

Date of Visit \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Protocol: \_\_\_\_\_

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**SUBJECT DEMOGRAPHICS**

Subject Full Name (First, Middle, Last) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Alternate Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex  Male  Female

Race:  Caucasian  Black, not of Hispanic origin  Hispanic  Asian  
 Native American  Other, specify \_\_\_\_\_

Marital Status (Adults)  Single  Married  Divorced  Widowed

Referral Source \_\_\_\_\_

Dictation Code: \_\_\_\_\_



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**(3) Autism Core Domain Signs and Symptoms (if not mentioned above)**

Current Communication Skills: \_\_\_\_\_

\_\_\_\_\_

Current Social Skills: \_\_\_\_\_

\_\_\_\_\_

Repetitive or stereotyped behaviors: \_\_\_\_\_

\_\_\_\_\_

Abnormal Sensitivities: \_\_\_\_\_

Adaptive functioning: \_\_\_\_\_  Not toilet trained

\_\_\_\_\_  Intellectual disability

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**(4) Associated Behaviors and Comorbid Conditions (within past 2 weeks)**

Severe tantrums: \_\_\_\_\_  Yes

Self-injurious: \_\_\_\_\_  Yes

ADHD Sx: \_\_\_\_\_  Yes

Sleep difficulty: \_\_\_\_\_  Yes

Eating difficulty: \_\_\_\_\_  Yes

Motor/Vocal tics: \_\_\_\_\_  Yes

Compulsive Behaviors: {wash/clean; involve others; checking; repeating; ordering; counting}

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**(5) Past History**  Current Dx ASD

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\_\_\_\_\_ by MD/PhD    by EI/CPSE

\_\_\_\_\_  Other current DSM-5 Dx

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Current medications:    0    1    2    3    4

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(6) Medical History** **Current medical illness?    Y    N**

\_\_\_\_\_

\_\_\_\_\_

Hearing: Normal    Abnormal    other \_\_\_\_\_

Seizures?    No    Yes    Abnormal EEG?    Meds? \_\_\_\_\_

\_\_\_\_\_

Head Trauma?    No    Yes    \_\_\_\_\_

Hypotonia?    No    Yes    \_\_\_\_\_

Specific food intolerance (protein)?    No    Yes    \_\_\_\_\_

Lethargy, limited endurance?    No    Yes    \_\_\_\_\_

Recurrent vomiting and dehydration?    No    Yes    \_\_\_\_\_

Congenital anomalies?    No    Yes    \_\_\_\_\_

Past MRI?     no     yes     abnormal?    Allergy to medication or food?     no     yes

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SEIZURE HISTORY

Does the subject have a history of seizures?  Yes  No

Does the subject have a history of abnormal EEG?  Yes  No

Type of Seizures \_\_\_\_\_

Age of first seizure (years) \_\_\_\_\_

Age of last seizure (years) \_\_\_\_\_

Has the subject had a seizure within the past six months?  Yes  No

Is the subject currently taking anticonvulsants for seizures or abnormal EEG?  Yes  No

Drug Name/Dose \_\_\_\_\_

Stable Dose for  $\geq 6$  months?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

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**(7) Birth History**

Pregnancy  wnl  other: \_\_\_\_\_

Perinatal complications:  no  yes: \_\_\_\_\_

poor Apgars  NICU  GI disturbance  feeding difficulties  in utero exposures

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Maternal age \_\_\_\_\_ Paternal age \_\_\_\_\_

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**(8) Developmental History and Milestones**

Birth order: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> \_\_\_\_\_

Age first sat: \_\_\_\_\_ Age first crawled: \_\_\_\_\_ Age first walked: \_\_\_\_\_

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Age first word: \_\_\_\_\_ Age first 2-word phrase: \_\_\_\_\_

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Age first point: \_\_\_\_\_ Age first smile: \_\_\_\_\_

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Loss of Skills?: \_\_ YES \_\_ NO \_\_\_\_\_

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Stereotypy?: \_\_ YES \_\_ NO \_\_\_\_\_

Symbolic play by 18 m?: YES \_\_ NO \_\_\_\_\_

Head Circumference abnormal? \_\_ YES \_\_ NO \_\_\_\_\_

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**(9) Educational History (Early Intervention, Special Education preschool, Board of Ed Classification)**

\_\_\_\_\_ EI? \_\_\_\_\_

\_\_\_\_\_ Pre-K special ed (CPSE)? \_\_\_\_\_

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\_\_\_\_\_  Learning disability

\_\_\_\_\_ IEP classification: \_\_\_\_\_

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**(10) Social History**

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**(11) Family History**

	None	Sibling	Parent	Grandparent	Cousin/aunt/uncle
ASD (formal Dx)					
ASD traits					
Language delay					
Intellectual disability					
ADHD/Learning disorder					
Depression					
Anxiety/OCD/Tic					
Bipolar Disorder					
Schizophrenia/psychosis					
Seizures					
Genetic Syndromes					
Other:					

**(12) Drug and Alcohol (Include history and current patterns, previous treatment, and legal involvement.)**

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**Additional General Mental Status Examination Findings:**

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Current:    Depression    Anxiety/OCD/TIC    Bipolar    Psychosis    PTSD

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**(18) Summary/Differential Diagnostic Consideration**

DSM-5 Dx: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Diagnoses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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DSM-5 ASD CRITERIA

Subject: \_\_\_\_\_

Date: \_\_\_\_\_

Circle: ASD      non-ASD

	Underline the specific sign or symptom.	Add details; comment on level of impairment.
<b>A: DEFICITS IN SOCIAL COMMUNICATION (MUST HAVE ALL 3)</b>		
<input type="checkbox"/>	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 interactions.	
<input type="checkbox"/>	2. Deficits in nonverbal communicative behaviors used for social interaction; ranging from poorly integrated-verbal and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.	
<input type="checkbox"/>	3. Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those with caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties in sharing imaginative play and in making friends to an apparent absence of interest in people	
<b>B: RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOR (≥ 2)</b>		
<input type="checkbox"/>	1. Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies, echolalia, repetitive use of objects, or idiosyncratic phrases).	
<input type="checkbox"/>	2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change; (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes).	
<input type="checkbox"/>	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).	
<input type="checkbox"/>	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).	

Circle Prominent Comorbid Symptom Domains:

Depressed      Anxious      OCD      (Hypo)manic  
 ADHD      Psychotic      PTSD      LD      MR

Other: \_\_\_\_\_