Shropshire Community Health NHS Trust

Policies, Procedures, Guidelines and Protocols

Document Details	
Title	**Guidelines for Autism Spectrum Disorder in Under Five Years Old Children**
Trust Ref No	2027-31945
Local Ref (optional)	
Main points the document covers	Guidance for Autism Spectrum Disorder referral, diagnosis and management in under five years old children by community paediatrics team in Shropshire Community Health NHS Trust
Who is the document aimed at?	Medical professionals working in Shropshire Community Health NHS Trust
Author	Dr Abdo Tarhini
Approval process	
Approved by (Committee/Director)	Clinical Policy Group
Approval Date	18/07/2016
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	No
Lead Director	Director of Nursing and Operations
Category	Clinical
Sub Category	Paediatrics
Review date	18/07/2019
Distribution	
Who the policy will be distributed to	Paediatric Healthcare Professionals
Method	Via Intranet and DATIX alert
Document Links	
Required by CQC	No
Required by NHSLA	
Other	

Amendments History		
No	Date	Amendment
1	01/07/2016	New Policy
2		
3		
4		
5		

Contents

1. Introduction

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder. ASD is characterized by persistent deficits in reciprocal social interaction and social communication, and by a range of restricted, repetitive, inflexible patterns of behaviour and interests and sensory sensitivities that may change in intensity, frequency and focus over the course of development. These deficits are usually a pervasive feature of the individual's functioning in all settings, although they may vary in degree according to the social, educational, or other context. In many cases, development is abnormal in infancy, although this may only become evident in retrospect. Symptoms usually emerge during early childhood, but for some individuals do not become fully manifest until social demands exceed capacities. And these disturbances are not better explained by another condition such as global developmental delay or learning difficulties.
There is no known cure for ASD, however, specialist educational provision, behavioural programmes and other interventions can help individuals to manage their condition and achieve their potential.
ASD is the used term in the most recent international classification Diagnostic and Statistical Manual (DSM-V) and the International Classification of Diseases (ICD-11). Some individuals or groups may prefer to use other terms, including autism, autism spectrum disorder, autistic spectrum condition, autistic spectrum difference and neurodiversity, Asperger's Syndrome or Disorder. For clarity and consistency, ASD is the preferred term of this paper, the term 'autism' is also used but it always refers to ASD.

2. Purpose

This guidance aims to produce standard and practical guidelines for assessment, diagnosis and management of ASD in under five years old children by the Community Paediatrics Team (CPT) and for CPT's working within Multi-Disciplinary Teams within Shropshire Community Health NHS Trust (SCHT); it takes into account the current National Institute for Health and Care Excellence (NICE) guidelines (CG128, 2011 and CG170 2013) and SCHT Proposed Neurodevelopmental Pathway 0-19 (25) (2016). Children age five years and above in SCHT are currently diagnosed and managed by the Child and Adolescent Mental Health Service (CAMHS).

3. Definitions

ADOS - Autism Diagnostic Observation Schedule

ASD - Autism Spectrum Disorder

ASQ - Ages and Stages Questionnaires

CAMHS - Child and Adolescent Mental Health Service

CDC - Child Development Centre

CPT - Community Paediatrics Team

EHCP - Education, Health and Care Process

GP - General Practitioner

HV - Health Visitor

MDA- Multi-Disciplinary Assessment

NICE- National Institute for Health and Care Excellence

OT - Occupational Therapist

SCHT - Shropshire Community Health NHS Trust

SLT - Speech and Language Therapist

4. Duties

4.1. Chief executive

The Chief executive of SCHT should ensure that all clinical staff working with children have access to this guideline, should ensure that appropriate training and updates are provided to all relevant staff groups and should ensure that staff has access to appropriate equipment that complies with safety and maintenance requirements.

4.2. Managers

Managers should ensure that staff are aware of and have access to policy guidelines. Staff training needs should be identified and addressed. Appropriate education, supervision and support mechanisms are in place to ensure good practice.

