**The Childhood Autism Spectrum Test (CAST)**

Child’s Name: .................................. Age: ......................... Sex: Male / Female

Birth Order: ..................................... Twin or Single Birth: ..................................

Parent/Guardian: .....................................................................................................

Parent(s) occupation: ............................................................................................

Age parent(s) left full-time education: ....................................................................

Address: .................................................................................................................

 ................................................................................................................. .................................................................................................................

Tel.No: .................................. School: ........................................................

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**Please read the following questions carefully, and circle the appropriate answer. All responses are confidential.**

**1**. Does s/he join in playing games with other children easily? Yes No

**2**. Does s/he come up to you spontaneously for a chat? Yes No

**3**. Was s/he speaking by 2 years old? Yes No

**4**. Does s/he enjoy sports? Yes No

**5**. Is it important to him/her to fit in with the peer group? Yes No

**6**. Does s/he appear to notice unusual details that

 others miss? Yes No

**7**. Does s/he tend to take things literally? Yes No

**8**. When s/he was 3 years old, did s/he spend a lot of time

 pretending (e.g., play-acting being a superhero, or

 holding teddy’s tea parties)? Yes No

**9**. Does s/he like to do things over and over again,

 in the same way all the time? Yes No

**10**. Does s/he find it easy to interact with other

 children? Yes No

**11**. Can s/he keep a two-way conversation going? Yes No

**12**. Can s/he read appropriately for his/her age? Yes No

**13**. Does s/he mostly have the same interests as

 his/her peers? Yes No

**14.** Does s/he have an interest which takes up so much

 time that s/he does little else? Yes No

**15**. Does s/he have friends, rather than just acquaintances? Yes No

**16**. Does s/he often bring you things s/he is interested

 in to show you? Yes No

**17**. Does s/he enjoy joking around? Yes No

**18**. Does s/he have difficulty understanding the rules

 for polite behaviour? Yes No

**19**. Does s/he appear to have an unusual memory for

 details? Yes No

**20**. Is his/her voice unusual (e.g., overly adult, flat, or

 very monotonous)? Yes No

**21**. Are people important to him/her? Yes No

**22**. Can s/he dress him/herself? Yes No

**23**. Is s/he good at turn-taking in conversation? Yes No

**24**. Does s/he play imaginatively with other

 children, and engage in role-play? Yes No

**25**. Does s/he often do or say things that are tactless

 or socially inappropriate? Yes No

**26**. Can s/he count to 50 without leaving out any

 numbers? Yes No

**27**. Does s/he make normal eye-contact? Yes No

**28**. Does s/he have any unusual and repetitive

 movements? Yes No

**29**. Is his/her social behaviour very one-sided and

 always on his/her own terms? Yes No

**30**. Does s/he sometimes say “you” or “s/he” when

 s/he means “I”? Yes No

**31**. Does s/he prefer imaginative activities such as

 play-acting or story-telling, rather than numbers

 or lists of facts? Yes No

**32**. Does s/he sometimes lose the listener because of

 not explaining what s/he is talking about? Yes No

**33**. Can s/he ride a bicycle (even if with stabilisers)? Yes No

**34**. Does s/he try to impose routines on him/herself,

 or on others, in such a way that it causes problems? Yes No

**35**. Does s/he care how s/he is perceived by the rest of

 the group? Yes No

**36**. Does s/he often turn conversations to his/her

 favourite subject rather than following what the other

 person wants to talk about? Yes No

**37**. Does s/he have odd or unusual phrases? Yes No

**SPECIAL NEEDS SECTION**

**Please complete as appropriate**

**38**. Have teachers/health visitors ever expressed any

 concerns about his/her development? Yes No

If Yes, please specify..................................................................................................

**39**. Has s/he ever been diagnosed with any of the following?:

Language delay Yes No

Hyperactivity/Attention Deficit Disorder (ADHD) Yes No

Hearing or visual difficulties Yes No

Autism Spectrum Condition, incl. Asperger’s Syndrome Yes No

A physical disability Yes No

Other (please specify) Yes No