# AUTISM MENTAL STATUS EXAM

Date _____ Rater _____ Subject # _____

| | | | |
|---|---|---|---|
| EYE CONTACT (observed) | ☐ ≥ 3 seconds | ☐ Fleeting | ☐ None |
| INTEREST IN OTHERS (observed) | ☐ Initiates Interaction with Examiner | ☐ Only Passively Responds | ☐ No Interest |
| POINTING SKILLS (observed) | ☐ Can Point/ Gesture to Object | ☐ Only Follows Point | ☐ None |
| LANGUAGE (reported and/or observed) | ☐ Can Speak About Another Time Or Place | ☐ Single Words<br>☐ Phrases (≤ 3 words)<br>☐ Undeveloped Sentences | ☐ Nonverbal |
| | ☐ Articulation Problem | | |
| PRAGMATICS OF LANGUAGE | ☐ Not impaired<br>☐ Not applicable | ☐ Cannot manage turns or topics<br>☐ Unvaried or odd intonation<br>☐ reported ☐ observed | |
| REPETITIVE BEHAVIORS/ STEREOTYPY (reported and/or observed) | ☐ None | ☐ Insists on Routines/ Compulsive-like behaviors | ☐ Motor stereotypy or vocal stereotypy<br>☐ Echolalia<br>☐ Stereotyped speech |
| UNUSUAL OR ENCOMPASSING PREOCCUPATIONS | ☐ None | ☐ Present--describe:<br>☐ reported ☐ observed | |
| UNUSUAL SENSITIVITIES | ☐ None | ☐ Heightened Sensitivity<br>☐ High Pain Threshold<br>☐ reported ☐ observed | |

No Impairment — MILD — Moderate — Severe

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