

Asperger's Spectrum Disorder Screening Checklist

DSM-IV Criteria (Formal):

A. Qualitative impairment in social interaction; with at least 2 of the following:

- marked impairment in use of multiple nonverbal behaviors –
 - eye-to-eye gaze
 - facial expression
 - body postures, and
 - gestures to regulate social interaction
- failure to develop peer relationships appropriate to developmental level
- lack of spontaneous seeking to –
 - share enjoyment
 - share interests
 - share achievements, with others
- lack of social or emotional reciprocity

B. Restricted repetitive and stereotyped patterns of behavior, interests, and activities; with at least one (1) of the following:

- encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in -
 - intensity, or
 - focus.
- inflexible adherence to specific, non-functional routines or rituals
- stereotyped and repetitive motor mannerisms (hand flapping, finger twisting, or whole-body movements).
- persistent preoccupation with parts of objects.

C. Symptoms cause clinically significant impairment in –

- social
- academi/occupational, or
- other important area of functioning.

D. No clinically significant general delay in language.

E. No clinically significant delay in –

- cognitive development, or
- development of age-appropriate self-help skills, adaptive behavior and curiosity about the environment.

F. Criteria not met for another specific Pervasive Developmental Disorder or Schizophrenia.

DSM-IV Criteria from Field Studies and Research:

- 1. Non-specific neurological signs, e.g., headaches, dizziness, abnormal EEG, vague pain.
- 2. Motor milestone delays.
- 3. Motor clumsiness.
- 4. Difficulty with empathy.
- 5. More restricted pattern of interests & activities than OCD.

- [] 6. Existence of stereotyped behaviors & interests, as different from Schizoid PD.
- [] 7. More severely impaired social interaction vs. Schizoid PD.

Evidence from research, Post-1994 (DSM-IV):

(Characteristics can range from mild to severe)

- [] 1. Lucid speech before 4 y/o; grammar & vocabulary very good.
- [] 2. Speech sometimes stilted & repetitive.
- [] 3. Voice tends to be flat & emotionless.
- [] 4. Conversations revolve around self & tend to be pedantic.
- [] 5. Obsessed with complex topics (patterns, weather, music, history).
- [] 6. IQ's fall along full spectrum; many above average in verbal & below in performance.
- [] 7. Frequent dyslexia; problems in writing and/or math.
- [] 8. Lack of common sense.
- [] 9. Concrete thinking; take things literally.
- [] 10. Movements clumsy & awkward.
- [] 11. Odd form of self-stimulating behaviors.
- [] 12. Sensory problems less severe than other PDD's.
- [] 13. Socially aware, but inappropriate reciprocal interactions.
- [] 14. Depression & Bipolar Disorder often reported in genetic history.
- [] 15. Difficulty with transitions or changes; prefer sameness.
- [] 16. Difficulty reading non-verbal cues.
- [] 17. Difficulty determining body-space.
- [] 18. Overly sensitive to sounds, tastes, smells & sights.
- [] 19. Deficits in language pragmatics & prosody.
- [] 20. Sound like "little professors".
- [] 21. Problems with organization & time management.
- [] 22. Overriding priority to solve a problem vs. satisfy social/emotional needs of others.
- [] 23. Values being creative vs. cooperative.
- [] 24. Tends to focus on details vs. "whole picture".
- [] 25. Strong sense of social justice.
- [] 26. Seeks and/or seems to enjoy solitude.
- [] 27. Problems with visual-motor integration; hand-writing.
- [] 28. High performance on visual-search problems.
- [] 29. Tendency to have sleep disruptions, e.g., DFA, MNA & EMA.
- [] 30. Difficulty identifying and describing own emotions.

BEST RESOURCES FOR CURRENT INFORMATION:

Yale Developmental Disabilities Clinic -
<http://info.med.yale.edu/chldstdy/autism/aspergers.html>