



Autism and Asperger's Questionnaire

Producer _____ Phone _____ Fax _____
Client _____ Age/DOB _____ Sex _____

If your client has autism or Asperger's disorder, please answer the following:

1. What is the diagnosis?

2. Have any psychiatric disorders been diagnosed? If so, please state.

3. Has any intellectual disability been diagnosed? If so, please state.

4. Are physical impairments present? Check all that apply.

- Cerebral palsy. Please describe level of function. _____
- Seizure history. Please state type and frequency. _____

5. Are activities of daily living (ADLs) or instrumental activities of daily living (IADLs) appropriate for age?

▶ **ADLs** appropriate for age (e.g., ambulating, toileting, bathing, feeding, dressing, self-care)

- Yes
- No. Please give details. _____

▶ **IADLs** appropriate for age (e.g., cooking, housecleaning, telephone use, driving)

- Yes
- No. Please give details. _____

6. Is the client working or in school? Please give details.

7. Is your client on any medications?

- Yes. Please give details. _____
- No

8. Has your client smoked cigarettes in the last 12 months?

- Yes
- No

9. Does your client have any other major health problems (e.g., cancer, etc.)?

- Yes. Please give details. _____
- No