

**Mobile App  
Diagnostic Tool For  
Autism Spectrum Disorder**

**Available on Google Play Store and iOS**

**Autism Helpline**

Email: [pedneuroaiims@yahoo.com](mailto:pedneuroaiims@yahoo.com),  
[autismhelp.pedsaiims@gmail.com](mailto:autismhelp.pedsaiims@gmail.com),  
[pedneuroaiims@gmail.com](mailto:pedneuroaiims@gmail.com)  
Mob: 9868399037

**Website**

<http://pedneuroaiims.org>



"Empowering Abilities, Creating Trust"



Child Neurology Division  
Department of Pediatrics, AIIMS, New Delhi



# Tools For Diagnosis Autism Spectrum Disorder

Center of Excellence & Advanced Research on Childhood Neurodevelopmental Disorders,  
Child Neurology Division, Department of Pediatrics,  
All India Institute of Medical Sciences, New Delhi



## The National Trust

for the welfare of Persons with Autism, Cerebral Palsy,  
Mental Retardation and Multiple Disabilities  
Department of Empowerment of Persons with Disabilities (Divyangjan)  
Ministry of Social Justice & Empowerment, Govt. of India  
16-B, Bada Bazar Road, Old Rajinder Nagar, New Delhi-110 060 Ph: 011-43187878, Fax: 43187880  
Email: [contactus@thenationaltrust.in](mailto:contactus@thenationaltrust.in) Website: [www.thenationaltrust.gov.in](http://www.thenationaltrust.gov.in)



## The National Trust

for the welfare of Persons with Autism, Cerebral Palsy,  
Mental Retardation and Multiple Disabilities  
Department of Empowerment of Persons with Disabilities (Divyangjan)  
Ministry of Social Justice & Empowerment, Govt. of India  
16-B, Bada Bazar Road, Old Rajinder Nagar, New Delhi-110 060 Ph: 011-43187878, Fax: 43187880  
Email: [contactus@thenationaltrust.in](mailto:contactus@thenationaltrust.in) Website: [www.thenationaltrust.gov.in](http://www.thenationaltrust.gov.in)



## **AIIMS Modified INDT-ASD Tool for Autism Spectrum Disorder**

### **New Tool Developed By**

Sheffali Gulati, Jaya Shankar Kaushik, Biswaroop Chakrabarty, Lokesh Saini,  
Savita Sapra, NK Arora, RM Pandey, Rajesh Sagar, VK Paul, Shobha Sharma

### **Previous Tool Developed By INCLEN-NDD**

Project Investigators: NK Arora (Project Leader), MKC Nair (Principal  
Investigator), Jennifer Pinto-Martin (Co-PI), Donald Silberberg (Co-PI),  
Sheffali Gulati (Network Co-ordinator) and INCLEN Study Group

### **How to use the tools**

Website: <http://www.pedneuroaiims.org>

For Any Queries, please email: [pedsneuroaiims@yahoo.com](mailto:pedsneuroaiims@yahoo.com), [pedneuroaiims@gmail.com](mailto:pedneuroaiims@gmail.com)

# **INCLIN Diagnostic Tool for Autism Spectrum Disorder (INDT-ASD)**





## INCLEN Diagnostic Tool for Autism Spectrum Disorder (INDT-ASD): Development and Validation

Name of the Child:

बच्चे का नाम

Date of Birth : DD/MM/YYYY

बच्चे का नाम

Age: \_\_years\_\_months

Complete Address:

लिंग (लड़का -1, लड़की-2)

Phone Number:

फोन नम्बर

Date of Assessment: DD/MM/YYYY

मूल्यांकन की तिथि

Name of the Assessor:

मूल्यांकन का नाम

## INSTRUCTIONS FOR EVALUATION

- **Primary caregiver must be present with the child**

- साक्षात्कार के लिए प्राथमिक देखरेख कर्ता उपलब्ध होना चाहिए

- These behaviors are to be assessed in the context of children of same age

- बच्चे का व्यवहार का मूल्यांकन उसी उम्र के बच्चों की तुलना में किया जाना चाहिए

- Explain to parents that the answers should be based on the child's **behavior most of the time**

- उत्तरदाता को समझाएं कि बच्चे के बारे में उत्तर उसके आमतौर के व्यवहार पर ही आधारित होने चाहिए

- Follow the age directions given along with the question. For questions where no age cut-off is given, they should be asked for all children i.e. all ages (2-9 years)

- जिन प्रश्नों के साथ उम्र सम्बन्धी निर्देश दिए गये हैं उनका अनुसरण करें

- जहां उम्र सम्बन्धी निर्देश न हों वहां 2–9 वर्ष की उम्र वाले सभी बच्चों से प्रश्न पूछें

- Ask the questions **verbatim**

Question can be **repeated** if the respondent can not understand

Still, if the respondent cannot understand, give **example** for the particular behavior;

**No further elaboration** is allowed

- जिन प्रश्नों के साथ उम्र सम्बन्धी निर्देश दिए गये हैं उनका अनुसरण करें

- जहां उम्र सम्बन्धी निर्देश न हों वहां 2–9 वर्ष की उम्र वाले सभी बच्चों से प्रश्न पूछें

- The questionnaire should be **supplemented by observations** for the suggestive behavior in the child **throughout** the assessment.

