



# AUTISM QUESTIONNAIRE

Phone: (480) 508-7381    www.AzGoldensLLC.com    Email: AzGoldensLLC@gmail.com

Name of Child: \_\_\_\_\_ Gender:  Male    Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Questionnaire Completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Speech/Language/Communications:

Answer each question with an X that best describes your child.

1. Lack the ability to initiate or sustain conversation (age appropriate)? \_\_\_\_\_ yes \_\_\_\_\_ no
2. Lack the ability for creative, imaginative play? \_\_\_\_\_ yes \_\_\_\_\_ no
3. Exhibits delays, arrests, or regressions in motor, sensory, social or learning skills? \_\_\_\_\_ yes \_\_\_\_\_ no
4. Follows developmental patterns in the acquisition of skills? \_\_\_\_\_ yes \_\_\_\_\_ no
5. How often is verbal language used? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
6. How often can follow commands \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
7. Does child response to correction such as "No" or "Stop" positively \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
8. Uses one word at a time (No, Eat, Water, etc.) \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
9. Uses two words at a time (Don't want, Go home) \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
10. Knows 10 or more words \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
11. Uses sentences with 4 or more words \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
12. Explains what he or she wants \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
13. Asks meaningful questions \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
14. Demonstrate repetitive use of language?  
If so, please give an example: \_\_\_\_\_
15. Demonstrate idiosyncratic language? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
16. Demonstrate Echolalia language? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
17. Uses incessant question asking? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
18. Can they talk about someone else's preferred topic? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
19. Produces unusual noises or infantile squeals \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
20. Produces gibberish or jargon \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
21. Difficulty expressing needs or desires, using gestures \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%



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## Sociability:

Answer each question with an X that best describes your child.

22. Pays little or no attention when addressed    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
23. Uncooperative and resistant    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
24. Prefers to be left alone    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
25. Avoids contact with others    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
26. Does not share or show    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
27. Disagreeable/not compliant in social situations    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
28. Experiences temper tantrums?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
- If so how severe?    \_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe

Are they \_\_\_\_\_ **vocal** or \_\_\_\_\_ **physical** temper tantrums?

Describe typical tantrums: \_\_\_\_\_

How long generally do tantrums last?    \_\_\_ 5-15min \_\_\_ 20-30min \_\_\_ 1hr \_\_\_ 2hrs \_\_\_ hours

What interrupts the tantrums? \_\_\_\_\_

## Sensory/Cognitive Awareness:

Answer each question with an X that best describes your child.

29. Experience oversensitivity to light?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
- If so, please give an example: \_\_\_\_\_
30. Experience oversensitivity to sound?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
- If so, please give an example: \_\_\_\_\_
31. Experience oversensitivity to smell?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
- If so, please give an example: \_\_\_\_\_
32. Experience oversensitivity to textures?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
- If so, please give an example: \_\_\_\_\_
33. Experience oversensitivity to being touched?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
- If so, please give an example: \_\_\_\_\_
34. Responses to praise    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
35. Looks & reacts to pictures    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
36. Looks at people and animals    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
37. Looks where others look    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
38. Looks at movies, iPad, or T.V.    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
39. Inappropriate use/play of toys (smelling, banging, licking)    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%



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## Sensory/Cognitive Awareness:

Answer each question with an X that best describes your child.

40. Obsessed with objects or topics  
(trains, weather, numbers, dates)    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
41. Initiates activities    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
42. Understands explanations    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
43. Aware of Environment    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%

## Behavior/Physical/Health:

Answer each question with an X that best describes your child.

44. Has interrupted sleep?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%  
If so, please give an example + include length a night episode(s) last: \_\_\_\_\_
- 
45. Hides from caregivers?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
46. Explores Environment (Wonders)    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
47. Demonstrate hyperactive behaviors?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
48. Demonstrate impulsivity?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
49. Demonstrate extreme or abnormal moods?  
(giggling or weeping for no apparent reason)    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
50. Demonstrate repetitive motions?  
(hand or finer flapping, self-stimulation)    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
- 
51. Experience a very short attention span?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
52. Approaches others and initiate interactions?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
53. Demonstrate aggressive behavior?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
54. Has self-injurious behavior    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
55. Hits or injures others    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
56. Is destructive to toys or environment    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
57. Demonstrates a lack of fear to real dangers  
(age appropriate)    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
58. Experiences difficulty in forming peer relationships?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
59. Has your child been in "play groups," "child care," etc?    \_\_\_ yes \_\_\_ no  
If so, please give an example: \_\_\_\_\_



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## Behavior/Physical/Health (Continued):

Answer each question with an X that best describes your child.

60. Displays a fear of dogs? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If so, please give an example: \_\_\_\_\_
61. Demonstrates impairment in eye contact, expressions, body postures and gestures? \_\_\_\_\_ yes \_\_\_\_\_ no
62. Facial expressions don't fit situations \_\_\_\_\_ yes \_\_\_\_\_ no
63. Fails to share enjoyment, interests or achievements with others? \_\_\_\_\_ yes \_\_\_\_\_ no
64. Demonstrate frustration/irritability with minimal changes in routine \_\_\_\_\_ yes \_\_\_\_\_ no  
 How bad does the meltdowns get?    \_\_\_ Mild    \_\_\_ Moderate    \_\_\_ Severe  
 How long generally does meltdown last?    \_\_\_ 5-15min    \_\_\_ 20-30min    \_\_\_ 1hr    \_\_\_ 2hrs    \_\_\_ hours
65. Experience a delay in reaction to their environment? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If so, how long is the average delayed response? \_\_\_\_\_ "Good" Day    \_\_\_\_\_ "Bad" Day
66. Is your child on a special diet or food restriction? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If so, please give an example: \_\_\_\_\_
67. Does your child have allergies? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If so, please give an example: \_\_\_\_\_
68. Take medication? \_\_\_\_\_ yes \_\_\_\_\_ no
69. Experience seizures? \_\_\_\_\_ yes \_\_\_\_\_ no
70. Experience any other disabilities? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If so, please explain: \_\_\_\_\_
71. My child is a  boy  girl and is \_\_\_\_\_ years of age.
72. My child was diagnosis with \_\_\_\_\_ at the age of \_\_\_\_\_
73. Interventions: Types and Length  
 \_\_\_ Occupational Therapy (OT) for how long \_\_\_\_\_ yrs  
 \_\_\_ Speech for how long \_\_\_\_\_ yrs  
 \_\_\_ Applied Behavior Analysis (ABA) for how long \_\_\_\_\_ yrs  
 \_\_\_ Physical Therapy (PT) for how long \_\_\_\_\_ yrs  
 \_\_\_ other, specified \_\_\_\_\_ - \_\_\_ yrs, \_\_\_\_\_ - \_\_\_ yrs, \_\_\_\_\_ - \_\_\_ yrs

Mail, email or fax your completed Questionnaire to Arizona Goldens LLC:

Email: [AZGoldensLLC@gmail.com](mailto:AZGoldensLLC@gmail.com)  
 Fax #: 1 (866) 674-3186  
 Mailing address: PO Box 40776  
 Mesa, Arizona 85274-00776

Should you have any questions, please contact our Manager Brian Daugherty at:

Direct Line: (480) 508-7381