

MGH AUTISM SPECTRUM DISORDER DSM-5-TR DIAGNOSTIC SYMPTOM CHECKLIST[®]

Name: _____

Age: _____ years

Sex: Male / Female

- Assessment Guidelines:**
1. Incorporate information from clinical observation and all available sources
 2. Offer suggested prompts to elicit features of concern

	<u>Absent</u> (No)	<u>Unsure</u> (Subthreshold)	<u>Present</u> (Full)
<u>Diagnostic Features</u>			
A Deficits in Social Communication and Interaction (as manifested by <i>lifetime history</i> of all three of the following)			
1. Deficits in social-emotional reciprocity	-	±	+
<u>Lack of social reciprocity</u>			
<input type="checkbox"/> Difficulty reading and responding to social cues (socially naïve) <input type="checkbox"/> Socially inappropriate responses (lack social intelligence; socially awkward; social inhibition or disinhibition; odd social boundaries) <input type="checkbox"/> Has unusual style of speech (pedantic, professorial) <input type="checkbox"/> Does not start conversation with others <input type="checkbox"/> Does not talk to be friendly or social (lacks ability to make small talk) <input type="checkbox"/> Limited ability to engage in back-and-forth reciprocal conversation (especially on other person's topic of interest) <input type="checkbox"/> Inability to engage in a cooperative (give and take) activities or interests with others (e.g., not a team player or participate in team sports)			
<u>Lack of emotional reciprocity</u>			
<input type="checkbox"/> Inability to spontaneously share enjoyment or achievements <input type="checkbox"/> Seems unaware of or respond inappropriately to others' feelings (emotionally detached/insensitive; unaffectionate) <input type="checkbox"/> Does not express feelings <input type="checkbox"/> Does not offer or seek comfort, or seeks comfort in an odd way			
2. Deficits in nonverbal communicative behaviors used for social interaction	-	±	+
<input type="checkbox"/> Poor eye contact (impaired joint attention: does not use or respond to eye gaze or pointing to share attention) <input type="checkbox"/> Does not use or understand gestures (facial expression [social smile] or body language) <input type="checkbox"/> Does not use or understand tone of voice (e.g., sarcasm) <input type="checkbox"/> Has unusual tone (monotonous, high-pitched, robotic) <input type="checkbox"/> Poor integration of verbal & non-verbal communication			
3. Deficits in developing, maintaining, and understanding relationships	-	±	+
<u>Difficulty in peer relations (friendships)</u>			
<input type="checkbox"/> Limited interest in peers (lacks social curiosity) <input type="checkbox"/> Difficulty making or maintaining friendship with <u>peers</u> (relationships: with much younger or older people, one-sided, solely based on shared special interest)			
<u>Social inflexibility/rigidity</u>			
<input type="checkbox"/> Rigid or atypical social interests and behaviors <input type="checkbox"/> Difficulty adapting behavior for different social contexts or relationships (contextually inappropriate behavior)			
<u>Lack of imaginative or imitative social play</u>			
<input type="checkbox"/> Does/did not engage in flexible pretend play <input type="checkbox"/> Inability to imitate others' personal behaviors <input type="checkbox"/> Too literal or concrete: does not understand the implied or implicit meaning in conversations (black & white thinking; e.g., puns, jokes, irony, white lies)			
B Restricted, Repetitive Patterns of Behavior, Interests, or Activities (as manifested by <i>lifetime history</i> of at least two of the following)			
1. Stereotyped or repetitive motor movements, speech, or use of objects (Stimming)	-	±	+
<u>Stereotyped and repetitive motor mannerisms</u>			
<input type="checkbox"/> Flapping, clapping, finger flicking <input type="checkbox"/> Whole body movement (e.g., rocking, tip toe walking, swaying) <input type="checkbox"/> Repetitive use of objects (e.g., lining-up, flipping, or spinning objects)			
<u>Stereotyped, repetitive, or idiosyncratic speech</u>			
<input type="checkbox"/> Often uses odd phrases or words, including neologisms (with unique meaning) <input type="checkbox"/> Repeats words, sentences, or scripts (scripting) in the exact same way (including echolalia) <input type="checkbox"/> Refers to self in third person (pronominal reversal)			
2. Inflexible adherence to routines or ritualized patterns of verbal or nonverbal behavior	-	±	+
<input type="checkbox"/> Strong need for day-to-day sameness (routine bound) <input type="checkbox"/> Gets unusually upset if routine or environment changes (transitional difficulties) <input type="checkbox"/> Verbal or nonverbal rituals (fixed sequence of utterances [greeting rituals] or nonverbal behaviors [same route or food everyday]) <input type="checkbox"/> Has a hard time changing their mind (cognitive rigidity [rule bound; highly opinionated]) <input type="checkbox"/> Inability to tolerate unstructured time			
3. Highly restricted, fixated interests that are abnormal in intensity or focus	-	±	+
<input type="checkbox"/> Very narrow range of interests (circumscribed, non-progressive, non-social) <input type="checkbox"/> Unusual intensity of interest(s) that are odd or peculiar in quality (e.g., preoccupation with names of train stations, war battles) <input type="checkbox"/> Extreme preoccupation with usual interest(s) (all or none) <input type="checkbox"/> Engages in certain activities repetitively (e.g., watching the same movie repeatedly)			
4. Hyper- or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment	-	±	+
<u>Sensory Dysregulation (touch, sound, smell, taste, visual, pain, kinetic, temperature, pressure, proprioceptive)</u>			
<input type="checkbox"/> Hypersensitive to neutral stimuli (sensory integration issues) <input type="checkbox"/> Hyposensitive to certain stimuli (pain, temperature) <input type="checkbox"/> Extreme negative response to certain neutral or pleasant stimuli <input type="checkbox"/> Unusual sensory interests/preferences (unusual fascination to certain neutral or unpleasant stimuli) (Unusual attachment to object(s) [excessive smelling or touching]; Pressure seeking; Does not use objects for their intended purpose [e.g. plays with the wheels of a toy car])			