- पूरे साक्षात्कार के दौरान बच्चे के व्यवहार का निरीक्षण करें, यदि निरीक्षण और उत्तरदाता का उत्तर अलग-अलग है तब दोबारा प्रश्न पूछें और दोबारा निरीक्षण करें

- Observe the behavior of child during the entire interview to confirm the presence or absence of a particular behavior (First ask, then observe if observation is discrepant, then re ask the question and re-check the observation)

- जब माता-पिता का उत्तर और आपका निरीक्षण अलग-अलग है **asterisk (\*)** दर्शाता है कि उनके उत्तर और आपके निरीक्षण में किसको महत्व दिया जाए

- When there is discrepancy between parental response and your observation, \* indicates whether parent report or observation should take precedence, and marked accordingly

- जब माता-पिता का उत्तर अनिश्चित है, आपके निरीक्षण को उस व्यवहार के लिए महत्व दिया जाएगा चाहे माता पिता के उत्तर पर **asterisk (\*)** हो यदि आप भी व्यवहार का निरीक्षण करने में असफल हों, तब केवल अनिश्चित लिखें

- When the parent's response is "unsure" your observation of the particular behavior will be given weightage even asterisk (\*) is on parental response. In case you are also unable to observe the behavior, and then only mark the response as "Unsure".

- Some criteria have multiple questions. **While scoring**, consider the criteria fulfilled even if response to **any one** of the questions is abnormal. For example, the criterion A1a is considered fulfilled if any one of i, ii, iii, or iv is abnormal in the child

- कुछ प्रश्नों के कई भाग हैं, अंक जोड़ने के दौरान यदि किसी प्रश्न का कोई भी भाग असामान्य है तो उस व्यवहार को असामान्य माना जाएगा, उदाहरण के लिए— यदि **A1a** के किसी भी भाग (**i, ii, iii या iv**) में बच्चे का व्यवहार असामान्य है, तो **A1a** को असामान्य माना जाएगा

## SECTION A

	Ask (Tick ✓ in the box if response is based on answer)	Observe (Tick ✓ in the box if response is based on observation)	Encircle the appropriate response		
<b>A1a</b>	<p><b>i) * For children aged less than 4 years:</b> Does your child usually enjoy being taken in the lap or hugged? *क्या ..... (आपके बच्चे) को अक्सर आपकी गोदी में आना और आपसे गले लगना अच्छा लगता है?</p> <p><b>For children aged 4 years or more:</b> When your child was a baby/toddler, did he/she enjoy being taken in the lap or hugged? जब ..... (आपका बच्चा) छोटा था तब क्या उसे आपकी गोदी में आना और आपसे गले लगना अच्छा लगता था ?</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p>In children below 4 age: Response to being touched and cuddled by parent: enjoys/tolerates/squirms/ stiffens/ gets upset/ Indifferent</p> <p><b>4 वर्ष से कम आयु के बच्चे:</b> अभिभावकों द्वारा छुए जाने पर और दुलारे जाने पर: आनन्द लेते हैं / सहते हैं / गुस्सा होते हैं / चिड़चिड़ाते हैं / नाराज हो जाते हैं / कुछ भी नहीं होता है।</p> <div style="text-align: right;"><input type="checkbox"/></div>	Yes	No	Unsure
	<p><b>ii) Does your child usually make eye contact with you or other people?</b> <i>E.g. While playing, asking for things, talking to you.</i></p> <p>क्या ..... (आपका बच्चा) अक्सर आपके या अन्य लोगों के साथ नजर मिलाता है? जैसे— खेलते समय चीजों के बारे में पूछते समय और बातचीत करते समय ।</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p>*Quality of eye contact</p> <p>* नजरों से सम्पर्क की गुणवत्ता</p> <div style="text-align: right;"><input type="checkbox"/></div>	Yes	No	Unsure
	<p><b>iii) * Does your child <u>usually</u> use various gestures appropriately during social interactions?</b> <i>E.g. Namaste, Salaam, waving bye-bye, hello, touching feet etc.</i> (At least sometimes spontaneously) (use appropriate example as required)</p> <p>*क्या ..... (आपका बच्चा) किसी से मिलने पर या जाते समय अक्सर उचित इशारों का इस्तेमाल करता है? जैसे— नमस्कार, सलाम, बाय-बाय, हैलो करना, मुस्कुराना</p> <div style="text-align: right;"><input type="checkbox"/></div>	<p>Use of these gestures in response to your greeting and while departing</p> <p>विदा लेते समय तथा अभिवादन करते समय निम्न भाव मुद्राओं का प्रयोग करें ।</p> <div style="text-align: right;"><input type="checkbox"/></div>	Yes	No	Unsure
<p>Further elaborate if required about inappropriate gestures like repeatedly greets anybody without knowing जैसे: बिना वजह किसी भी अन्जान व्यक्ति को नमस्कार करना, बिना वजह बार-बार पैर छूना इत्यादि)</p>					

	<p>iv) Does your child usually show appropriate facial expressions according to the situation? <i>E.g. being happy, sad, afraid etc.</i></p> <p>क्या ..... (आपका बच्चा) अपने चेहरे पर अक्सर परिस्थितियों के अनुसार अलग-अलग तरह के भाव प्रकट करता है? जैसे- खुशी/उदासी जाहिर करना, नाराजगी जताना इत्यादि।</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>*Appropriateness of facial expressions while interacting with parents, with you (stranger), while playing, when given toy/favorite food or when scolded.</p> <p>*अभिभावकों के साथ, अजनबियों के साथ, खेलते समय, अपना मन पसंद खिलौना दिये जाने पर/ अपना मन पसंद खाना दिये जाने पर या चिल्लाते समय अपने चेहरे पर उचित भाव लाएं।</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure
A1b	<p>i) * Does your child usually enjoy the company of other children?</p> <p>*क्या ..... (आपके बच्चे) को अक्सर दूसरे बच्चों का साथ अच्छा लगता है?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Child's interaction with other children</p> <p>एक बच्चे के साथ दूसरे बच्चे का व्यवहार</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure
	<p>ii) * <i>For children aged 4 years or more:</i> Does your child have friends of his/her age (In school and neighborhood) with whom he/she loves to chat, share food or play together? क्या ..... (आपके बच्चे) के (स्कूल में या पड़ोस में) उसकी उम्र के दोस्त/सहेलियाँ हैं जिनके साथ वह खाना-पीना, उनसे बातें करना या खेलना पसंद करता है?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Quality of child's interaction with other children of his/her age एक बच्चे का व्यवहार उसी आयु के दूसरे बच्चों के साथ कैसा है।</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure or NA
	<p>iii) * <i>For children aged 4 years or more:</i> Does your child play mostly with children who are much older or much younger than him/her? क्या ..... (आपका बच्चा) अधिकतर अपनी उम्र से बहुत बड़े या बहुत छोटे बच्चों के साथ खेलता है?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Quality of child's interaction with other children एक बच्चे का व्यवहार दूसरे बच्चों के साथ कैसा है।</p> <p style="text-align: right;"><input type="checkbox"/></p>	Yes	No	Unsure or NA

