the stem applies. The examples are there to explain the meaning of the question stem.
- You can use the examples to help you think about what the question means.
- Although we have provided a range of examples, you may not see one that exactly fits the person you know. If this is the case you can still fill it in based on the stem of the question but if you wish, add a comment:
  EXAMPLE 2: For example, question 1c. says…
  The individual has difficulty selecting food and drink to maintain good health (e.g. maintaining a balanced diet).
  An individual may not have any responsibility for their food choices because they do not have the capacity to do so. You would score this "All of the time".
  An individual may have a strong preference for a particular food and consume it in unhealthy amounts but also eat a range of other foods to meet their nutritional needs – you may score this "some of the time" but add a comment.

5. What if I need help with the form?

- Please contact the professional who has given you the form to discuss any help you need.
- You can write on the form any difficulty you had in making sense of the form in relation to the individual you know.

Reported Observation Proforma by Key Informant

Autism ACHIEVE Alliance

Client name:
Client date of birth:
Client contact details:

Date completed:
Name of person completing the reported observation by key informant proforma:
Relationship to client:

Relevant Background Information:

Everyday Functioning

Help us understand how the individual's symptoms affect **everyday functioning**.

1. Does the individual currently have any difficulty with carrying out self care tasks?

	None of the time	Some of the time	Most of the time	All of the time
a. The individual has difficulty with **personal hygiene** and **appearance** (e.g. knowing how to or when it is necessary to bathe, shower, dry oneself, clean teeth, hair and nails)……	4	3	2	1
b. The individual has difficulty choosing **appropriate clothing** ……..	4	3	2	1
c. The individual has difficulty **selecting food and drink** to maintain good health (e.g. maintaining a balanced diet)……..	4	3	2	1

Additional comments: ……
……

2. Does the individual currently have any difficulty with completing productive tasks?

	None of the time	Some of the time	Most of the time	All of the time
a. The individual has difficulty **taking part in household routines** (e.g. preparing meals, housework, shopping) ……	4	3	2	1
b. The individual has difficulty taking part in **educational activities; work** and **employment and/ or productive activities** (e.g. informal learning, vocational training or higher education; paid or voluntary employment, apprenticeship; for some people with an intellectual disability this may mean engaging in a focused activity at an adult resource centre e.g. art and crafts)……	4	3	2	1
c. The individual has difficulty **routinely engaging in family activities** (e.g. attending family gatherings or outings) ……	4	3	2	1

Additional comments: ……
……

3. Does the individual currently have any difficulty with aspects of community life?

	None of the time	Some of the time	Most of the time	All of the time
a. The individual has difficulty taking part in **community activities** (e.g. engaging in activities based in the community such as shopping, **because he/she is negatively viewed by others**)……	4	3	2	1
b. The individual has difficulty taking part in **recreational** and **leisure activities** (e.g. informal or organised activities incorporating physical fitness, relaxation, creativity, amusement, engaging in hobbies and interests)……	4	3	2	1
c. The individual has difficulty taking part successfully in **scheduled activities** (e.g. turns up late or without needed items. Some people with an intellectual disability may have a limited concept of time or may require support to engage in activities)……	4	3	2	1

Additional comments: ……
……

Communication and Social Interaction

Help us understand how the individual interacts **socially** with friends, family and other adults.

1. When thinking about interaction...

	None of the time	Some of the time	Most of the time	All of the time
a. The individual has an **abnormal social approach** (e.g. uses language/interaction in unusual ways, may be exceptionally precise or pedantic; may have unusual intonation, tone of voice or speak in a monotonous tone; may make socially inappropriate comments; individuals with limited language may show this by standing too close, using inappropriate touch or aggressive approaches to others)..	4	3	2	1
b. The individual has difficulty engaging in **two way interaction** (e.g. has difficulty following or initiating conversations; may not respond or follow up on other's comments; has difficulty turn taking during interaction or conversation; interrupts others or takes over conversations; has difficulty ending conversations).....	4	3	2	1
c. The individual has limited/reduced **sharing of interests, emotions and affect** and response (e.g. has difficulty showing or expressing feelings to others).....	4	3	2	1

Additional comments: .....
.....

2. When thinking about nonverbal communication...

	None of the time	Some of the time	Most of the time	All of the time
a) The individual has poorly integrated **verbal and nonverbal communication** (e.g. facial expressions or gestures do not match what the individual says e.g. laughing when unhappy).....	4	3	2	1
b) The individual has difficulty **<u>using</u> nonverbal communication** (e.g. uses unusual eye gaze; may speak without looking at the person; may have difficulty with proximity to others; may demonstrate limited/lack of facial expression)	4	3	2	1
c) The individual has difficulty **<u>understanding</u> nonverbal communication** (e.g. misunderstands the intention behind others' eye gaze, tone of voice or facial expression; misunderstands others body language or touch; does not respond to a smile).....	4	3	2	1

Additional comments: .....
.....

3. When thinking about developing and maintaining relationships...

	None of the time	Some of the time	Most of the time	All of the time
a. The individual has difficulties **adjusting behaviour** to suit different social settings (e.g. may appear over polite or formal; unable to adapt style of communication/ behaviour for different people, for example may talk loudly in a library).....	4	3	2	1
b. The individual has difficulty **with imaginative or creative activities** (e.g. imagining how others might feel; sharing ideas about future/ new events such as a new job or a holiday planned; difficulty generating new ideas in social activities or using imagination to solve problems; understanding time concepts).....	4	3	2	1
c. The individual has difficulty **making friends** (although might try to do so).....	4	3	2	1

Additional comments: .....
.....