4.3. CPT

Members of the CPT should familiarise themselves with this guidance and NICE guidance on the diagnosis and management of ASD. They should keep their knowledge and skills in ASD diagnosis and management up to date.

5. Referral

- In case of concerns about a child's social interaction and communication development, the following professionals can refer the child to the CPT: General Practitioner (GP), Health Visitor (HV), Speech and Language Therapist (SLT), Occupational Therapist (OT), Children's Community Nurse, and General Paediatrician.
- All referrals require parental consent to be gained and completion of Referral Form to Community Paediatrics Services (Appendix 1).
- It is expected that HV complete with parents the Ages and Stages Questionnaires (ASQ) for all referred children. If ASQ is not completed the CPT might ask HV to complete it.
- It is expected that SCHT therapists (SLT, OT) include in their referral the service specific report. Where appropriate they sent out the relevant Pre-School or School Proforma (Appendix 2), those are not required to be included in the referral, but to be forwarded to CPT once completed.

6. Assessment

- CPT aim to see each newly referred child and family within 18 weeks.
- The first appointment is organised with a Community Paediatrician with knowledge and skills in ASD diagnosis and management. The Community Paediatrician acts as the case/care coordinator throughout the assessment and diagnosis and in the initial stages of post diagnosis care management
- The Community Paediatrician has access to the Paediatric Outpatient Assessment Form (Appendix 3). The initial assessment should include:
    - Detailed questions about the parent's or carer's concerns and, if appropriate, the child's concerns.
    - Details of the child's experiences of home life, education and social care.
    - A Developmental history, focusing on the developmental and behavioural features consistent with ICD-11 or DSM-V criteria.
    - A Medical history, including prenatal, perinatal and family history, and past and current health conditions
    - A General physical examination; specifically for: skin stigmata of neurofibromatosis or tuberous sclerosis (using a Wood's light is recommended), signs of injury, for example self-harm or child maltreatment, congenital anomalies and dysmorphic features including macrocephaly or microcephaly.
    - A General assessment of child's development (through interaction with and observation of the child) focusing on social and communication skills and behaviours, and features consistent with ICD-11 or DSM-V criteria.
    - The formulation of a list of differential diagnosis and an agreed action plan with parents for further assessment and management.
    - If ASD is excluded, the Community Paediatrician explains this to parents and agrees further action with them.
    - If ASD is suspected the Cambridge Autism Questionnaires are sent (appropriate for children ≥ 4 years old) (Appendix 4) to parents and educational settings, and the Pre-School or School Proforma to educational settings (Appendix 2) if they are not completed yet.
    - Where indicated, referral of the child to one of the Child Development Centres (CDC) for further assessment, advice, and intervention i.e. for multi-disciplinary assessment (MDA).

- The MDA should include:
    - Assessment of child's speech, language and communication by an SLT.
    - Where appropriate, an assessment of the child's motor and co-ordination skills and sensory processing/sensitivity concerns by an OT.
    - Assessment of the child's cognitive and educational abilities by an Educational Psychologist or Clinical Psychologist.

- Where appropriate, a Griffiths Development assessment by trained professional.
- Assessment (through interaction with and observation of the child or young person) of social and communication skills and any restrictive obsessive behaviour, focusing on features consistent with ICD-11 or DSM-V criteria.
- Consideration of the use an autism-specific tool to gather this information i.e. Autism Diagnostic Observation Schedule (ADOS).

7. Diagnosis

- The MDA should conclude a profile of the child's or young person's strengths, skills, and impairments and needs that can be used to create a needs-based management plan, taking into account the family and educational context.
- A negative or positive ASD diagnosis is made by the MDA team (including the Community Paediatrician) based on ICD-11 or DSM-V criteria; i.e. by using the DSM-V Checklist (Appendix 5).
- The MDA team communicates and agrees the findings and the plan with the parent or carer and, if appropriate, the child.