A1c	<p>i) * <b>For children aged less than 4 years:</b> Does/did your child ever point with his/her index finger to bring your attention to show the things that interest him/her ? <i>E.g. kite, plane flying in the sky, cow/dog on the road etc.</i> क्या ..... (आपका बच्चा) आपका ध्यान अपनी पसंद की चीजों की तरफ आकर्षित करता है? जैसे- उड़ती हुई पतंगए हवाई-जहाज, या कुत्ता, गाय,अन्य चीजें ।</p> <p><b>For children aged 4 years or more:</b> Does your child usually bring things to show you on his/her own he/she has made painted or new toy/gift? क्या ..... (आपका बच्चा) अक्सर अपनी बनाई हुई चीजों कोए चित्रों को या नए खिलौनों को अपने आप आकर आपको दिखाता है? <input type="checkbox"/></p>	<p>Observe how the child draws attention toward a toy/object of interest; Look for coordinated pointing</p> <p>देखें कि बच्चा किस प्रकार एक खिलौने / अपने मतलब की चीजों के बारे में ध्यानाकर्षित कर रहा है। समन्वय बिन्दु को देखें।</p>	Yes	No	Unsure
	<p>ii) * <b>For children aged 4 years or more, and are able to speak:</b> Does your child talk to you about things he/she likes or has achieved without being asked about them? क्या ..... (आपका बच्चा) अपनी पसंद की चीजों के बारे में या अपनी उपलब्धियों के बारे में बिना पूछे आपको बताता है? <input type="checkbox"/></p>		Yes	No	Unsure Or NA
A1d	<p>i) * Does your child usually prefer to play alone and gets irritated/moves away when his/her sibs or other kids try to play with him /her?*</p> <p>क्या ..... (आपका बच्चा) अक्सर अकेला खेलना पसन्द करता है /करता था और अन्य बच्चे अगर उसके साथ खेलने की कोशिश करे तो वह चिढ़ जाता है /जाता था या दूर चला जाता है /जाता था? <input type="checkbox"/></p>	<p>Quality of play activity in a group of children or with siblings</p> <p>बच्चों के समूह या अपने भाई बहनों के साथ बच्चा कैसे खेल रहा</p>	Yes	No	Unsure or NA
	<p>ii) * Does your child play <b>games involving turn taking or rule based</b> with other children properly? <i>E.g. Cricket, Hide and seek/I-spy, Ludo, Stapoo, Ring-a- ring roses etc.</i> क्या ..... (आपका बच्चा) अपनी उम्र के अन्य बच्चों के साथ ऐसे खेल खेलता है जिनमें हर बच्चा बारी-बारी से खेलता है और नियमों का पालन करता है? जैसे-क्रिकेट, छुपन-छुपाई, स्टापू, पकडन-पकडाई, लूडो, गुल्ली-डण्डा, कन्दे, पिठ्ठू, गेंद। <input type="checkbox"/></p>	<p>Quality of child's involvement in rule-based games or games involving taking turns</p> <p>नियम पर आधारित खेलों या उन खेलों में जिनमें कि मोड़ होते हैं उनमें बच्चा कि तरह भाग ले रहा है। <input type="checkbox"/></p>	Yes	No	Unsure or NA

	<p>iii) * Does your child <b>usually</b> share his/her happiness with you or come to you for comfort when hurt or upset?          *क्या ..... (आपका बच्चा) अक्सर अपनी खुशी को आपके साथ बांटता है या चोट लगने पर और उदास होने पर आपके पास दिलासा लेने के लिए आता है? <input type="checkbox"/></p>	<p>Sharing happiness or distress with the parents          अभिभावकों के साथ खुशी तथा तकलीफें बांटना। <input type="checkbox"/></p>	Yes	No	Unsure
	<p>iv) * <b>For children aged 4 years or more:</b>          Does your child usually share your happiness or try to comfort you when you are upset / sad?          क्या ..... (आपका बच्चा) अक्सर आपकी खुशी को महसूस करता है और आपके दुःख या उदासी में आपको दिलासा देने की कोशिश करता है? <input type="checkbox"/></p>	<p>Sharing of parent's happiness or distress by the child          बच्चों द्वारा अभिभावकों के साथ अभिभावकों की खुशी तथा तकलीफें बांटना। <input type="checkbox"/></p>	Yes	No	Unsure Or NA
<b>A2a</b>	<p>* Does your child speak normally for his/her age? <i>If the child cannot speak normally:</i> Can he/she communicate with you by using gestures?  <i>E.g. pointing with index finger, nodding/shaking head for yes/no etc.</i>          क्या ..... (आपका बच्चा) अपनी उम्र के अनुसार बोल पाता है?          यदि वह बोल नहीं सकता है; क्या वह ऐसे इशारों से अपनी बात बता सकता है जो सब समझ सके? जैसे—अंगुली के द्वारा, हाँ या नहीं के लिए सिर हिलाना, लेने देने के लिए हाथ दिखाना।   <i>If the child cannot speak at all AND cannot communicate by appropriate gestures, then only mark as "NO".</i>   <i>If the child cannot speak BUT can communicate by appropriate gestures, then mark as "YES".</i> <input type="checkbox"/></p>	<p>Use of age-appropriate language (words and phrases); Spontaneous use of gestures for communication;          *Quality/maturity of pointing (Mature or immature pointing and 'hand over hand' pointing)          आयु के अनुसार उचित भाषा का प्रयोग जैसे कि शब्द तथा मुहावरे बातचीत के लिये स्वाभाविक भावमुद्रा 'इशारे करने की गुणवत्ता' / परिपक्वता; परिपक्व अथवा अपरिपक्व इशारे बाजी तथा हाथ पर हाथ रख कर दिखाना) <input type="checkbox"/></p>	Yes	No	Unsure
<p>Ask A2b only if child is speaking at 2-3 word sentences level          Ask A2c only if the child is speaking at few words level</p>					