Patterns of Behaviour, Interests and Activities

Help us understand how the individual **behaves** whilst engaging in interests or activities.

1. Does the individual have difficulty with repetitive speech, motor movements or use of objects?

	None of the time	Some of the time	Most of the time	All of the time
a. The individual has **simple motor stereotypies** (e.g. hand flapping or rocking).....	4	3	2	1
b. The individual engages in the **repetitive use of objects** (e.g. flicking a rubber band, twirling a piece of string, stroking or tapping objects).....	4	3	2	1
c. The individual has **repetitive use of language** (e.g. uses immediate echolalia [repeating back all or part of something immediately] or delayed echolalia [repeating words or chunks of language heard in a different context or in the past, e.g. from TV]; uses idiosyncratic phrases; has repetitive use of questioning).....	4	3	2	1

Additional comments: .....
.....

2. Does the individual have difficulty with routines?

	None of the time	Some of the time	Most of the time	All of the time
a. The individual has **motor rituals** (e.g. hand washing) A ritual is a sequence of actions performed in the same way repetitively. It may in part relate to a useful activity but has become an activity that does not always serve a useful function and might interfere with daily activities……	4	3	2	1
b. The individual insists on **sameness** (e.g. insists on particular, familiar foods or routes; has strong preference for the same routines)……	4	3	2	1
c. The individual shows **distress at small changes** (e.g. changes to the details of people's appearance and clothing, the environment or activities) ……	4	3	2	1

Additional comments: ……
……

3. Does the individual have difficulty with interests?

	None of the time	Some of the time	Most of the time	All of the time
a) The individual has **fixations** that are abnormal in intensity or focus (e.g strong interests that are unusual for their age, such as an ongoing interest in a children's cartoon character or are atypical such as an interest in recalling all the names in the phone book. These may be things the individual talks about, thinks about, collects, likes to look at or listen to) ……	4	3	2	1
b. The individual has a **strong attachment** to or **preoccupation** with unusual objects (e.g. part of an object like car hub caps or insistence on carrying around a piece of string) ……	4	3	2	1
c. The individual has **intense and repetitive interests** that interferes with other activities and interactions (e.g. memorizing and acquiring facts and details about a specific interest or strong interest, for example, in dogs)……	4	3	2	1

Additional comments: ……
……

4. Does the individual have difficulty with sensory aspects?

	None of the time	Some of the time	Most of the time	All of the time
a. The individual has an apparent **indifference to pain/heat/cold……**	4	3	2	1
b. The individual has an adverse response to **specific sounds or textures**	4	3	2	1
c. The individual has a fascination with **lights, smelling, spinning or touching objects** ……..	4	3	2	1

Additional comments: ……
……..

Reported Observation Proforma
Assessment Summary Sheet

Autism
ACHIEVE
Alliance

Guidance Notes

- The *Assessment Summary Sheet* provides an efficient way of recording and presenting the information obtained through ASD assessment.
- It provides an "at a glance" indication of whether a client meets/does not meet the criteria for ASD, related to each of the 4 diagnostic domains** and follows the same format as the Reported Observation by Key Informant *Proforma*.
- It can be completed by the service undertaking assessment to consider whether a client has an ASD. This may be a health professional or team member.
- The person completing the form can choose whether to complete the *Assessment Summary Sheet* or to transfer the information directly onto the *Summary Table of Evidence*, which may be more appropriate if using more than one proforma.
- To complete the form, use the completed *Reported Observation by Key Informant Proforma* to mark the rating given for each question by the individual who completed the form (4,3,2,1; see key overleaf).
- Once completed, this form will provide a summary of evidence about the client's everyday functioning, communication and social interaction and patterns of behaviour, interests and activities, in different contexts.
- Review information to compare evidence from different settings or informants and to compare with your own observation.

DSM 5 requires the following for diagnosis of Autism Spectrum Disorder**

Must meet criteria A, B, C, and D:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:

1. Deficits in social-emotional reciprocity; ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviours used for social interaction ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to total lack of facial expression and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example. From difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history:

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food everyday).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

Reported Observation Proforma
Assessment Summary Sheet

Autism ACHIEVE Alliance

Client name:
Client date of birth:
Client contact details:

Date completed:
Name of person completing the reported observation by key informant proforma:
Relationship to client:

Key:

4 None of the time
3 Some of the time
2 Most of the time
1 All of the time

D: Symptoms together limit and impair everyday functioning**	**Self care***	a)	Has difficulty **with personal hygiene and appearance**	4	3	2	1
		b)	Has difficulty **choosing appropriate clothing**	4	3	2	1
		c)	Has difficulty in **selecting food and drink** to maintain good health	4	3	2	1
	Productivity*	a)	Has difficulty **taking part in household routines**	4	3	2	1
		b)	Has difficulty taking part in **education, work and/ or productive activities**	4	3	2	1
		c)	Has difficulty **routinely engaging in family activities**	4	3	2	1
	Community life*	a)	Has difficulty taking part in **community activities**	4	3	2	1
		b)	Has difficulty taking part in **recreational** and **leisure activities**	4	3	2	1
		c)	Has difficulty in **taking part in scheduled activities**	4	3	2	1
C: Symptoms present in childhood**	**Early indicators**	a)	Had **difficulties recognised in childhood**	See Early Developmental History Proforma			
		b)	Has a **family history of ASD** or related condition				
		c)	Has medical **risk factors present** or other diagnosed condition				
A: Persistent deficits in social communication and social interaction across contexts**	**Interaction**	a)	Has **abnormal social approach**	4	3	2	1
		b)	Has difficulty with **two way interaction**	4	3	2	1
		c)	Has limited **interest** in others **or sharing of interests and emotions**	4	3	2	1
	Nonverbal	a)	Has poorly integrated **verbal and nonverbal** communication	4	3	2	1
		b)	Has difficulty in **using** nonverbal communication	4	3	2	1
		c)	Has difficulty in **understanding** nonverbal communication	4	3	2	1
	Relationships	a)	Has difficulty **adjusting behaviour** to suit different social contexts	4	3	2	1
		b)	Has difficulties sharing **imaginative play/activities**	4	3	2	1
		c)	Has difficulties **making friends**	4	3	2	1
B: Restricted, repetitive patterns of behavior, interests, or activities**	**Stereotyped or repetitive behaviour**	a)	Has **motor stereotypies**	4	3	2	1
		b)	Uses **objects** repetitively	4	3	2	1
		c)	Has **repetitive use of language**	4	3	2	1
	Adherence to routines	a)	Has **motor rituals**	4	3	2	1
		b)	Insistent on **sameness**	4	3	2	1
		c)	Experiences **extreme distress** at small changes	4	3	2	1
	Restricted interests	a)	Has **fixations** that are abnormal in intensity or focus	4	3	2	1
		b)	Has **strong attachment** to or **preoccupation** with unusual objects	4	3	2	1
		c)	Has **excessively circumscribed** or **perseverative interests**	4	3	2	1
	Hyper or hypo reactivity to sensory input	a)	Has apparent indifference to **pain/heat/cold**	4	3	2	1
		b)	Has adverse response to specific **sounds or textures**	4	3	2	1
		c)	Has fascination with **lights**, **smells, spinning or touching objects**	4	3	2	1

Sources:

* Headings taken to address Criteria D: symptoms together limit and impair everyday functioning**
World Health Organisation (2013). *International Classification of Function [online version].* Available at: http://apps.who.int/classifications/icfbrowser/ accessed 28.03.13.

** American Psychiatric Association . *Diagnostic and statistical manual of mental disorders* (5th ed.). APA: Washington, DC

Narrative of Core Symptoms of Autism Proforma Guidance for Completion

Autism ACHIEVE Alliance

This non-standardised clinical history proforma can be used to gather information relevant to adults being assessed for possible ASD. It can be used to bring together information about:

1. Functional effect of difficulties (DSM 5 criterion D)

- Functional assessment information may be useful in answering summary questions about functional effects of ASD presentation and may inform support planning (e.g. Speech and Language or Occupational Therapy assessment).

2. Current presenting difficulties (DSM 5 criterion A and B)

These can be informed by:

- Use of the AQ 10 as a screening tool to be completed before the specialist assessment starts.
- Self-reports for individuals without a moderate or severe intellectual disability (the RAADS-R, ASDI, AAA) may add useful information and if these are completed, the clinician may wish to answer the summary questions.
- Information gathered from the reported observation by key informant proforma might also be used to complete aspects of this tool.
- When asking the questions about communication and social impairment and repetitive activities, probe for examples as evidence of functioning related to each aspect of the diagnostic criteria.

How do I fill it in?

The practitioner needs to engage in a relaxed conversation with the individual or an informant to gather the information below.

- This should be carried out by a practitioner experienced in assessment of adults for possible ASD.
- Clinicians can use their own questioning procedure to gather this information, relevant to the presentation of the client and whether or not he/she presents with an intellectual disability.
- In a brief assessment process, you may be able to gather adequate evidence from a short clinical interview to use together with reported observation by key informant and direct observation by practitioner to inform diagnostic decisions.
- The individual or informant may tell you their *story* allowing you to complete the information gathering needed in this tool, without the need to ask in the specific order set.
- Clinicians can use the tool as a guide to ensure all the key areas have been asked about, if not offered by the client.
- In some cases, where the case is complex you may need to use a standardised interview tool.
- For individuals who have an intellectual disability consider whether any difficulties experienced can be explained by the presence of their intellectual disability.
- Use the headings below to identify if the individual demonstrates difficulties in the areas required for ASD diagnosis.

Narrative of Core Symptoms of Autism Proforma

Autism ACHIEVE Alliance

Client name:
Client date of birth:
Client contact details:

Date completed:
Name of clinician:

Relevant Background Information:

Summary Questions

These are overview summary questions which may be used as an overall guide.

Impairment	Summary Questions	DSM 5
1. Impairment affects everyday functioning	• Do the difficulties described affect everyday functioning? • In what way?	Criterion D
2. a) Social communication and social interaction	• How many aspects of social impairment are noted? • What are these? • How many aspects of communication impairment are noted? • What are these?	Criterion A
b) Restricted, repetitive patterns of behaviour, interests or activities	• How many aspects of repetitive activities are noted? • What are these?	Criterion B

1. Functional effect of difficulties (DSM 5 criterion D)

Does the individual currently have any difficulty with carrying out self care tasks?