8. Investigations

- The routine performance of any medical investigations (such as genetic tests, metabolic screening test or head MRI scan) as part of ASD diagnostic assessment is not recommended, but consideration is given in individual circumstances and based on history (i.e. family history of ASD or learning difficulties), physical examination, clinical judgment and the child's profile (i.e. specific dysmorphic features, congenital anomalies and/or evidence of learning difficulties).

9. Management

- Where appropriate, MDA team advise and support parents and educational settings to initiate the Education, Health and Care Plan (EHCP) Assessment i.e. through collaborative working with the Local Authorities representative and by the timely provision of the MDA report.
- The MDA team provides carers with information about ASD and its management and the support available, suitable for the child's needs and developmental level. This may include:
  - Action Plan for further intervention and management.
  - Details of where to locate the Local Authorities hosted Local Offer.
  - Contact details for local and national organisations that can provide: support and an opportunity to meet other people, including families or carers, with experience of ASD.

  - Information on courses about ASD, advice on welfare benefits, rights and entitlements.
  - Information about educational and social support and leisure activities.
  - Information to help prepare for the future.
- Where appropriate, the Community Paediatrician offers treatment and support for any relevant comorbidity such as sleep problems.

10. Review and referral

- Routine follow up for all children with ASD is not required
- A Follow up appointment is considered on an individual basis depending on the child's and family and carers needs; i.e. co-existing comorbidities that need ongoing medical input.

11. Consultation

This clinical guideline has been discussed with community paediatric team including: Dr Shachi Buch, Dr Diane Short, Dr Indu Mahabeer, Dr Chris Allsop, Dr Janet Butterworth, Dr Sarah Ogilvie, Dr Sam Posting, Dr Chris Hine, Dr Mark Russell, Nurse Consultant Narinder Kular, and SLT & CDC Service Manager Alison Parkinson.

12. Dissemination

This clinical guideline will be distributed to relevant staff groups by managers and published on the Trust website.

13. Monitoring Compliance

- Compliance will be monitored by review of any concerns raised about the service by staff or patients.
- A Review of guidelines will be carried out in 2020.

14. References

- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2015). American Psychiatric Association.
- National Autistic Society (2015). *About autism*. Available online: www.autism.org.uk
- NICE (2011). Autism in under 19s: recognition, referral and diagnosis (CG128). Available online: https://www.nice.org.uk/guidance/cg128

- NICE (2013). Autism in under 19s: support and management (CG170). Available online: https://www.nice.org.uk/guidance/cg170
- SCHT Proposed Neurodevelopment Assessment & Diagnostic Pathway (2016).
- World Health Organization (2015). ICD-11 Beta Draft. Available online: http://apps.who.int/classifications/icd11/browse/l-m/en

15. Associated documents

SCHT Consent to Examination and Treatment Policy
Mental Capacity Act 2005

16. Appendices

Appendix 1: Referral Form to Community Paediatrics Services
Appendix 2: Pre-School and School Proforma
Appendix 3: Paediatric Outpatient Assessment Form
Appendix 4: Cambridge Autism Questionnaires
Appendix 5: DSM-V Checklist

Appendix 1

Shropshire Community Health NHS
NHS Trust

Children and Families Services

Decision by Consultant/SAS U / R
Signature Date:

Referral Form: COMMUNITY PAEDIATRICS SERVICES

Please return completed form to: **For Shropshire referrals** - Andrea Harrison, Targeted Child Health, Coral House, Longbow Close, Shrewsbury, SY1 3GZ or **for Telford referrals** – Community Paediatric Secretaries, The Stepping Stones Centre, Brunel Road, Malinslee, Telford, TF3 2BF.

PLEASE NOTE: COMPLETION OF ALL FIELDS IS MANDATORY. INCOMPLETE FORMS MAY BE RETURNED AND WILL DELAY THE REFERRAL PROCES

Date of Referral _____ **Ethnicity** _____

Surname: _____ **Forename:** _____

Date of Birth: _____ **Hospital Number (if known):** _____

NHS Number: _____

Home Address:

_____

_____

Parent/Carers telephone number:

_____

Who has parental responsibility? -

_____

Name/Address (if different from child's present address)

_____

_____

GP Name & Address:

_____

_____

Has GP been informed? YES NO

Does this child have a CAF/EHAF?

