

DSM-5 Criteria for Autism Spectrum Disorder

O = observed by MD

PR = per parent report

A. Persistent deficits in social communication and social interaction across multiple contexts (observed by MD/reported by parent)

☐ 1. Deficits in social-emotional reciprocity

O PR

- ☐ ☐ Abnormal social approach (intrusive touch, licking others)
- ☐ ☐ Failure of normal back-and-forth conversation (failure to respond to name, failure to respond to the comments of others, trouble starting/maintaining/ending conversations, speaking in monologues, only willing to discuss topics of special interest)
- ☐ ☐ Reduced sharing of interests, emotions, or affect (lack of showing/bringing/pointing out objects of interest, not trying to draw others' attention to interests or accomplishments, does not notice or understand others' emotions, does not show empathy, indifference/aversion to physical contact and affection)
- ☐ ☐ Failure to initiate or respond to social interactions (strongly prefers to spend time alone, little interest in group activities, seems oblivious to the presence of others, does not respond to others, only initiates to get help)
- ☐ ☐ Other: _____

☐ 2. Deficits in nonverbal communicative behaviors used for social interaction

O PR

- ☐ ☐ Poorly integrated verbal and nonverbal communication
- ☐ ☐ Abnormal eye contact (trouble looking others in the eye or prolonged eye contact)
- ☐ ☐ Abnormal body language (facing away from listener)
- ☐ ☐ Deficits in understanding and use of gestures
- ☐ ☐ Other: _____

☐ 3. Deficits in developing, maintaining, and understanding relationships

O PR

- ☐ ☐ Difficulty adjusting behavior to suit various social contexts
- ☐ ☐ Difficulty sharing imaginative play
- ☐ ☐ Difficulty making friends
- ☐ ☐ Lack of interest in peers
- ☐ ☐ Other: _____

Patient Name
& DOB: _____

B. Restricted, repetitive patterns of behavior, interests, or activities (at least 2 of the following)

☐ 1. Stereotyped or repetitive motor movements, use of objects, or speech

O PR

- ☐ ☐ Simple motor stereotypes (spinning in circles, rocking, odd hand movements)
- ☐ ☐ Lining up toys or flipping objects (putting toys in order rather than engaging in imaginative play)
- ☐ ☐ Echolalia (repeating what others say)
- ☐ ☐ Frequent repetition of idiosyncratic phrases
- ☐ ☐ Unusual gait (walking on tiptoe)
- ☐ ☐ Use of objects in unusual ways (repeatedly opening and closing doors on toy car)
- ☐ ☐ Overly formal, pedantic style, like "a little professor"
- ☐ ☐ Other: _____

☐ 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior

O PR

- ☐ ☐ Extreme distress at small changes, high anxiety if routines or rituals are not followed (need to eat grapes at 4pm every day, need to step on the same tiles in the bathroom)
- ☐ ☐ Difficulty with transitions from one place or activity to another
- ☐ ☐ Restricted food preferences (e.g., will only eat certain colors or shapes of food)
- ☐ ☐ Rigid thought patterns
- ☐ ☐ Greeting rituals
- ☐ ☐ Other: _____

☐ 3. Highly restricted, fixated interests that are abnormal in intensity or focus

O PR

- ☐ ☐ Strong attachment to or preoccupation with unusual objects or topics (vacuum cleaners, historical dates, street signs)
- ☐ ☐ Excessively circumscribed or perseverative interests, difficulty being redirected from these interests

☐ 4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment

O PR

- ☐ ☐ Apparent indifference to pain/temperature
- ☐ ☐ Adverse response to specific sounds or textures
- ☐ ☐ Excessive smelling or touching of objects
- ☐ ☐ Visual fascination with lights or movement
- ☐ ☐ Other: _____

Diagnosis:

Severity Level

- ☐ Level 1 ("requiring support")
- ☐ Level 2 ("requiring substantial support")
- ☐ Level 3 ("requiring very substantial support")

MD Signature

MD Name

Date Completed
