



(CAST) Questionnaire



Child's name:

Age:

Sex: male/female

Address:
.....
.....

Tel. No:

School:

Completed by:

Please read the following questions carefully and circle the appropriate answer. All responses are confidential. If any questions do not apply, please put a line through them.

- | | | | |
|----|---|-----|----|
| 1 | Does s/he join in playing games with other children easily? | Yes | No |
| 2 | Does s/he come up to you spontaneously for a chat? | Yes | No |
| 3 | Was s/he speaking by 2 years old? | Yes | No |
| 4 | Does s/he enjoy sports? | Yes | No |
| 5 | Is it important to him/her to fit in with the peer group? | Yes | No |
| 6 | Does s/he appear to notice unusual details that others miss? | Yes | No |
| 7 | Does s/he tend to take things literally? | Yes | No |
| 8 | When s/he was 3 years old, did s/he spend a lot of time pretending (e.g. playing acting being a superhero, or holding teddy's tea parties)? | Yes | No |
| 9 | Does s/he like to do things over and over again, in the same way all the time? | Yes | No |
| 10 | Does s/he find it easy to interact with other children? | Yes | No |
| 11 | Can s/he keep a two-way conversation going? | Yes | No |
| 12 | Can s/he read appropriately for his/her age? | Yes | No |
| 13 | Does s/he mostly have the same interests as his/her peers? | Yes | No |
| 14 | Does s/he have an interest which takes up so much time that s/he does little else? | Yes | No |
| 15 | Does s/he have friends, rather than just acquaintances? | Yes | No |
| 16 | Does s/he often bring you things s/he is interested in to show you? | Yes | No |
| 17 | Does s/he enjoy joking around? | Yes | No |
| 18 | Does s/he have difficulty understanding the rules for polite behaviour? | Yes | No |
| 19 | Does s/he appear to have an unusual memory for details? | Yes | No |
| 20 | Is his/her voice unusual (e.g. overly adult, flat or very monotonous)? | Yes | No |
| 21 | Are people important to him/her? | Yes | No |

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22	Can s/he dress him/herself?	Yes	No
23	Is s/he good at turn taking in conversation?	Yes	No
24	Does s/he play imaginatively with other children and engage in role-play?	Yes	No
25	Does s/he often do or say things that are tactless or socially inappropriate?	Yes	No
26	Can s/he count to 50 without leaving out any numbers?	Yes	No
27	Does s/he make normal eye-contact?	Yes	No
28	Does s/he have any unusual and repetitive movements?	Yes	No
29	Is his/her social behaviour very one-sided and always on his/her own terms?	Yes	No
30	Does s/he sometimes say 'you' or 's/he' when s/he means 'I'?	Yes	No
31	Does s/he prefer imaginative activities such as play-acting or story-telling rather than numbers or lists or facts?	Yes	No
32	Does s/he sometimes lose the listener because of not explaining what s/he is talking about?	Yes	No
33	Can s/he ride a bicycle (even if with stabilizers)?	Yes	No
34	Does s/he try to impose routines on him/herself, or on others, in such a way that it causes problems?	Yes	No
35	Does s/he care how s/he is perceived by the rest of the group?	Yes	No
36	Does s/he often turn conversations to his/her favourite subject rather than following what the other person wants to talk about?	Yes	No
37	Does s/he have odd or unusual phrases?	Yes	No

Special Needs Section

Please complete as appropriate.

38	Have teachers/health visitors ever expressed any concerns about his/her development?	Yes	No
	If yes, please specify:.....		
39	Has s/he ever been diagnosed with any of the following:		
	• Language delay	Yes	No
	• Hyperactivity/Attention Deficit Disorder (ADHD)	Yes	No
	• Hearing or visual difficulties	Yes	No
	• Autism Spectrum condition, including Asperger's Syndrome	Yes	No
	• A physical disability	Yes	No
	• Other (please specify).....		

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