Functioning	Difficulties associated with:	Yes	No	Comment
Personal hygiene and appearance	Knowing how to or when it is necessary to bathe, shower, dry oneself, clean teeth, hair and nails.			
Choosing appropriate clothing	Putting on and taking off clothing and footwear and selecting appropriate clothing for the social situation/ weather.			
Selecting food and drink to maintain good health	Maintaining a balanced diet.			

Does the individual currently have any difficulty with carrying out productive tasks?

Functioning	Difficulties associated with:	Yes	No	Comment
Household routines	Preparing meals, housework, shopping.			
Education, work, employment, productive activities	Informal learning, vocational training or higher education, paid or voluntary work, apprenticeship.			
Routinely engaging in family activities	Attending family gatherings or outings.			

Does the individual currently have any difficulty with aspects of community life?

Functioning	Difficulties associated with:	Yes	No	Comment
Community activities	Engaging in activities (e.g. shopping, because he/she is negatively viewed by others).			
Recreational and leisure activities	Informal or organised activities (e.g. fitness, relaxation, creativity, amusement, hobbies and interests).			
Scheduled activities	Difficulty successfully participating in these (e.g. turns up late or without needed items).			

2a) Current presenting difficulties: deficits in communication and social interaction (DSM 5 criterion A)

When thinking about interaction…

Interaction	Difficulties evidenced by:	Yes	No	Comment
Social approach	Uses language in unusual ways, may be exceptionally precise or pedantic; uses unusual words/phrases; has unusual or monotonous intonation; makes socially inappropriate comments; reduced/lack of initiation of interaction.			
Two way interaction	Difficulty following conversations, gives tangential answers; no response to others; no follow up on other's comments; difficulty turn taking during conversation; interrupts or takes over; difficulty ending conversations.			
Sharing of interests, emotions and affect	Has difficulty showing or expressing feelings to others.			

When thinking about nonverbal communication…

Nonverbal communication	Difficulties evidenced by:	Yes	No	Comment
Poorly integrated verbal and nonverbal communication	Facial expressions or communicative gestures do not match what the individual says, for example, someone laughing when actually sad.			
Using nonverbal communication	Uses unusual eye gaze; speaks without looking at the person; difficulty with proximity to others; demonstrates limited/lack of facial expression.			
Understanding nonverbal communication	Misunderstands the intention behind others' eye gaze, voice tone or facial expression; misunderstands others' body language or touch; does not respond to a smile.			

When thinking about developing and maintaining relationships…

Relationships	Difficulties evidenced by:	Yes	No	Comment
Adjusting behaviour	May appear over polite or formal; unable to adapt style of communication for different people.			
Imaginative/creative activities	Difficulty imagining how others might feel; sharing ideas about future/ new events such as a new job or a holiday planned; difficulty generating new ideas in social activities or using imagination to solve problems; understanding time concepts.			
Making friends	Difficulty making friends (although might try to do so).			

2b) Current presenting difficulties: restricted, repetitive patterns of behaviour, interests or activities (DSM 5 criterion B)

Does the individual have difficulty with repetitive speech, motor movements or use of objects?

Repetitive actions	Difficulties evidenced by:	Yes	No	Comment
Simple motor stereotypies	Hand flapping or rocking.			
Repetitive use of objects	Such as flicking a rubber band, twirling a piece of string, stroking or tapping objects.			
Repetitive use of language	Uses echolalia (e.g. uses immediate echolalia (repeating back all or part of something immediately) or delayed echolalia (repeating words or chunks of language heard in a different context or in the past, e.g. from TV); uses idiosyncratic phrases; has repetitive use of questioning).			

Does the individual have difficulty with routines?

Routines	Difficulties evidenced by:	Yes	No	Comment
Motor rituals	A ritual is a sequence of actions performed in the same way repetitively. It may in part relate to a useful activity but has become an activity that does not always serve a useful function and might interfere with daily activities (e.g. hand washing).			
Sameness	Insists on particular, familiar foods or routes; has strong preference for the same routines.			
Distress at small changes	Changes to the details of people's appearance or clothing, the environment or activities.			

Does the individual have difficulty with interests?

Restricted interests	Difficulties evidenced by:	Yes	No	Comment
Fixations that are abnormal in intensity of focus	May have strong interests that are unusual for his or her age, such as an on-going interest in a children's cartoon character or are atypical such as an interest in recalling all the names in the phone book. These may be things the individual talks about, thinks about, collects, likes to look at or listen to.			
Strong attachment to or preoccupation with unusual objects	Such as part of an object like car hub caps or insistence on carrying around a piece of string.			
Excessively circumscribed or perseverative interests	For example, memorizing and acquiring facts and details about a specific interest or a strong interest that interferes with other activities and interactions.			

Does the individual have difficulty with sensory aspects?

Sensory input	Difficulties evidenced by:	Yes	No	Comment
Indifference to pain/heat/cold	The individual has an apparent indifference to pain/heat/cold.			
Adverse response to specific sounds or textures	Shows anxiety or distress with certain noises which may be loud (hand dryers) or not noticed by others (dripping tap, hum of a light). Shows aversion to touching some items.			
Fascination with lights, smelling, spinning or touching objects	Seeks out and shows strong interest in items because of their sensory properties.			

