

M-Q-ASC

MODIFIED - QUESTIONNAIRE FOR AUTISM SPECTRUM CONDITIONS

Ages 5-12

NAME: _____ AGE: _____ (years)

DOB: ____/____/____ GENDER: _____ Date of completion: ____/____/____

The following screening questionnaire is designed to identify behaviors and abilities in young people aged 5 to 19 years that could be associated with the characteristics of Autism Spectrum Conditions (ASC, frequently defined as ASD – Autism Spectrum Disorders). Below is a list of questions and statements. Please read each question and statement very carefully and rate how strongly you agree or disagree with it by circling your answer.

SECTION A Gendered Behaviour	<i>If the question describes your child's behavior when s/he was younger, please answer retrospectively.</i>			
Is s/he interested in looking feminine?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does or did s/he prefer to play with boys' toys?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Is s/he interested in looking masculine?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does or did s/he prefer to play with girls' toys?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does s/he like to carry an object (e.g. a favourite toy, a piece of cloth) which s/he touches or rubs to calm themselves?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree

SECTION B Sensory Sensitivity				
Is s/he bothered by bright lights or certain kind of lights (e.g. fluorescent light)?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does s/he have poor endurance and tire easily?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Is s/he distressed by certain smells or avoidant of certain tastes that are a part of a typical diet?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does s/he express distress during grooming (e.g. fights or cries during fingernail cutting, haircutting, combing) or when s/he is touched (e.g. someone touches his/her feet)?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Is s/he easily distracted and cannot focus his or her attention if there is a lot of noise around?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does s/he seek certain sensations (e.g. jumps, swings, spins, cannot sit still, fidgets, masturbates, leaves clothing twisted on body)?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree

SECTION C Compliant Behaviour				
Does s/he avoid complying with requests from an adult?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Is s/he well-behaved at home?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does s/he apologise when s/he makes a social error?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Is s/he well-behaved at school?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Is s/he emotional and his/her reactions out of proportion?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree

SECTION D

Friendships & Play

Does s/he enjoy playing with others?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does s/he enjoy playing or talking with the opposite gender?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does or did s/he have a special interest in friendship?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does s/he enjoy talking with others?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does s/he have many friends?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree

SECTION E

Social Masking

Do some social situations make him or her mute?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Is s/he shy in social situations?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does s/he have a facial 'mask' that hides his/her social confusion?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does his/her facial expression sometimes not match his/her mood, or the situation?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does or did s/he dominate when playing or talking with others?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree

SECTION F

Imagination

Did or does s/he enjoy fantasy worlds?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Is s/he interested in fiction?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Was or is his/her play as imaginative as other children's?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does or did s/he have imaginary friends or imaginary animals?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does or did s/he create his/her own complex 'setups' with toys?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree

SECTION G

Imitation

Does s/he copy or clone him/herself on others?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does s/he adopt a different persona in different situations?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does s/he avidly observe others playing or socialising?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Is s/he interested in looking gender neutral?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree
Does or did s/he role-play the teacher or other adults in his/her solitary games?	Definitely disagree	Slightly disagree	Slightly agree	Definitely agree

SECTION H

Medical history

Has s/he ever presented symptoms typical for <u>depression</u> (e.g. feeling sad, hopeless, trouble sleeping, changes in appetite – either loss or gain in weight, suicidal thoughts and attempts etc.)?	Yes	No
Has s/he ever presented symptoms typical for <u>anxiety</u> (e.g. dizziness, feeling lightheaded, frequent urination, feeling cold or blushing, body aches etc.)?	Yes	No
Has s/he ever presented symptoms typical for <u>panic attacks</u> (e.g. sense of terror, or impending doom or death, feeling dizzy, sweaty or having chills, chest pains, breathing difficulties etc.)?	Yes	No
Has s/he ever been diagnosed with <u>eating disorder</u> (i.e. anorexia or bulimia) or presented symptoms typical for eating disorders (e.g. an intense fear of gaining weight, excessive exercise and dieting, preoccupation with food and/or calories, provoking vomiting, excessive laxative use etc.)	Yes	No