<b>A2b</b>	<p>i)* Does your child <b>initiate</b> a conversation with you?  * क्या.....(आपका बच्चा) अपने आप आपसे उचित बातचीत शुरू कर देता है?</p> <div style="text-align: right;"><input type="text"/></div>	<p>Quality of child's conversation with parents or yourself  अभिभावकों के साथ या खुद के साथ बच्चों की बातचीत की गुणवत्ता</p> <div style="text-align: right;"><input type="text"/></div>	Yes	No	Unsure
	<p>ii)* <b>For children aged 4 years or more:</b>  Can you have conversation with your child during which he/she not only answers your questions, but also adds something new to continue the conversation?  बातचीत के दौरान क्या आपका बच्चा न केवल आपके प्रश्नों का उत्तर देता है बल्कि अपनी तरफ से बात को आगे भी बढ़ाता है?</p> <div style="text-align: right;"><input type="text"/></div>	<p>Quality of child's conversation with parents or yourself  अभिभावकों के साथ या खुद के साथ बच्चों की बातचीत की गुणवत्ता</p> <div style="text-align: right;"><input type="text"/></div>	Yes	No	Unsure Or NA
<b>A2c</b>	<p>i) Does your child <b>usually</b> repeat words or phrases regardless of meaning (in part or whole) that he/she has heard?  E.g. If you say 'toffee' he will also say 'toffee' if you say 'come' he will also say 'come' and if you ask "what is your name", he/she also says "what is your name".  क्या..... (आपका बच्चा) अक्सर सुनें हुए शब्दों या वाक्यों को बारबार बिना मतलब के दोहराता रहता है?  जैसे- जब आप कहे "टाफी" तो कहेगा "टाफी" जब आप कहे "जाना" तो कहेगा "जाना" या फिर जब आप पूछते हैं "आपका नाम क्या है" तो वह दोहराएगा "आपका नाम क्या है।"</p> <div style="text-align: right;"><input type="text"/></div>	<p>* Immediate echolalia (words or phrases)  शब्दों को तुरंत दोहराना शब्द तथा मुहावरे)</p> <div style="text-align: right;"><input type="text"/></div>	Yes	No	Unsure or NA
	<p>ii) Does he/she <b>incessantly</b> repeat things/T.V serial dialogue regardless of meaning/ context, whatever he/she has heard later on?  क्या ..... (आपका बच्चा) सीरियल या नाटक के डायलॉग्सवादों को या सुनी सुनाई बातों को बेमतलब के, बाद में दोहराता रहता है?</p> <div style="text-align: right;"><input type="text"/></div>	<p>* Delayed echolalia  शब्दों को देर से दोहराना</p> <div style="text-align: right;"><input type="text"/></div>	Yes	No	Unsure or NA



	<p>iii) <b>For children aged 4 years or more:</b> Does your child usually use “I for me” and “me for you” incorrectly? <i>E.g., when you ask “do you want milk?” he/she says “yes, you want milk” or “Rohit wants milk” (referring to him self).</i> क्या ..... (आपका बच्चा) बातचीत के दौरान “मैं” की जगह “तुम” और “तुम” की जगह “मैं” ही बोलता है? जैसे—जब आप पूछते हैं “क्या तुम्हें दूध चाहिए”? वह जवाब देगा “तुम्हें दूध चाहिए” या “रोहित को दूध चाहिए” (स्वयं को सम्बोधित करते हुए)।</p> <p><input type="checkbox"/></p>	<p>* Pronoun reversal उच्चारण को दोहराना</p> <p><input type="checkbox"/></p>	Yes	No	Unsure
	<p>iv) <b>For children aged 4 years or more:</b> During conversation does your child often speak ‘out of context’ or irrelevantly? क्या ..... (आपका बच्चा) अक्सर बातचीत के दौरान बिल्कुल अलग और बेमतलब की, अपनी ही बात शुरू कर देता है?</p> <p><input type="checkbox"/></p>	<p>Out-of-context speech and neologisms विषय से बाहर जाकर बातचीत करना</p> <p><input type="checkbox"/></p>	Yes	No	Unsure or NA
	<p>v) * <b>For children aged 6 years or more:</b> Does your child understand that somebody is making fun of him/her or can he/she understands jokes? जब कोई आपके बच्चों का मजाक उड़ाता है, या उसे चुटकुला सुनाता है तो क्या उसे समझ आता है?</p> <p><input type="checkbox"/></p>	<p>Child’s response to an age-appropriate joke उम्र के अनुसार के चुटकुलों पर बच्चों की प्रतिक्रिया</p> <p><input type="checkbox"/></p>	Yes	No	Unsure or NA
<b>A2d</b>	<p>Does your child participate in games like “Pat-a-cake”, “Peek-a-boo”, “Ring-a-ring rose”, “Akkad bakkad bambe po”, “Posam paa”, “Chal chameli baag mein” and “Totaa ud-maina ud” etc.? क्या ..... (आपका बच्चा) ऐसे खेलों में हिस्सा लेता है या पहले लेता था? जैसे—“रिंग ए रिंग रोसेस”, “अक्कड़— बक्कड़ बम्बे बो”, “पोशम—पा”, “चल चमेली बाग में”, “तोता उड़ मैना उड़” “छुपन.छुपाई या ज्ञात” इत्यादि</p> <p style="text-align: center;"><b>OR</b></p> <p>Does your child play variable imaginative play with toys like For girls:- kitchen set/ dolls/clay or dough For boys:- telephone/ toy gun/motor car?</p>	<p>Quality of child’s play with toys or other objects Look for any form of <b>variable</b> pretend play किसी खिलौने या अन्य चीजों के साथ बच्चा कैसे खेल रहा है। किसी और के साथ खेलने का बहाना करें।</p>	Yes	No	Unsure