Narrative of Core Symptoms of Autism Proforma Assessment Summary Sheet

Autism ACHIEVE Alliance

Guidance Notes

- The *Assessment Summary Sheet* provides an efficient way of recording and presenting the information obtained through ASD assessment.
- It provides an "at a glance" indication of whether a client meets/does not meet the criteria for ASD, related to each of the 4 diagnostic domains** and follows the same format as the *Narrative of Core Symptoms of Autism Proforma*.
- It can be completed by the service undertaking assessment to consider whether a client has an ASD. This may be a health professional or team member.
- The person completing the form can choose whether to complete the *Assessment Summary Sheet* or to transfer the information directly onto the *Summary Table of Evidence*, which may be more appropriate if using more than one proforma.
- To complete the form, use the completed *Narrative of Core Symptoms of Autism Proforma* to mark whether the practitioner has recorded "Yes" or "No" for each question.
- Once completed, this form will provide a summary of evidence about the client's everyday functioning, communication and social interaction and patterns of behaviour, interests and activities.

DSM 5 requires the following for diagnosis of Autism Spectrum Disorder**

Must meet criteria A, B, C, and D:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:

1. Deficits in social-emotional reciprocity; ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviours used for social interaction ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to total lack of facial expression and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example. From difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history:

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food everyday).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

Narrative of Core Symptoms of Autism Proforma
Assessment Summary Sheet

Autism ACHIEVE Alliance

Client name:
Client date of birth:
Client contact details:

Date completed:
Name of clinician:

D: Symptoms together limit and impair everyday functioning**	**Self care***	a) Has difficulty **with personal hygiene and appearance**	Y	N
		b) Has difficulty **choosing appropriate clothing**	Y	N
		c) Has difficulty in **selecting food and drink** to maintain good health	Y	N
	Productivity*	a) Has difficulty **taking part in household routines**	Y	N
		b) Has difficulty taking part in **education, work and/ or productive activities**	Y	N
		c) Has difficulty **routinely engaging in family activities**	Y	N
	Community life*	a) Has difficulty taking part in **community activities**	Y	N
		b) Has difficulty taking part in **recreational** and **leisure activities**	Y	N
		c) Has difficulty in **taking part in scheduled activities**	Y	N
C: Symptoms present in childhood**	**Early indicators**	a) Has **difficulties recognised in childhood**	See Early Developmental History Proforma	
		b) Has a **family history of ASD** or related condition		
		c) Has medical **risk factors present** or other diagnosed condition		
A: Persistent deficits in social communication and social interaction across contexts**	**Interaction**	a) Has **abnormal social approach**	Y	N
		b) Has difficulty with **two way interaction**	Y	N
		c) Has limited **interest** in others or **sharing of interests and emotions**	Y	N
	Nonverbal	a) Has poorly integrated **verbal and nonverbal** communication	Y	N
		b) Has difficulty in **using** nonverbal communication	Y	N
		c) Has difficulty in **understanding** nonverbal communication	Y	N
	Relationships	a) Has difficulty **adjusting behaviour** to suit different social contexts	Y	N
		b) Has difficulties sharing **imaginative play/activities**	Y	N
		c) Has difficulties **making friends**	Y	N
B: Restricted, repetitive patterns of behavior, interests, or activities**	**Stereotyped or repetitive behaviour**	a) Has **motor stereotypies**	Y	N
		b) Uses **objects** repetitively	Y	N
		c) Has **repetitive use of language**	Y	N
	Adherence to routines	a) Has **motor rituals**	Y	N
		b) Insistent on **sameness**	Y	N
		c) Experiences **extreme distress** at small changes	Y	N
	Restricted interests	a) Has **fixations** that are abnormal in intensity or focus	Y	N
		b) Has **strong attachment** to or **preoccupation** with unusual objects	Y	N
		c) Has **excessively circumscribed** or **perseverative interests**	Y	N
	Hyper or hypo reactivity to sensory input	a) Has apparent indifference to **pain/heat/cold**	Y	N
		b) Has adverse response to specific **sounds or textures**	Y	N
		c) Has fascination with **lights, smells, spinning or touching objects**	Y	N

Sources:

* Headings taken to address Criteria D: symptoms together limit and impair everyday functioning**
World Health Organisation (2013). *International Classification of Function [online version].* Available at: http://apps.who.int/classifications/icfbrowser/ accessed 28.03.13.

** American Psychiatric Association . *Diagnostic and statistical manual of mental disorders* (5th ed.). APA: Washington, DC

Direct Observation Proforma
Guidance for Completion

Autism
ACHIEVE
Alliance

Guidance for using the Direct Observation by Practitioner Proforma

In order to observe an individual's **social communication, social interaction and repetitive activities**, it may be necessary to set up naturalistic situations to prompt for certain behaviours because the frequency of their natural occurrence in a 1:1 home or clinical assessment setting does not allow for them to be observed. Some core symptoms of autism can be observed during an unstructured session but sometimes are not observed. Clinicians can set up situations to prompt with activities which might then elicit these intermittently shown behaviours.

This proforma provides an example of situations you can set up in the home or clinical assessment setting, which increase your ability to observe and measure behaviours when considering whether or not the individual meets criteria for diagnosis of ASD.

If the individual is accompanied by someone, discuss the method of observation with them. Do this in advance if possible, to let them know if he/she should stand back because you want to see what happens without the individual being prompted. For example, when you greet the individual, does he/she make a suitable reciprocal offer, greet you and invite you to come in?

If a 3rd party is present, you may be able to invite them to participate during a specific period of the session.

For people with an intellectual disability, in all situations, consider whether the response/behaviour is consistent with the individual's level of intellectual disability.