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Absent Unsure Present
 (No) (Subthreshold) (Full)

C Symptoms Present in the Early Developmental Period	-	±	+
D Clinically Significant Impairment at Present in Social, Occupational, or other Important Areas of Functioning			
1. <u>Severity of deficits in social communication and interaction (Domain-A)</u> Level 1: Without support, some significant deficits in social communication Level 2: Marked deficits with limited initiations and reduced/atypical responses Level 3: Minimal social communication	<1	1	2 3
2. <u>Severity of restricted, repetitive, and stereotyped patterns of behaviors (Domain-B)</u> Level 1: Significant interference in at least one context Level 2: Obvious to the casual observer and occurs across contexts Level 3: Marked interference in daily life	<1	1	2 3
3. <u>Global Severity of ASD</u>		Mild	Moderate Severe
Diagnosis (ASD if Domain A & B criteria are met; SCD if only Domain A criteria are met)	-	SCD*	ASD

*SCD=Social Communication Disorder

Specifiers

1. <u>Associated with Intellectual impairment (Intellectual Disability; IQ < 70)</u>	-	±	+
2. <u>Associated with structural language impairment:</u>	Lack language	Single words	Phrase
3. <u>Associated with known factors:</u>	Medical condition	Genetic condition	Environmental factors
4. <u>Associated with neurodevelopmental, mental, or behavioral problem</u>	-	±	+
5. <u>Associated with Catatonia</u>	-	±	+

Associated Features

1. <u>Fine or gross motor coordination impairment (Developmental Coordination Disorder)</u>	-	±	+
2. <u>Novelty averse behaviors (limited diet)</u>	-	±	+
3. <u>Tendency to hyper-focus on minor details without ability to grasp the broader concept (weak central coherence)</u>	-	±	+
4. <u>Lack insight into their social difficulties</u>	-	±	+
5. <u>Self-injurious behaviors</u>	-	±	+
6. <u>History of developmental regression (loss of acquired social or language skills)</u>	-	±	+
7. <u>Course of ASD</u>		Worsening	Unchanged Improving

Clinician _____

Date _____