	<p>क्या.....(आपका बच्चा) अलग अलग तरह के झूठ-मूठ के खेल खेलता है? जैसे—(For Girls - गुड़िया, बर्तन, मिट्टी या आटे से खेलना) (For Boys - टेलीफोन, मोटरकार, बन्दूक आदि से खेलना) ।</p> <p style="text-align: center;"><b>OR</b></p> <p>Has your child played different games like “ghar-ghar”, “teacher-student” (school-school), “chor-police” etc. with other kids interactively क्या .....(आपका बच्चा) अन्य बच्चों के साथ मिलकर “घर-घर”, “चोर-पुलिस”, “स्कूल-स्कूल” जैसे खेल खेलता है? जैसे— कभी चोर.कभी पुलिस <input type="checkbox"/></p>				
<p style="text-align: center;">(May add age appropriate regional examples of variable pretend play as necessary) Note for interviewer: If any one is positive will be marked as “Yes”</p>					
A3a	<p>i)* Does your child have excessive interest in odd things/activities which other children do not have? <i>E.g., collecting toffee wrappers, polythene bags, piece of string or rope, pulling thread and rubber band etc.</i> i) * क्या .....(आपके बच्चे) को ऐसे बेमतलब के काम बहुत ज्यादा पसंद है, जो अन्य बच्चों को पसंद नहीं होते हैं; जैसे—रस्सी के टुकड़ों से, धागों से खेलना; प्लास्टिक की थैलियां, कीड़ें या टाफी के छिलकें इकट्ठे करना। <input type="checkbox"/></p>	<p>Any <b>unusual</b> interests i.e. unusual for child 's age  कोई असामान्य बातें यानि कि बच्चे की आयु के अनुसार कुछ असामान्य <input type="checkbox"/></p>	Yes	No	Unsure
	<p>ii)* Does your child have <b>excessive</b> interest in <b>typical</b> things but the interest is so <b>all</b> encompassing that it interferes his/her activities? (Excluding T.V watching) *क्या .....(आपके बच्चे) के कुछ ऐसे शौक या खेल है जिसमें वह इतना ज्यादा मग्न (खो) हो जाता है कि वह बाकी कोई काम नहीं करता हैं? (Exclude TV watching) <input type="checkbox"/></p>	<p><b>Excessive and all-encompassing</b> interest in activities that are <b>typical</b> for other child his/her age उन गतिविधियों पर ज्यादा और जोर से ध्यान देना जो कि उस उम्र के ही लिये हैं। <input type="checkbox"/></p>	Yes	No	Unsure

	<p>iii)* Does your child like lining or stacking objects/toys excessively? (Excluding blocks)  *क्या ..... (आपका बच्चा) चीजों को या खिलौनों को बार.बार एक लाइन में या एक के ऊपर एक जमा करता रहता है?  (Excluding Blocks) <input type="checkbox"/></p>	<p>Excessive lining of objects or toys  चीजों तथा खिलौनों का अतिरिक्त भंडार <input type="checkbox"/></p>	Yes	No	Unsure
<b>A3b</b>	<p>Does your child unreasonably insist on doing things in a particular way and/or become upset if there is any change in the daily routine?  <i>E.g., Taking exactly the same route to the school or market, insisting on food being served in the same pattern or sequence etc.</i>  *क्या .....(आपका बच्चा) बिना किसी कारण के किन्ही विशेष कार्यों को एक ही तरह से करने की जिद करता है, और उसमें किसी भी बदलाव से चिड़चिड़ा हो जाता है  जैसे— एक ही रास्ते से स्कूल या बाजार जाना, एक ही तरह से खाना परोसने की जिद करना, घर के सामान (मेज कुर्सी, चारपाई) इत्यादि की जगह बदलने पर चिड़चिड़ा होना। <input type="checkbox"/></p>	<p>Child's insistence on any unusual routines or rituals  किसी असामान्य बात या दिनचर्या पर बच्चे का जोर देना। <input type="checkbox"/></p>	Yes	No	Unsure
<b>A3c</b>	<p>i) Does your child keep on repeating any of the followings, like</p> <ul style="list-style-type: none"> <li>• flapping hands,</li> <li>• hand wringing,</li> <li>• toe-walking,</li> <li>• rocking or spinning,</li> <li>• making unusual finger or hand movements near his/her face?</li> </ul> <p>ii) क्या .....(आपका बच्चा) ऐसी हरकतें बार—बार करता रहता है जैसे—</p> <ul style="list-style-type: none"> <li>• हाथ फड़फड़ाना,</li> <li>• हाथ साफ करने के जैसी क्रिया बार—बार करना,</li> <li>• पन्जे के बल चलना,</li> <li>• आगे.पीछे या दाए.बाए झूलना,</li> <li>• गोल—गोल घूमना,</li> <li>• चेहरे के पास अंगुलियों या हाथों से अजीब हरकतें करना? <input type="checkbox"/></li> </ul>	<p>* Any type of motor stereotypes, unusual finger/hand movements near face</p> <p>* किसी भी प्रकार के मोटर स्टीरियो प्रकार, चेहरे के पास उंगली या सिर की असामान्य गतिविधियां <input type="checkbox"/></p>	Yes	No	Unsure
<p><b>Note for interviewer: Ask with demonstration and answer yes if any one of above example is positive</b></p>					