Items used to make these observations should be selected by the clinician as relevant to the client and context. Possible items to use in the session:

- Magazine/ newspaper or other picture to prompt conversations
- Motivating activity appropriate to this individual, during which you can prompt for: making choices, for a response when you interfere or change the activity, sensory interests and turntaking/ sharing. This could be an art activity (e.g. drawing), a kitchen activity (making a cup of tea), musical activity (listening to a radio), a computer activity (playing on the wii or ipad) or a box of items to explore.
- Picture of abstract art or an ambiguous object to provide an opportunity to express imaginative/ creative ideas.

Direct Observation Proforma By Practitioner

Autism ACHIEVE Alliance

Client name:
Client date of birth:
Client contact details:

Date completed:
Name of clinician (s) making observation
Location:

1. DSM 5 criterion A: deficits in communication and social interaction

DSM Criteria	Skills to observe throughout interaction	Prompt by practitioner	Comment
INTERACTION	a) Abnormal social approach b) Difficulty with normal back and forth conversation c) Limited or reduced sharing of interests, emotions and affect and response	**Responding when called by name**: Observe the individual's response when their name is called by someone out of visual sight (e.g. in the waiting room, have one person as the observer and another who calls their name or as they are making a cup of tea, call their name and see whether they turn round). Note how readily and consistently they continue to orient towards or away from others.	
		Conversation: Use a picture stimulus or newspaper to **get conversation started if necessary**. **Pause and create opportunities for the individual to** introduce comments/ topics; to ask you questions and to respond or to use nonverbal means of engaging in two way interactions**. Try to make comments as well as asking questions** (e.g. if he/she talks about their pet, you might say "I love animals, I have loads of pets…"). During the interaction observe if and how the individual responds in a 1:1 situation. If appropriate, observe how the individual manages to **regulate a conversation with three people.** For example, do they share information and include their partner in the discussion, do they tag shared referents (e.g. remember when we did… or you know that place)? Ensure you provide several opportunities for the individual to take on different roles in the conversation.	

		Spontaneous reference to the feelings of others: Picture stimuli (book, magazine, newspaper) can provide **an opportunity for individuals to spontaneously refer to feelings of others without the clinician asking directly** (e.g. a picture of a footballer who has missed a goal – chat about the picture and note whether emotional words are expressed). Note that people with an intellectual disability often have a limited emotional vocabulary (e.g. happy, sad, and angry). Many individuals with ASD will be able to name the emotion on a picture but would be unlikely to spontaneously comment on this.	
		Initiation: Have a required item out of reach and observe if the individual asks for it or not and how they use non verbal communication meshed with words (e.g. a pen required to sign name).	
IVON VERBAL	a) Poorly integrated verbal and nonverbal communication b) Difficulty in <u>using</u> nonverbal communication c) Difficulty in <u>understanding</u> nonverbal communication	**Personal space:** Stand close to the individual (within their personal space). Does he/she move away?	
		Using non verbal communication: For individuals with limited verbal communication offer a **choice of items held up but out of reach** and observe how he/she makes a request. **Understanding non verbal communication**. At certain points in the interaction give non verbal cues (e.g. hold out your hand to ask for an item that's finished with, without explicitly saying *pass it to me* or refer to how you feel about something using facial expression or intonation alone, such as a picture in the newspaper – you could say "oh football" and indicate your feelings. Observe the individual's response.)	

DSM Criteria	Skills to observe throughout interaction	Prompt by practitioner	Comment
RELATIONSHIPS	a) Difficulty adjusting behaviour to different social contexts b) Difficulties sharing imaginative play/activities c) Difficulties making friends	**Awareness of the effect of their own behaviour on others:** Use conversation to prompt (e.g. ask "Do other people get annoyed by things you do? And then ask further questions to find out what the person might do to resolve conflicts or difficult social encounters).	
		Sharing imaginative or creative thoughts and ideas: For individuals who have more verbal abilities have conversations about the future and prompt to find out how they can imagine future events, (such as a holiday or being in a relationship) and ambitions for the future. **Pictures with ambiguous content** (e.g. abstract art: can the individual imagine what it could be? ambiguous object: what could it be used for?).	
		Understanding of relationships with others (e.g. friends, spouses) and a sense of whether the individual actively maintains relationships or understands what they can do to maintain them: Ask questions about this in conversation as appropriate to the individual's language level. Note even those with adequate language skills may dislike such conversations but it is important to prompt for long enough to know how he/she will respond to a variety of questions about this topic. Individuals with an intellectual disability may describe relationships more in terms of practical gains for the individual.	

2. DSM 5 criterion B: restricted, repetitive patterns of behaviour, interests or activities

DSM Criteria	Skills to observe throughout interaction	Prompt by practitioner	Comment
STEREOTYPED OR REPETITIVE BEHAVIOUR	a) Displays motor stereotypies b) Displays repetitive use of objects c) Displays repetitive use of language	**Motor stereotypies:** Observe for hand/ finger or complex mannerisms. Even one instance in a short observation is a strong indicator that this is present. Be aware that stereotyped behaviours are common in those individuals with a severe/profound intellectual disability.	
		Repetitive use of objects: Allow individual to bring their own or have available items that might be spun or fiddled with such as bits of blu-tac, textured or shiny items. Observe whether the individual uses the objects in a repetitive way.	
ADHERENCE TO ROUTINES	a) Motor rituals b) Insistence on sameness e.g. route, food c) Extreme distress at small changes	**Insistence on sameness:** Initiate a simple activity appropriate to the ability of the individual (e.g, playing on the ipad). Observe how he/she reacts when you change the activity/change the rules. Provide verbal or picture stimulus or objects which can elicit a compulsion to list items or to have to complete an activity in a certain manner (e.g. tell me about who is in your family/ tell me what you like to eat/ tell me what you do in the evenings)	
		Changes: Observe response to changes in activity as above, taking into account the unusual nature of this experience for some (e.g. anxiety/distress may be expressed as challenging behaviour such as aggression/self-injury in some individuals with an intellectual disability).	

