



Practice Name \_\_\_\_\_

Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_

### DSM5-TR Checklist for Autism Spectrum Disorder

Please complete the following based on the report of history, current symptoms, and your observation during evaluation.

<b>Persistent deficits in social communication and social interaction across multiple contexts, as manifested by all of the following, currently or by history</b>			
	Present	Unsure	Not Present
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Deficits in social-emotional reciprocity</b>			
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Deficits in nonverbal communicative behaviors used for social interaction</b>			
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Deficits in developing, maintaining, and understanding relationships</b>			
<b>These deficits require</b> <input type="checkbox"/> support (level 1) <input type="checkbox"/> substantial support (level 2) <input type="checkbox"/> very substantial support (level 3)			
<b>Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history</b>			
	Present	Unsure	Not Present
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stereotyped or repetitive motor movements, use of objects, or speech</b>			
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior</b>			
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly restricted, fixated interests that are abnormal in intensity or focus</b>			
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment</b>			
<b>These deficits require</b> <input type="checkbox"/> support (level 1) <input type="checkbox"/> substantial support (level 2) <input type="checkbox"/> very substantial support (level 3)			
	Yes	Unsure	No
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Symptoms present in the early developmental period (may not become manifest until social demands exceed limited capacities/ may be masked by learned strategies in later life</b>			
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning</b>			
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disturbances are not better explained by intellectual developmental disorder or global developmental delay</b>			
Yes		No	
<b>Present/Yes selected for 1,2,3; 2 or more of 4,5,6,7 and 8,9,10</b>			

Based on the above the patient meets criteria for autism spectrum disorder. Yes  No  Unsure

If you are unsure please refer for further evaluation

I attest that I am a qualified/certified licensed healthcare professional whose licensure board considers diagnostics to be within my scope of practice.

Qualification: (check all that apply) \_\_\_ Pediatrician, \_\_\_ Neurologist, \_\_\_ Pediatric Neurologist, \_\_\_ Psychiatrist, \_\_\_ Child and Adolescent Psychiatrist, \_\_\_ Licensed Clinical Psychologist, \_\_\_ Medical Doctor (MD, DO) experienced in the diagnosis of ASD.

Name Clinician \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# Making an Autism Spectrum Disorder Diagnosis

Severity Level for ASD	Social Communication	Restricted Interests & Repetitive Behaviors
<b>Level 3</b> <b>'Requiring very substantial support'</b>	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
<b>Level 2</b> <b>'Requiring substantial support'</b>	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal response to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interest, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action
<b>Level 1</b> <b>'Requiring support'</b>	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

American Psychiatric Association. *Pervasive developmental disorders*. In: *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed.-text revision (DSM-5). Washington, DC: American Psychiatric Association; 2013.