	<p>ii) * Does your child have <b>inappropriate</b> fascination with movement?  <i>E.g. spinning wheels, opening and closing of doors, electric fan, running water and any other revolving object etc.</i>                      * क्या ऐसी चीजें ..... (आपके बच्चे) को अत्यधिक आकर्षित करती हैं, जैसे- घूमता हुआ पहिया, दरवाजे का खुलना और बन्द होना, पंखे का घूमना, बहते पानी को देखते रहना या अन्य घूमती हुई चीजें। <input type="checkbox"/></p>	<p>Child's inappropriate fascination with objects in motion                      गतिमान चीजों के लिये बच्चे का अनुचित लगाव <input type="checkbox"/></p>	Yes	No	Unsure
<b>A3d</b>	<p>Does your child prefer to play with a particular part of a toy/object rather than the whole toy/object?  <i>E.g. wheels of a toy rather than the whole toy</i>                      क्या .....(आपका बच्चा) पूरे खिलौने या चीजों से खेलने के बजाय उनके सिर्फ एक ही भाग से खेलना पसन्द करता है?                      जैसे-सिर्फ कार के पहियों से खेलना न कि पूरी कार से, खिलौने को घूमा-घूमा कर उससे निकलती हुई लाईट या सिर्फ उसकी आवाज पर ही ध्यान देना। <input type="checkbox"/></p>	<p>*Quality of child's play with different toys and objects                      * विभिन्न खिलौनों तथा चीजों के साथ बच्चा कैसे खेल रहा है। <input type="checkbox"/></p>	Yes	No	Unsure

**SECTION B**

**Complete this section (1-5) based on responses from section A and further history taking (6-12)**

<b>1. No. of criteria fulfilled in A1 of the section A (Social Interaction)</b> <b>0:</b> Less than two <b>1:</b> Two or more	<input type="checkbox"/>
<b>2. No. of criteria fulfilled in A2 of the section A (Communication)</b> <b>0:</b> Nil <b>1:</b> One or more	<input type="checkbox"/>
<b>3. No. of criteria fulfilled in A3 of the section A (Restricted Interests)</b> <b>0:</b> Nil <b>1:</b> One or more	<input type="checkbox"/>
<b>4. Interpretation of questionnaire (1 to 3)</b> <b>0:</b> No ASD ( If response to 2 or more of 1 to 3 is “0”) <input type="checkbox"/> <b>1:</b> ASD present (If response to 1 is “1” and response to either or both of 2 and 3 is “1”)	<input type="checkbox"/>
<b>5. Total number of criteria fulfilled in A1, A2 and A3 together</b> <b>0:</b> Less than Six <b>1:</b> Six or more	<input type="checkbox"/>
<b>6. Does / did your child have any of any of the following? क्या आपके बच्चे को इनमें से कोई परेशानी है / थी?</b> <b>0:</b> No <b>1:</b> Yes	
<p>A. Significant delay in development of language of the child? (Not spoken single words by 2 years and communicative phrases by 3 years)          अपनी उम्र के हिसाब से देर से बोलना शुरू किया था (दो साल तक शब्द नहीं बोला था और तीन साल तक दो या तीन शब्द के वाक्य नहीं बोलता था। <input type="checkbox"/></p>	
<p>B. Difficulty in using language in daily activities or during interaction with other people?          अन्य लोगों से बातचीत देर से शुरू की या बातचीत करने में परेशानी होती है। <input type="checkbox"/></p>	
<p>C. Started participating in varieties of pretend play at a later age/Not started pretend play?          अलग-अलग तरह के झूठ-मूठ के खेल खेलना दूसरे बच्चों की तुलना में देर से शुरू किया था या खेलता ही नहीं था। <input type="checkbox"/></p>	
<p>D. ANY of the following (mark ‘1’ if any one of the following is ‘yes’)          (Tick (✓) the problems present in the child)          -To be separate and indifferent from other children-          अन्य बच्चों से अलग-अलग या कटे-कटे रहना <input type="checkbox"/>          - No/few friends दोस्त बहुत कम होना          - Difficulty in school (due to behavior or studies) स्कूल में परेशानी (पढ़ाई या व्यवहार) से सम्बन्धित          - Less understanding regarding societal norms समाज में रहने या बातचीत करने के ढंग की समझ ना होना       </p>	

