

The Childhood Autism Spectrum Test (CAST)

Child's Name: **Inr Test** Age: 64 Sex: Male Female

Birth Order: Twin or Single Birth:

Parent/Guardian:

Parent(s) occupation:

Age parent(s) left full-time education:

Address:
....., BC

Tel.No: School:

Please read the following questions carefully, and circle the appropriate answer. All responses are confidential.

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., play-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
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 of 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 stabilisers)? 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, incl. Asperger's Syndrome Yes No
- A physical disability Yes No
- Other (please specify) Yes No