

Number of siblings with ASD (enter a numeric value)					
Symptoms Present in the First Year of Life (select all the apply)	<input type="checkbox"/> Poor eye contact <input type="checkbox"/> Too mellow/well-behaved (content to be left alone) <input type="checkbox"/> Didn't cuddle in or didn't like to be held <input type="checkbox"/> Odd sounds <input type="checkbox"/> Low muscle tone <input type="checkbox"/> Recurrent infection <input type="checkbox"/> Poor sleep <input type="checkbox"/> Fussy after 3rd month <input type="checkbox"/> Delayed motor milestones <input type="checkbox"/> Odd screeching sounds <input type="checkbox"/> Little or no babble <input type="checkbox"/> Failure to gain weight <input type="checkbox"/> Poor Feeding <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> No data				
Symptoms Present in the First Year of Life: if Other, please indicate					
Qualitative Impairment in Reciprocal Social Interaction					
Communication – Verbal					
Communication – Nonverbal					
Restricted, Repetitive, and Stereotyped Patterns of Behavior					
Abnormality of Development Evident at or Before 36 months					
Qualitative Impairment in Reciprocal Social Interaction					
ADOS Test Used	<input type="checkbox"/> ADOS 1		<input type="checkbox"/> ADOS 2		
Communication					
Communication and Social					
Play					
Stereotyped Behaviors and Restricted Interests					
Full Scale IQ					
Verbal IQ					
Non-Verbal IQ					
Test used (select one)	<input type="checkbox"/> Stanford Binet	<input type="checkbox"/> WASI	<input type="checkbox"/> WISC	<input type="checkbox"/> Mullen	<input type="checkbox"/> Other (specify)
Other Test Used					