<p><b>7. Did your child have these symptoms before three years?</b>          क्या आपका बच्चे के यह लक्षण तीन साल की उम्र से पहले शुरू हुए थे ?          0: No          1: Yes/Do not know/ Not sure</p>	<input type="checkbox"/>
<p><b>8. Does the child fulfill <u>all</u> the following criteria for diagnosis of Rett's Disorder?</b></p> <ul style="list-style-type: none"> <li>● Female Child</li> <li>● Loss of purposeful hand skills between 5-30 months age and development of stereotyped <b>hand wringing, hand washing</b> or <b>hand to mouthing</b> movements</li> <li>● Loss of social engagement early in course during 9-29 months (although often social interaction develops later)</li> <li>● Severely impaired expressive and receptive language development with severe psychomotor retardation</li> </ul> <p>0: No 1: Yes</p>	<input type="checkbox"/>
<p><b>9. Does the child fulfill <u>all</u> the following criteria for diagnosis of Childhood Disintegrative Disorder?</b></p> <ul style="list-style-type: none"> <li>● Normal development till 2 years age, by the presence of age appropriate verbal and nonverbal communication, social relationships, play and adaptive behavior</li> <li>● After 2 years of age, loss of previously acquired milestones (before age 10 years) in <b>2 or more</b> of the following areas (Tick (✓) the areas in which milestones are lost)             <ul style="list-style-type: none"> <li>- Expressive/receptive language</li> <li>- Social skills/Adaptive behavior</li> <li>- Bowel or bladder control</li> <li>- Play skills</li> <li>- Motor skills</li> </ul> </li> <li>● Abnormalities of functioning in at least two of the following areas:             <ul style="list-style-type: none"> <li>- Qualitative impairment in social interaction</li> <li>- Qualitative impairment in communication</li> <li>- Restricted, repetitive and stereotyped patterns of behavior</li> </ul> </li> </ul> <p>1: No 1: Yes</p>	<input type="checkbox"/>
<p><b>10. There is no clinically significant delay in any of the following?</b></p> <ul style="list-style-type: none"> <li>● Language development (single words used by age 2 years, communicative phrase used by age 3 years)              (अपनी उम्र के हिसाब से बोलना शुरू किया था (दो साल तक शब्द बोलना और तीन साल तक दो या तीन शब्द के वाक्य बोलना।</li> <li>● Cognitive Development OR Development of age-appropriate self-help skills              मानसिक विकास या अपनी देखभाल करने की क्षमता</li> <li>● Adaptive behavior (Other than in social interaction)</li> </ul> <p>0: No 1: Yes</p>	<input type="checkbox"/>
<p><b>11. Summary assessment of ASD</b></p> <p>0: No ASD (Response to 4 is "0")</p> <p>1: Autism (Response to ALL of 1 to 7 is "1" and 8,9 is "0")</p> <p>2: Asperger's Disorder (Response to 4 is "1", 6D is "1" and 10 is "1")</p> <p>3: PDD-NOS (Response to 4 is "1" and either 5 or 7 or both is "0")</p> <p>4: Rett's Disorder (Response to 4 is "1" and 8 is "1")</p> <p>5: CDD (Response to 4 is "1" and 9 is "1")</p> <p>9: Indeterminate (Criteria not fulfilled, too many unsure responses, could not be tested in appropriate condition)</p>	<input type="checkbox"/>

<b>12. Can these symptoms be solely explained by Intellectual Disability?</b>		
0: No 1: Yes <input type="checkbox"/>		
If yes, refer to TAG review		
<b>13. Additional note and observation during the interview</b>		
<b>Name of the Assessor</b>	<b>Signature of the Assessor</b>	<b>Date of assessment</b>

# **AIIMS Modified INDT-ASD Diagnostic Evaluation for Autism Spectrum Disorder**





## AIIMS Modified INDT-ASD Diagnostic Evaluation for ASD

Section	Ask	Observe	Yes	No	Unsure
A1a Social emotional reciprocity	<p>i) * <b><i>For children aged less than 4 years:</i></b></p> <p>Does/did your child <b>ever</b> point with his/her index finger to bring your attention to show the things that interest him/her ? <i>E.g. kite, plane flying in the sky, cow/dog on the road etc.</i></p> <p><b><i>For children aged 4 years or more:</i></b> Does your child <b>usually</b> bring things to show you on his/her own he/she has made painted or new toy/gift?</p>	Observe how the child draws attention toward a toy/object of interest; Look for coordinated pointing		<input type="radio"/>	
	<p>ii) * <b><i>For children aged 4 years or more, and are able to speak</i></b> : Does your child talk to you about things he/she likes or has achieved without being asked about them?</p>			<input type="radio"/>	
	<p>iii) * Does your child <b>usually</b> prefer to play alone <b>and</b> gets irritated/moves away when his/her sibs or</p>	Quality of play activity in a group of children or with siblings	<input type="radio"/>		

	other kids try to play with him/her?				
	iv) * Does your child play <b>games involving turn taking or rule based</b> with other children <b>properly</b> ? <i>E.g. Cricket, Hide and seek/I-spy, Ludo, Stapoo, Ring a- ring roses etc.</i>	Quality of child's involvement in rule-based games or games involving taking turns		<input type="radio"/>	
	v) * Does your child <b>usually</b> share his/her happiness with you or come to you for comfort when hurt or upset?	Sharing happiness or distress with the parents		<input type="radio"/>	
	vi) * <b>For children aged 4 years or more:</b> Does your child <b>usually</b> share your happiness or try to comfort you when you are upset / sad?	Sharing of parent's happiness or distress by the child		<input type="radio"/>	
	vii) * Does your child <b>initiate</b> a conversation with you?	Quality of child's conversation with parents or yourself		<input type="radio"/>	
	viii)* <b>For children aged 4 years or more:</b> Can you have conversation with your child during which he/she not only answers your questions, but also <b>adds</b> something new <b>to continue</b> the	Quality of child's conversation with parents or yourself		<input type="radio"/>	

	conversation?			
Section A1b Non verbal communication	i) <b>*For children aged less than 4 years:</b> Does your child <b>usually</b> enjoy being taken in the lap or hugged? <b>For children aged 4 years or more:</b> When your child was a baby/toddler, did he/she enjoy being taken in the lap or hugged?	In children below 4 years age: Response to being touched and cuddled by parent: enjoys/tolerates/squirms/stiffens/ gets upset/ Indifferent		<input type="radio"/>
	ii) Does your child <b>usually</b> make eye contact with you or other people? <i>E.g. While playing, asking for things, talking to you.</i>	* Quality of eye contact		<input type="radio"/>
	iii) * Does your child <b>usually</b> use various gestures appropriately during social interactions? <i>E.g. Namaste, Salaam, waving bye-bye, hello, touching feet etc. (At least sometimes spontaneously) (use appropriate example as required)</i>	Use of these gestures in response to your greeting and while departing		<input type="radio"/>
	iv) Does your child <b>usually</b> show appropriate facial expressions according	*Appropriateness of facial expressions while interacting with parents, with you (stranger), while		<input type="radio"/>