Consent from parents for this referral:

YES NO

Is this child in care?

YES NO

Is this child on Child Protection Plan?

YES NO

YES NO

Child's First Language: _____ **Parents' First Language(s):** _____

Is an interpreter or signer requested: YES NO

Can parents/carer access written information YES NO

Reason for referral:
Please explain the impact of this problem on the child/family
Please outline the strategies used and whether they have been useful

_____
_____
_____

Relevant History:
Medical:

_____

_____

Developmental issues: Attach ASQ and ASQ-SE from HV

_____
_____

Family structure:

_____
_____

EHAF/CAF report (if applicable):

_____

_____

Any other issues:

_____
_____

Professionals already involved with you/this child/young person (name/address) –

_____

_____

attach any relevant documents:

Referred by: _____

I confirm that a person with parental responsibility has given their consent for this referral

Signed: Date:

Print name:

Address: _____

_____

Telephone/+ Mobile: _____

Appendix 2

Shropshire Community Health NHS Trust

Pre-School Proforma

It would be extremely helpful to have information from her/his teacher in respect of the following areas. We have parental agreement to request this information from you. Please also include any other information that you feel is relevant and add attachments if required.

Name of Pupil		
Date of Birth		
Address		
School		**Year:**

Please tick box below as appropriate

Support Plans	**Existing Support**	**Named Person** (please sate)
Education, Health and Care Plan		
Target Plan or Individual Education Plan		
Common Assessment Framework or Early Help Assessment Framework		
Team Around Child or Early Help Partnership		
Other (please state)		

Agency Involvement	**Involved**	**Referral Made**
Child and Adolescent Mental Health Services		
Educational Psychology		
Emotional Behaviour Support Service		
Learning Support Service		
Occupational Therapy		
Physiotherapy		
Portage		
Social Services		
Speech and Language Therapy		
Other (please state)		

Score pupil in comparison with children of the same age	**No Difficulties**	**Mild Difficulties**	**Moderate Difficulties**	**Severe Difficulties**
Spoken Language				
Understanding of language				
Fine motor skills				
Gross motor skills				
Classroom Behaviour				
Playground Behaviour				
Confidence				
Peer relationships				

Please continue on the other side

How Would You Describe This Child's:
General developmental progress in relation to Early Year Foundation Stage:
Communication:
Motor development:
Self-help skills (dressing/toileting/feeding etc.):
Social interaction with adults:
Social interaction with peers:
Sensory issues (messy play/noise/touch etc.):
Attention control:
Activity level and impulse control:
General behaviour:
Any additional comments:

AT et al., SCHT 2016

Completed by: Position:

Date of Completion:

Please return this form to the following address

Name: ……
Coral House, 11 Longbow Close, Harlescott Lane, Shrewsbury, SY1 3G2

Name: ……
Monkmoor Campus, Woodcote Way, Monkmoor, Shrewsbury, SY2 5SH

Name: ……
Stepping Stones, Brunel Road, Telford, TF3 2BF

Shropshire Community Health NHS
NHS Trust

School Proforma

It would be extremely helpful to have information from her/his teacher in respect of the following areas. We have parental agreement to request this information from you. Please also include any other information that you feel is relevant and add attachments if required.