DSM Criteria	Skills to observe throughout interaction	Prompt by practitioner	Comment
RESTRICTED INTERESTS	a) Displays fixations that are abnormal in intensity or focus b) Strong attachment to, or preoccupation with, unusual objects c) Excessively circumscribed or perseverative interests	**Objects of interest:** Observe if the individual brings a particular object to the session or if he/she is preoccupied with a particular object when conversing.	
		Conversation about interests: Allow the individual to talk about things which interest him/her for long enough to know whether this is excessive or not. Try to engage in conversation and offer your own ideas/ share information about things that have happened to you, to see if they are flexible in their conversation Once they have focussed on a topic of interest for a while, try to change the subject subtly at first and then more explicitly. Note the degree of prompting needed for them take your cue.	
HYPER or HYPO REACTIVITY TO SENSORY INPUT	a) Apparent indifference to pain/heat/cold b) Adverse response to specific sounds or textures c) Fascination with lights, smells, spinning or touching objects	**Response to sounds/textures:** Have available items of different textures/that make different sounds. Observe if the individual responds negatively to any of them (e.g. avoids touching them/covers ears).	
		Sensory response to objects: Have available items that might be spun or fiddled with such as blu-tac, textured or shiny items. Observe whether the individual mouths, sniffs, strokes items more than one would expect.	
		Response to objects: Have available items that spin/lights that can flash/be switched on and off. Observe how the individual responds to these.	

Direct Observation Proforma
Assessment Summary Sheet

Autism ACHIEVE Alliance

Guidance Notes

- The *Assessment Summary Sheet* provides an efficient way of recording and presenting the information obtained through ASD assessment.
- It provides an "at a glance" indication of whether a client meets/does not meet the criteria for ASD, related to each of the 4 diagnostic domains** and follows the same format as the *Direct Observation Proforma*.
- It can be completed by the service undertaking assessment to consider whether a client has an ASD. This may be the diagnosing clinician or other health professional making the observation.
- The person completing the form can choose whether to complete the *Assessment Summary Sheet* or to transfer the information directly onto the *Summary Table of Evidence*, which may be more appropriate if using more than one proforma.
- To complete the form, use the completed *Direct Observation Proforma* to mark whether the practitioner has recorded "Yes" or "No" for each question.
- Once completed, this form will provide a summary of evidence about the client's everyday functioning, communication and social interaction and patterns of behaviour, interests and activities.

DSM V (Draft) requires the following for diagnosis of Autism Spectrum Disorder**

Must meet criteria A, B, C, and D.

A. Persistent deficits in social communication and social interaction across contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:

1. 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.
2. Deficits in nonverbal communicative behaviours 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.
3. Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behaviour to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people.

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

1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases).
2. Excessive adherence to routines, ritualised patterns of verbal or nonverbal behaviour, or excessive resistance to change; (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes).
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).
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).

C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed limited capacities)

D. Symptoms together limit and impair everyday functioning

Direct Observation Proforma
Assessment Summary Sheet

Autism ACHIEVE Alliance

Client name:
Client date of birth:
Client contact details:

Date completed:
Name of clinician (s) making observation
Location:

D: Symptoms together limit and impair everyday functioning**	**Self care***	a)	Has difficulty **with personal hygiene and appearance**	See Reported Observation by Key Informant and Direct Observation by Practitioner Proformas	
		b)	Has difficulty **choosing appropriate clothing**		
		c)	Has difficulty in **selecting food and drink** to maintain good health		
	Productivity*	a)	Has difficulty **taking part in household routines**		
		b)	Has difficulty taking part in **education, work and/ or productive activities**		
		c)	Has difficulty **routinely engaging in family activities**		
	Community life*	a)	Has difficulty taking part in **community activities**		
		b)	Has difficulty taking part in **recreational** and **leisure activities**		
		c)	Has difficulty in **taking part in scheduled activities**		
C: Symptoms present in childhood**	**Early indicators**	a)	Has **difficulties recognised in childhood**	See Early Developmental History Proforma	
		b)	Has a **family history of ASD** or related condition		
		c)	Has medical **risk factors present** or other diagnosed condition		
A: Persistent deficits in social communication and social interaction across contexts**	**Interaction**	a)	Has **abnormal social approach**	Y	N
		b)	Has difficulty with **two way interaction**	Y	N
		c)	Has limited **interest** in others or **sharing of interests and emotions**	Y	N
	Nonverbal	a)	Has poorly integrated **verbal and nonverbal** communication	Y	N
		b)	Has difficulty in **using** nonverbal communication	Y	N
		c)	Has difficulty in **understanding** nonverbal communication	Y	N
	Relationships	a)	Has difficulty **adjusting behaviour** to suit different social contexts	Y	N
		b)	Has difficulties sharing **imaginative play/activities**	Y	N
		c)	Has difficulties **making friends**	Y	N
B: Restricted, repetitive patterns of behavior, interests, or activities**	**Stereotyped or repetitive behaviour**	a)	Has **motor stereotypies**	Y	N
		b)	Uses **objects** repetitively	Y	N
		c)	Has **repetitive use of language**	Y	N
	Adherence to routines	a)	Has **motor rituals**	Y	N
		b)	Insistent on **sameness**	Y	N
		c)	Experiences **extreme distress** at small changes	Y	N
	Restricted interests	a)	Has **fixations** that are abnormal in intensity or focus	Y	N
		b)	Has **strong attachment** to or **preoccupation** with unusual objects	Y	N
		c)	Has **excessively circumscribed** or **perseverative interests**	Y	N
	Hyper or hypo reactivity to sensory input	a)	Has apparent indifference to **pain/heat/cold**	Y	N
		b)	Has adverse response to specific **sounds or textures**	Y	N
		c)	Has fascination with **lights, smells, spinning or touching objects**	Y	N