	to the situation? <i>E.g. being happy, sad, afraid etc.</i>	playing, when given toy/favorite food or when scolded.			
Section A1c Relationships	i) * Does your child <b>usually</b> enjoy the company of other children?	Child's interaction with other children		<input type="radio"/>	
	ii) * <b>For children aged 4 years or more:</b> Does your child have friends of his/her age (In school and neighborhood) with whom he/she loves to chat, share food or play together?	Quality of child's interaction with other children of his/her age		<input type="radio"/>	
	iii) * <b>For children aged 4 years or more:</b> Does your child play <b>mostly</b> with children who are much older or much younger than him/her?	Quality of child's interaction with other children	<input type="radio"/>		
Section A2a Stereotyped movement or speech	i) Does your child <b>usually</b> repeat words or phrases regardless of meaning (in part or whole) that he/she has heard? <i>E.g. If you say 'toffee' he will also say 'toffee' if you say 'come' he will also say 'come' and if you ask "what is your</i>	* Immediate echolalia (words or phrases)	<input type="radio"/>		

	name”, he/she also says “what is your name”.				
	ii) Does he/she <b>incessantly</b> repeat things/T.V serial dialogue regardless of meaning/ context, whatever he/she has heard <b>later on</b> ?	* Delayed echolalia	<input type="radio"/>		
	iii) <b>For children aged 4 years or more:</b> Does your child <b>usually</b> use “I for me” and “me for you” incorrectly? <i>E.g., when you ask “do you want milk?” he/she says “yes, you want milk” or “Rohit wants milk” (referring to him self).</i>	* Pronoun reversal	<input type="radio"/>		
	iv) <b>For children aged 4 years or more:</b> During conversation does your child <b>often</b> speak ‘out of context’ or irrelevantly?	Out-of-context speech and neologisms	<input type="radio"/>		
	v) * <b>For children aged 6 years or more:</b> Does your child understand that somebody is making fun of him/her or can he/she understands jokes?	Child’s response to an age appropriate joke	<input type="radio"/>		
	vi) Does your child keep on <b>repeating</b> any of	* Any type of motor stereotypes, unusual	<input type="radio"/>		

	<p>the followings, like</p> <ul style="list-style-type: none"> <li>• flapping hands,</li> <li>• hand wringing,</li> <li>• toe-walking,</li> <li>• rocking or spinning,</li> <li>• making <b>unusual</b> finger or hand movements near his/her face?</li> </ul>	finger/hand movements near face			
	<p>vii) * Does your child have <b>inappropriate</b> fascination with movement?</p> <p><i>E.g. spinning wheels, opening and closing of doors, electric fan, running water and any other revolving object etc.</i></p>	Child's <b>inappropriate</b> fascination with objects in motion	<input type="radio"/>		
Section A2b Routines	<p>Does your child unreasonably <b>insist</b> on doing things in a particular way and/or become <b>upset</b> if there is any change in the daily routine?</p> <p><i>E.g., Taking exactly the same route to the school or market, insisting on food being served in the same pattern or sequence etc.</i></p>	Child's insistence on any unusual routines or rituals	<input type="radio"/>		

Section A2c Fixed interest	<p>Does your child prefer to play with a particular <b>part</b> of a toy/object rather than the whole toy/object? E.g. wheels of a toy rather than the whole toy</p> <p>And/Or</p> <p>Persistent unusual preoccupation with inanimate objects? E.g. Toffee wrappes, threads, bits of papers, flowing water</p> <p>And/Or</p> <p>Persistent behavioural attributes? E.g. Liking particular sound/visual stimuli, any particular color or form of cloth</p>	* Quality of child's play with different toys and objects	<input type="radio"/>		
Section A2d Sensory symptoms	i) Is your child indifferent to pain or temperature?	Apparent indifference to pain or temperature	<input type="radio"/>		
	ii) Does your child show excess reaction to specific sound or texture	Getting irritated with certain specific sounds or texture of certain clothes	<input type="radio"/>		
	iii) Does your child have excessive smelling?	Excessive smelling of hands or arms	<input type="radio"/>		
	iv) Does your child have excessive touching of objects?	Excessive touching objects in the room	<input type="radio"/>		

## SECTION B Complete this section (1-2) based on responses from section A

<b>1. No. of criteria fulfilled in A1 of the section A (Social Interaction and communication)</b> <b>0:</b> Two or less <input type="checkbox"/> <b>1:</b> Three		
<b>2. No. of criteria fulfilled in A2 of the section A (restrictive and repetitive)</b> <b>0:</b> Nil or one <input type="checkbox"/> <b>1:</b> Two or more		
<b>3. Is there onset at early development?</b> <b>0:</b> No <input type="checkbox"/> <b>1:</b> Yes		
<b>4. Is there an impaired functioning?</b> <b>0:</b> No <input type="checkbox"/> <b>1:</b> Yes		
<b>5. Interpretation of questionnaire (1 to 4)</b> <b>0:</b> No ASD (If reponse to any of 1-4 is “0”) <b>1:</b> ASD present (If response to 1-4 is “1”) <input type="checkbox"/>		
<b>6. Total number of criteria fulfilled in A1 and A2 together</b> <b>0:</b> Four or less <input type="checkbox"/> <b>1:</b> Fives or more		
<b>7. Summary assessment of ASD</b> <b>0:</b> No ASD (Response to 5 and 6 is “0”) <b>1:</b> ASD (Response to 5 and 6 is “1” and 8 is “0”) <input type="checkbox"/>		
<b>8. Can these symptoms be solely explained by Intellectual Disability?</b> <b>0:</b> No <input type="checkbox"/> <b>1:</b> Yes		
<b>9. Additional note and observation during the interview</b>  		
<b>Name of the Assessor</b>	<b>Signature of the Assessor</b>	<b>Date of assessment</b>