Name of Pupil			
Date of Birth			
Address			
School		**Year:**	

Please tick box below as appropriate

Support Plans	**Existing Support**	**Named Person** (please sate)
Education, Health and Care Plan		
Target Plan or Individual Education Plan		
Common Assessment Framework or Early Help Assessment Framework		
Team Around Child or Early Help Partnership		
Other (please state)		

Agency Involvement	**Involved**	**Referral Made**
Child and Adolescent Mental Health Services		
Educational Psychology		
Emotional Behaviour Support Service		
Learning Support Service		
Occupational Therapy		
Physiotherapy		
Social Services		
Speech and Language Therapy		
Other (please state)		

Score pupil in comparison with children of the same age	**No Difficulties**	**Mild Difficulties**	**Moderate Difficulties**	**Severe Difficulties**
Academic achievement in literacy				
Academic achievement in numeracy				
Co-ordination				
Classroom Behaviour				
Playground Behaviour				
Self-esteem				
Peer relationships				
Hyperactivity (fidgety, restless)				
Inattention				
Impulsivity				

Please continue on the other side

How Would You Describe This Child's:
General academic progress:
Specific learning difficulties:
Motor control:
Self-help skills (dressing/toileting/feeding etc.):
Attention control:
Activity level and impulse control:
Communication:
Social interaction with teacher:
Social interaction with peers:
Behaviour, Sensory Issues:
Any additional comments:

AT et al. 2016

Completed by: Position:

Date of Completion:

Please return this form to the following address

Name: ……
Coral House, 11 Longbow Close, Harlescott Lane, Shrewsbury, SY1 3G2

Name: ……
Monkmoor Campus, Woodcote Way, Monkmoor, Shrewsbury, SY2 5SH

Name: ……
Stepping Stones, Brunel Road, Telford, TF3 2BF

Appendix 3

Patient Details
Name:
Date of Birth:
NHS Number:
Telephone Number:
Address:

Paediatric Outpatient Assessment

Date of Clinic:	Location of Clinic:	
Age of Child:	Gender:	Ethnicity:
History from:	Relationship with Child:	
Who else present:		
Referred By:		
Reason for Referral:		
Parental Concerns:		

Health Professional :

Signature:	Designation:

Name:	GMC Number:	Date:

Developmental History
Expressive language (vocalise, single words, phrases, sentences):
Receptive language (understands within routine, understands 1 key word, 2 key words, longer instructions, responds to questions):
Social and Communications Skills
1. Social Interaction
a. Eye contact, facial expression, body postures and gestures
b. Peer relationships (mutual sharing of interests, activities and emotions)
c. Socio-emotional reciprocity, response to other people's emotions, modulation of behaviours according to social context

Health Professional :

Signature:	Designation:

Name:	GMC Number:	Date:

d. Spontaneous seeking to share enjoyment, interests or achievements with other people (eg showing, bringing or pointing out to other people objects of interest to the individual)
2. Communication
a. Spoken language (see expressive language)
b. Conversational exchange with reciprocal responsiveness to the communications of the other person
c. Stereoyped and repetitive use of language or idiosyncratic use of words or phrases
d. Spontaneous make-believe play or social imitative play
3. Restricted, repetitive and stereotyped patterns of behaviour, interests and activities
a. Stereotyped and restricted patterns of interest, interests that are abnormal in their intensity and circumscribed nature
b. Specific, non-functional routines or rituals
Health Professional :

Signature:	Designation:

Name:	GMC Number:	Date:

c. Stereotyped and repetitive mannerisms, hand or finger flapping or twisting or complex whole body movements

d. Preoccupations with part-objects of non-functional elements of play materials, such as odour, feel, noise or vibration

Gross motor skills (head control, sat, crawl, cruise, walked, bottom shuffle, run, hop, jump, kick ball, pedal a bike, stairs)

Fine motor skills and eye-hand co-ordination (feeding, drawing, writing, dressing, manipulating toys):

Sensory issues (messy hands, teeth brush, hair and nail cutting, clothes, food textures):

Health Professional :

Signature:	Designation:	
Name:	GMC Number:	Date:

Cognition Skills (colours, body parts, numbers, letters)
Self Help (feeding, toileting, dressing)
Hearing:
Vision:
Sleep:
Behaviour (temper tantrums, attention, concentration, hyperactivity)
Education
Nursery / School attend:
Nursery / School support:
Nursery / School concerns:

Health Professional :

Signature:		Designation:
Name:	GMC Number:	Date:
Consent to contact Yes ☐ No ☐ (Note: this consent can only be obtained from an adult with parental responsibility)		
Other professionals / agencies involved (health, education, social care, safeguarding, EHAF, EHPM):		
Pregnancy (general health, scans, DH, alcohol, smoking, drugs):		
Delivery (Gestation, Apgars, Birth weight, OFC at birth):		
Neonatal history (feeding, general wellbeing):		
Present Medical History (PMH):		
Drug History:		
Allergies:		
Immunisations up to date Yes ☐ No☐		

Health Professional :

Signature:	Designation:	
Name:	GMC Number:	Date:

Social History (names, age, occupation)

Family history (LD, ASD, speech, epilepsy, other):

Examination

Weight:	**Kg**	**Centile**		**Height:**	**cm**	**Centile**	
OFC	**cm**	**Centile**		**BMI**		**Centile**	

Observation in clinic (Dysmorphic features, social interaction, play, behaviour):

Health Professional :

Signature:	Designation:	
Name:	GMC Number:	Date:

Cardiovascular:
Respiratory:
Abdominal:
Skin (Café au lait/ hypopigmented lesions):
ENT:
Musculoskeletal include spine:
Neurological / gait:
Summary:
Differential diagnosis:
Management Plan:

Health Professional :

Signature:	Designation:	
Name:	GMC Number:	Date:

Follow up:

Health Professional :

Signature:	Designation:	
Name:	GMC Number:	Date:

Appendix 4

SCHOOL

THE CHILD AUTISM SPECTRUM QUOTIENT (AQ) CAMBRIDGE UNIVERSITY BEHAVIOURAL QUESTIONNAIRE
Note: This questionnaire is to be completed by the parent/guardian of each child aged 4 years and above

Name:…… DOB…… Date completed ……

Address:……

Please answer each of the following questions about your child or the person who is under your care by ticking a box that reflects your answer to the question most appropriately. If there is any question that you feel not able to comment on, please ask your son/daughter/partner or the person to answer. ***Please complete all 2 pages***

		Definitely agree	Slightly agree	Slightly disagree	Definitely disagree
1.	S/he prefers to do things with other rather than on her/his own.				
2.	S/he prefers to do things the same way over and over again.				
3.	If s/he tries to imagine something, s/he finds it very easy to create a picture in her/his mind.				
4.	S/he frequently gets so strongly absorbed in one thing that s/he loses sight of other things.				
5.	S/he often notices small sounds when other do not.				
6.	S/he normally notices house numbers or similar strings of information.				
7.	S/he has difficulty understanding rules for polite behaviours.				
8.	When s/he is read a story, s/he can easily imagine what the characters might look like.				
9.	S/he is fascinated by dates.				
10.	In a social group, s/he can easily keep track of several different people's conversations.				
11.	S/he finds social situations easy.				
12.	S/he tends to notice details that others do not.				
13.	S/he would rather go to a library than a birthday party.				
14.	S/he finds making up stories easy.				
15.	S/he is drawn more strongly to people than to things.				
16.	S/he tends to have very strong interests, which s/he gets upset about if s/he can't pursue.				
17.	S/he enjoys social chit-chat.				
18.	When s/he talks, it isn't always easy for others to get a word in edgeways.				
19.	S/he is fascinated by numbers.				
20.	When s/he is read a story, s/he finds it difficult to work out the characters' intentions or feelings.				
21.	S/he doesn't particularly enjoy fictional stories.				
22.	S/he finds it hard to make new friends.				
23.	S/he notices patterns in things all the time.				
24.	S/he would rather go to the cinema than a museum.				
25.	It does not upset him/her if his/her daily routine is disturbed.				

