



CALIFORNIA STATE UNIVERSITY,
SACRAMENTO

COLLEGE OF EDUCATION
DEPARTMENT OF SPECIAL EDUCATION, REHABILITATION
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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): Tuberos 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): _____

Family History (continued)

21. Other health/developmental problems among family members (circle)?

	Epilepsy	Mental retardation	
	Other (list): _____		

22. Family history of genetic disorders

	Tuberous sclerosis	Fragile X syndrome	
	Schizophrenia	Anxiety	
	Bipolar disorder	Depression	
	Other (list): _____		

Developmental History

23. Age major milestones were obtained (list)?

	First word	_____	
	Sentences	_____	
	Stands alone	_____	
	First steps	_____	
	Walks alone	_____	

24. Developmental regression observed (circle)?

	YES	NO	If YES answer the following:
a. Age regression observed (list):	_____		
b. Describe the regression (list):	_____		

Behavioral History

25. Unusual sensory sensitivities (circle)?

	YES	NO	If YES answer the following:
a. Over sensitive to stimuli (list):	_____		

b. Unusually interested in stimuli (list):	_____		

26. Abnormal eating or sleeping habits (list):

27. Unusual fearfulness of harmless object (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).