



Items	✓	✓	✓	✓	✓
	Rarely Up to 20% Score 1	Sometimes 21-40% Score 2	Frequently 41-60% Score 3	Mostly 61-80% Score 4	Always 81-100% Score 5
<b>III. SPEECH-LANGUAGE AND COMMUNICATION</b>					
15. Acquired speech and lost it					
16. Has difficulty in using non-verbal language or gestures to communicate					
17. Engages in stereotyped and repetitive use of language					
18. Engages in echolalic speech					
19. Produces infantile squeals/ unusual noises					
20. Unable to initiate or sustain conversation with others					
21. Uses jargon or meaningless words					
22. Uses pronoun reversals					
23. Unable to grasp pragmatics of communication (real meaning)					
<b>IV. BEHAVIOR PATTERNS</b>					
24. Engages in stereotyped and repetitive motor mannerisms					
25. Shows attachment to inanimate objects					
26. Shows hyperactivity/ restlessness					
27. Exhibits aggressive behavior					
28. Throws temper tantrums					
29. Engages in self-injurious behavior					
30. Insists on sameness					
<b>V. SENSORY ASPECTS</b>					
31. Unusually sensitive to sensory stimuli					
32. Stares into space for long periods of time					
33. Has difficulty in tracking objects					
34. Has unusual vision					
35. Insensitive to pain					
36. Responds to objects/people unusually by smelling, touching or tasting					
<b>VI. COGNITIVE COMPONENT</b>					
37. Inconsistent attention and concentration					
38. Shows delay in responding					
39. Has unusual memory of some kind					
40. Has 'savant' ability					

For office use only				
Classification	No Autism < 70	Mild Autism 70 to 106	Moderate Autism 107 to 153	Severe Autism > 153
Total score				

VII. OTHER HEALTH-RELATED OBSERVATIONS			
1. Neck control	Stable	<input type="checkbox"/>	Unstable <input type="checkbox"/>
2. Body Stiffness	Flexible	<input type="checkbox"/>	Rigid <input type="checkbox"/>
3. Immunity level	Improved	<input type="checkbox"/>	Low <input type="checkbox"/>
4. Saliva dripping	Stopped	<input type="checkbox"/>	Frequent <input type="checkbox"/>
5. Eating Habits	Improved	<input type="checkbox"/>	Irregular <input type="checkbox"/>
6. Sleeping pattern	Improved	<input type="checkbox"/>	Irregular <input type="checkbox"/>
7. Bed Wetting	Stopped	<input type="checkbox"/>	Frequent <input type="checkbox"/>
8. Toileting Habits	Regular	<input type="checkbox"/>	Irregular <input type="checkbox"/>
Head Circumference Measurement .....(in cm)			

Parent's signature.....Date:.....