Sources:

* Headings taken to address Criteria D: symptoms together limit and impair everyday functioning**
World Health Organisation (2013). *International Classification of Function [online version].* Available at: http://apps.who.int/classifications/icfbrowser/ accessed 28.03.13.

** American Psychiatric Association (in press). *Diagnostic and statistical manual of mental disorders* (5th ed., draft). Available at: http://www.dsm5.org accessed 27.03.13.

Summary Table of Evidence

Autism ACHIEVE Alliance

Guidance Notes

- The *Summary Table of Evidence* provides an efficient way of recording and presenting the information obtained through ASD assessment.
- It has been designed to pull together the evidence from each proforma onto one single sheet, in order to provide an "at a glance" indication of whether the assessment has gathered enough evidence to support a positive or negative diagnosis.
- In addition, if diagnosis is not possible, the *Summary Table of Evidence* may indicate which aspect of the 4 diagnostic domains is lacking information – see ASD Diagnostic Pathway for information about further assessment options.
- It can be completed by the service undertaking assessment to consider whether a client has an ASD. This may be a health professional or other team member.
- To complete the form, use the completed *proformas* and transfer the ratings given on to the *Summary Table of Evidence* (see key overleaf).
- Once completed, this form should provide a summary of evidence relating to each of the 4 diagnostic domains of the DSM 5 diagnostic criteria for ASD.**

DSM 5 requires the following for diagnosis of Autism Spectrum Disorder**

Must meet criteria A, B, C, and D:

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history:

1. Deficits in social-emotional reciprocity; ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviours used for social interaction ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to total lack of facial expression and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example. From difficulties adjusting behaviour to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history:

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behaviour (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food everyday).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching objects, visual fascination with lights or movement).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

Summary Table of Evidence

Autism ACHIEVE Alliance

Client name:
Client date of birth:
Client contact details:

Date/s completed:
Completed by:

Key:

4 None of the time
3 Some of the time
2 Most of the time
1 All of the time

			PRIOR TO FIRST APPOINTMENT												FIRST APPOINTMENT				MEETS DIAGNOSTIC CRITERIA
DSM Criteria	Diagnostic Areas	Diagnostic Items	Early Developmental History		Reported Observation by Key Informant (1)				Reported Observation by Key Informant (2)				Narrative of Core Symptoms		Direct Observation by Practitioner		
D**	Self Care*	a. personal hygiene	Y	N	4	3	2	1	4	3	2	1	Y	N			
		b. clothing	Y	N	4	3	2	1	4	3	2	1	Y	N			
		c. eating and drinking	Y	N	4	3	2	1	4	3	2	1	Y	N			
	Productivity*	a. household routines	Y	N	4	3	2	1	4	3	2	1	Y	N			
		b. education, work, production	Y	N	4	3	2	1	4	3	2	1	Y	N			
		c. engaging in family activities	Y	N	4	3	2	1	4	3	2	1	Y	N			
	Community life*	a. community activities	Y	N	4	3	2	1	4	3	2	1	Y	N			
		b. recreational/leisure activities	Y	N	4	3	2	1	4	3	2	1	Y	N			
		c. scheduled activities	Y	N	4	3	2	1	4	3	2	1	Y	N			
C**	Early indicators	a. difficulties in childhood	Y	N													
		b. family history of ASD	Y	N													
		c. risk factors present	Y	N													
A**	Interaction	a. social approach	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. two way interaction	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. interest in others	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
	Nonverbal	a. verbal/ nonverbal integration	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. using	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. understanding	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
	Relationships	a. adjusting behaviour	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. imaginative play/activities	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. making friends	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
B**	Stereotyped or repetitive behaviour	a. motor stereotypes	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. uses objects repetitively	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. repetitive use of language	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
	Adherence to routines	a. motor rituals	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. sameness	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. reaction to changes	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
	Restricted interests	a. fixations	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. attachment/preoccupation	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. circumscribed/pervasive	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
	Hyper or hypo reactivity to sensory input	a. indifference to pain/heat/cold	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		b. response to sounds/textures	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	
		c. fascination spinning/ touching	Y	N	4	3	2	1	4	3	2	1	Y	N	Y	N	

Outcome

☐ **Meets diagnostic criteria** ☐ **Does not meet diagnostic criteria** ☐ **Diagnosis unclear; refer for further assessment or review in __months**

Sources:

* Headings taken to address Criteria D: symptoms together limit and impair everyday functioning**
World Health Organisation (2013). *International Classification of Function [online version].* Available at: http://apps.who.int/classifications/icfbrowser/ accessed 28.03.13.

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