		Definitely agree	Slightly agree	Slightly disagree	Definitely disagree
26.	S/he doesn't know how to keep a conversation going with her/his peers				
27.	S/he find it easy to "read between the lines" when someone is talking to her/him.				
28.	S/he usually concentrates more on the whole picture; rather than the small details.				
29.	S/he is not very good at remembering phone numbers.				
30.	S/he doesn't usually notice small changes in a situation, or a person's appearance.				
31.	S/he knows how to tell if someone is listening to him/her is getting bored				
32.	S/he finds it easy to go back and forth between different activities.				
33.	When s/he talks on the phone, s/he is not sure when it's her/his turn to speak.				
34.	S/he enjoys doing things spontaneously.				
35.	S/he is often the last to understand the point of a joke.				
36.	S/he finds it easy to work out what someone is thinking or feeling just by looking at their face.				
37.	If there is an interruption, s/he can switch back to what s/he was doing very quickly.				
38.	S/he is good at social chit-chat.				
39.	People often tell her/him that s/he keeps going on about the same thing.				
40.	When s/he was in preschool, s/he used to enjoy playing games involving pretending with other children.				
41.	S/he likes to collect information about categories of things (e.g. types of cars, birds, plants, trains etc.)				
42.	S/he finds it difficult to imagine what it would be like to be someone else.				
43.	S/he likes to play any activities s/he participates carefully.				
44.	S/he enjoys social occasions.				
45.	S/he finds it difficult to work out people's intentions.				
46.	New situations make him/her anxious.				
47.	S/he enjoys meeting new people.				
48.	S/he is good at taking care not to hurt other people's feelings.				
49.	She is not very good at remembering people's date of birth.				
50.	S/he finds it very easy to play games with children that involve pretending.				

THE CHILD AUTISM SPECTRUM QUOTIENT (AQ) CAMBRIDGE UNIVERSITY BEHAVIOURAL QUESTIONNAIRE

Note: This questionnaire is to be completed by the parent/guardian of each child aged 4 years and above

Name:…… DOB…… Date completed ……..

Address:……

Please answer each of the following questions about your child or the person who is under your care by ticking a box that reflects your answer to the question most appropriately. If there is any question that you feel not able to comment on, please ask your son/daughter/partner or the person to answer. ***Please complete all 2 pages***

		Definitely agree	Slightly agree	Slightly disagree	Definitely disagree
1.	S/he prefers to do things with other rather than on her/his own.				
2.	S/he prefers to do things the same way over and over again.				
3.	If s/he tries to imagine something, s/he finds it very easy to create a picture in her/his mind.				
4.	S/he frequently gets so strongly absorbed in one thing that s/he loses sight of other things.				
5.	S/he often notices small sounds when other do not.				
6.	S/he normally notices house numbers or similar strings of information.				
7.	S/he has difficulty understanding rules for polite behaviours.				
8.	When s/he is read a story, s/he can easily imagine what the characters might look like.				
9.	S/he is fascinated by dates.				
10.	In a social group, s/he can easily keep track of several different people's conversations.				
11.	S/he finds social situations easy.				
12.	S/he tends to notice details that others do not.				
13.	S/he would rather go to a library than a birthday party.				
14.	S/he finds making up stories easy.				
15.	S/he is drawn more strongly to people than to things.				
16.	S/he tends to have very strong interests, which s/he gets upset about if s/he can't pursue.				
17.	S/he enjoys social chit-chat.				
18.	When s/he talks, it isn't always easy for others to get a word in edgeways.				
19.	S/he is fascinated by numbers.				
20.	When s/he is read a story, s/he finds it difficult to work out the characters' intentions or feelings.				
21.	S/he doesn't particularly enjoy fictional stories.				
22.	S/he finds it hard to make new friends.				
23.	S/he notices patterns in things all the time.				
24.	S/he would rather go to the cinema than a museum.				
25.	It does not upset him/her if his/her daily routine is disturbed.				

