

This is form 2:

Full name of child with whatsapp mobile no of parent:>>>(required)

Email(required)

Following answers are in ye no format, more you say yes, more you are closer to autism.

When yes, grade from 1 to 5 , 1 is least and 5 is worst.

A1.1: **Abnormal Social Approach**, Describe age inappropriateness. Yes / No>>>(required)

A1.2: **Abnormal Back and forth conversation**. Describe age inappropriateness Yes / No >>>(required)

A1.3: **Reduced sharing of interest, emotions, affect, feelings**. Describe age inappropriateness Yes / No >>>(required)

A 1.4: **Failure to initiate or respond** to social intercatons. Describe age inappropriateness Yes / No >>>(required)

A 2.1: **Poor eye contact, poor nonverbal or verbal** communication. Describe age inappropriateness Yes / No >>>(required)

A 2.2: **Poor body language**. Describe age inappropriateness Yes / No >>> (required)

A 2.3: **Deficit in use of gestures**. Describe age inappropriateness Yes / No >>>(required)

A 2.4: **Total lack of facial expressions, or lacks nonverbal** communication. Describe age inappropriateness Yes / No >>>(required)

A3.1: **Deficit in developing maintaining and understanding relationships** Describe age inappropriateness Yes / No >>> (required)

A 3.2: **Difficulty in adjusting behaviours to various social** contexts. Describe age inappropriateness Yes / No >>>(required)

A 3,3: **Difficulty in sharing imaginative play or making friends**. Describe age inappropriateness Yes / No >>>(required)

A 3.4: **Absence of interest in peers or friends**. Describe age inappropriateness Yes / No >>>(required)

B 1.1: **Repetitive movements /stereotypes with objects** . Describe age inappropriateness Yes / No >>>(required)

B 1.2:**Repetitive movements /stereotypes Movements**. Describe age inappropriateness Yes / No >>>(required)

B 1.3:**Repetitive movements /stereotypes** lining up toys, shoes etc. Describe age inappropriateness Yes / No >>>(required)

B 1.4: **Repetitive movements /stereotypes** with flipping objects / movements . Describe age inappropriateness Yes / No >>>(required)

B 1.5: **Repetitive words**: echolalia / copying . Describe age inappropriateness Yes / No >>>(required)

B 1.6:**Repetitive phrases** with or without meaning. Describe age inappropriateness Yes / No >>>(required)

B 2.1: **Sameness / Rigidity:** Extreme distress at small change. Describe age inappropriateness Yes / No >>>(required)

B 2.2: **Sameness / Rigidity:** difficulty in change or transition from routine. Describe age inappropriateness Yes / No >>>(required)

B 2.3 **Sameness / Rigidity:** Rigid thinking patterns. Describe age inappropriateness Yes / No >>>(required)

B 2.4: **Sameness / Rigidity:** Greeting rituals. Describe age inappropriateness Yes / No >>>(required)

B 2.5: **Sameness / Rigidity:** Need to take same route. Describe age inappropriateness Yes / No >>>(required)

B 2.6: **Sameness / Rigidity:** Same food pattern every day. Describe age inappropriateness Yes / No >>>(required)

B 3.1: **Restricted fixed interest or focus:** strong attachment / unusually busy with unusual objects. yes / no details >>>(required)

B 3.2: **Restricted fixed interest or focus:** excessive circumscribed interest-not to confuse with passion: highly preferred interest that makes child non sharing, inflexible. its interest without its usefulness or progress. yes/ no / details >>>(required)

B 4.1: **Hypo or hyper response to sensory input** : indifference to pain / temperature yes/ no /details >>>(required)

B 4.2: **Hypo or hyper response to sensory input** : sound / texture Yes/ No /details >>>(required)

B 4.3: **Hypo or hyper response to sensory input** : excessive smelling / touching Yes/ No /details >>>(required)

B 4.4: **Hypo or hyper response to sensory input** : Visual Fascination with light or movement Yes/ No /details >>>(required)

C: Was all this present **before age six years**. yes/ no, did it manifest only after stress like studies? yes/ no >>>(required)

D: definitely **affecting day to day life or schooling?** Yes/ No >>>(required)

E: **Developmental motor delay** Yes/ No, Mental subnormality Yes/ no; Developmental age inappropriate yes/ No >>>(required)

Any other diagnosis in mind:

Any of one of each of A1 +A2 + A3 + any two of B 1 B2 B3 B4, usually make a kid likely for diagnosis of Autism.

Write about **hyper activity:** yes or no, if yes select below

Running type Climbing type Jumping type Aggressive Throwing hitting biting

Difficulty in passing stools:circle any or many

Daily/Not daily/passes standing/ uses diaper/passes pellet like/doesnt pass for more than 3 days/ foul /smelly/sticky/ loose motions how many days a week