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**AUTISM DIAGNOSTIC EVALUATION
HEALTH, FAMILY, DEVELOPMENTAL, & BEHAVIORAL HISTORY INTERVIEW FORM**

Child's Name: _____ Birth date: _____
School: _____ Grade: _____
Parent(s): _____ E-mail: _____
Home phone: _____ Alt. Phone: _____
Languages spoken in the home: _____
Siblings and their ages: _____
Other adults living in the home: _____

Referring concern: _____

At what age did the referring concerns first emerge? _____

Health History (Perinatal Factors)

- General obstetric status (circle one): Optimal Adequate Poor
- Mothers age time of the pregnancy (list): _____
- Length of pregnancy (circle/list): Full term Premature @ _____ weeks
- Was there threatened miscarriage (circle)? YES NO If YES describe below:

- Maternal illnesses during the pregnancy
(circle all that apply/list when illness
occurred): Measles _____ Mumps _____ Rubella _____
Influenza _____ Syphilis _____ Herpes _____
HIV _____ Cytomegalovirus _____
Other (list): _____

Health History (Perinatal Factors continued)

6. Alcohol exposure during pregnancy (circle): YES NO If YES answer the following:

a.	How often did mother drink?	Every day	Once a week	Rarely
b.	How much did mother drink?	Just a little	One drink	Several drinks
c.	When during pregnancy did mother drink?	1st trimester	2nd Trimester	3rd trimester

7. Drug exposure during pregnancy (circle): YES NO If YES answer the following:

a. What drugs were taken? Thalidomide Depakene Depakote
Other (list): _____

b. When during pregnancy were drugs taken? 1st trimester 2nd Trimester 3rd trimester

8. Complications during delivery (circle)? YES NO If YES answer the following:

a. What complications? Respiratory distress
Meconium aspiration
Other (list): _____

b. C-section YES NO Planned Emergency

c. 1-min. Apgar (list): _____

d. 5-min. Apgar (list): _____

e. 10-min. Apgar (list): _____

9. Birth weight (list): _____ lbs. _____ oz.

10. Length (list): _____ inches

Health History (Infancy and childhood)

11. Head circumference (list):

_____ inches at birth	_____ %ile at birth
_____ inches at 1 year	_____ %ile at 1 year
_____ inches at 2 years	_____ %ile at 2 years
_____ inches at 3 years	_____ %ile at 3 years
_____ inches at 4 years	_____ %ile at 4 years
_____ inches at 5 years	_____ %ile at 5 years

12. Childhood infections (circle all that apply/list when illness occurred)? Meningitis ____ Encephalitis ____
Other (list): _____

Health History (Infancy and childhood continued)

13. Childhood viruses (circle all that Apply/list when illness occurred)?

Mumps Chicken pox ____ Ear infections ____
 Unexplained fever Other (list): _____

14. Medical Diagnoses/Issues (circle):

Tuberous sclerosis Fragile X syndrome
 Fetal alcohol syndrome Epilepsy
 Lead poisoning Pica
 Chronic ear infections Tube placement
 Immune dysfunction Thyroid problems
 Arthritis Rashes
 Allergy history Gastrointestinal symptoms
 Hydrocephalus Cerebral palsy
 Mental retardation Other (list): _____

15. Vision Screening (list):

Date: _____ Near 20/____ Far 20/____

16. Suspected hearing loss

YES NO If YES describe reasons for concern: _____

17. Hearing Screening (list):

Date: _____ Result: _____

Family History

18. Siblings with autism (circle)? YES NO If YES answer the following:
 a. Is sibling an identical twin? YES NO

19. Siblings with autism-like behavior (circle)? YES NO If YES answer the following:
 a. Is sibling an identical twin? YES NO

20. Family members with autism (circle)? YES NO If YES answer the following:
 a. Relationship to child (list): _____

21. Family members with autism-like behavior (circle)? YES NO If YES answer the following:
 a. Relationship to child (list): _____

Behavioral History (continued)

28. Lack of fear for real dangers (list):

29. Self-injurious behaviors (list):

30. Socialization questions:

Does the child...¹

- a. cuddle like other children? _____
- b. look at you when you are talking or playing? _____
- c. smile in response to a smile from others? _____
- d. engage in reciprocal, back-and-forth play? _____
- e. play simple imitation games, such as pat-a-cake or peek-a boo? _____
- f. show interest in other children? _____

31. Communication questions:

Does the child...¹

- a. point with his or her finger? _____
- b. gesture (e.g., non yes and no)? _____
- c. direct your attention by holding up objects for you to see? _____
- d. show things to people? _____
- e. give inconsistent response to his or her name (or to commands)? _____
- f. use rote, repetitive, or echolalic speech? _____
- g. memorize strings of words or scripts? _____

32. Stereotyped behavior questions:

Does the child...¹

- a. have repetitive, stereotyped, or odd motor behavior? _____
- b. have preoccupations or a narrow range of interests? _____
- c. attend more to parts of an object (e.g., the wheels of a toy car)? _____
- d. have limited or absent pretend play? _____
- e. Imitate other people's actions? _____
- f. play with toys in the same exact way every time? _____
- g. appear strongly attached to a specific unusual object(s)? _____

¹ Adapted from Filipek (1999).