		Definitely agree	Slightly agree	Slightly disagree	Definitely disagree
26.	S/he doesn't know how to keep a conversation going with her/his peers				
27.	S/he find it easy to "read between the lines" when someone is talking to her/him.				
28.	S/he usually concentrates more on the whole picture; rather than the small details.				
29.	S/he is not very good at remembering phone numbers.				
30.	S/he doesn't usually notice small changes in a situation, or a person's appearance.				
31.	S/he knows how to tell if someone is listening to him/her is getting bored				
32.	S/he finds it easy to go back and forth between different activities.				
33.	When s/he talks on the phone, s/he is not sure when it's her/his turn to speak.				
34.	S/he enjoys doing things spontaneously.				
35.	S/he is often the last to understand the point of a joke.				
36.	S/he finds it easy to work out what someone is thinking or feeling just by looking at their face.				
37.	If there is an interruption, s/he can switch back to what s/he was doing very quickly.				
38.	S/he is good at social chit-chat.				
39.	People often tell her/him that s/he keeps going on about the same thing.				
40.	When s/he was in preschool, s/he used to enjoy playing games involving pretending with other children.				
41.	S/he likes to collect information about categories of things (e.g. types of cars, birds, plants, trains etc.)				
42.	S/he finds it difficult to imagine what it would be like to be someone else.				
43.	S/he likes to play any activities s/he participates carefully.				
44.	S/he enjoys social occasions.				
45.	S/he finds it difficult to work out people's intentions.				
46.	New situations make him/her anxious.				
47.	S/he enjoys meeting new people.				
48.	S/he is good at taking care not to hurt other people's feelings.				
49.	She is not very good at remembering people's date of birth.				
50.	S/he finds it very easy to play games with children that involve pretending.				

Appendix 5

ASD DSM-V Checklist

A, B, C, D and E has to be fulfilled for a patient to be diagnosed with Autism Spectrum Disorder (ASD). Please refer to DSM-V book to evaluate severity.

	Diagnostic Criteria			Checked
A	Persistent deficits in social interaction and social communication across multiple contexts, as manifested by **all the following criteria**, currently or by history (examples are illustrative not exhaustive, consider to check **at least two to three examples in each criterion**):			
	1	Deficit in social -emotional reciprocity i.e.: - abnormal social approach - failure of normal back-and-forth conversation - reduced sharing of interests, emotions or affect - failure to initiate or respond to social interactions		
	2	Deficit in nonverbal communicative behaviours used for social interaction i.e.: - eye-to- eye contact - facial expression - body postures - gestures to regulate social interaction.		
	3	Deficit in developing, maintaining and understanding relationships i.e.: - difficulties adjusting behaviours to suit various social context - difficulties in sharing imaginative play - making friends - absence of interest in peers		
B	Restricted, repetitive patterns of behaviour, interests or activates as manifested by **at least two of the following criteria,** currently or by history (examples are illustrative not exhaustive, consider to check **at least two to three examples in each criterion**):			
	1	Stereotyped and repetitive motor movements, use of objects, or speech i.e.: - simple motor stereotypes - lining up toys - flipping objects - echolalia - Idiosyncratic phrases - hand or finger flapping or twisting or complex whole-body movements		
	2	Insistence or sameness, inflexible adherence to routines, or ritualised verbal or nonverbal behaviour i.e.: - extreme distress of small changes, - difficulties with transitions, - rigid thinking patterns, - greeting ritual, - need to take same route or eat same food every day		
	3	Highly restricted, fixated interests that are abnormal in intensity or focus i.e.: strong attachment to or preoccupation with unusual objects, excessively circumscribed or preservative interests, persistent preoccupation with parts of objects.		
	4	Hyper- of Hyporeactivity to sensory input or unusual interest in sensory aspects of the environment i.e.: apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching objects, visual fascination with lights or movements		
C	Symptoms must be present in the early developmental period (but they may full manifest at later stage)			
D	Symptoms cause clinically significant impairment in social, occupational, or other important area of functioning			
E	These disturbances are not better explained by intellectual disability or global developmental delay			

AT, SCHT 2016