

WEB APPENDIX I

INCLLEN Diagnostic Tool for Autism Spectrum Disorder: Development and Validation

Name of the Child: _____	
Date of Birth: DD/MM/YYYY	Age: __ years __ months
Sex:	
Complete Address:	
Phone number:	
Date of Assessment: DD/MM/YYYY	
Name of the Assessor:	

INSTRUCTIONS FOR EVALUATION

- **Primary caregiver** must be present with the child
- These behaviors are to be assessed in the context of children of **same age**
- Explain to parents that the answers should be based on the child's **behavior most of the time**
- 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)
- 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
- The questionnaire should be **supplemented by observations** for the suggestive behavior in the child **throughout** the assessment.
- 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)
- When there is discrepancy between parental response and your observation, * indicates whether parent report or observation should take precedence, and marked accordingly
- 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

INCLLEN Diagnostic Evaluation for Autism

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		
A1a	i) * <i>For children aged less than 4 years:</i> Does your child usually enjoy being taken in the lap or hugged? <i>For children aged 4 years or more:</i> When your child was a baby/toddler, did he/she enjoy being taken in the lap or hugged? <input type="checkbox"/>	In children below 4 years age: Response to being touched and cuddled by parent: enjoys/tolerates/squirms/ stiffens/ gets upset/ Indifferent <input type="checkbox"/>	Yes	No	Unsure
	ii) Does your child usually make eye contact with you or other people? <i>E.g. While playing, asking for things, talking to you.</i> <input type="checkbox"/>	* Quality of eye contact <input type="checkbox"/>	Yes	No	Unsure
	iii) * Does your child usually use various gestures appropriately during social interactions? <i>E.g. Namaste, Salaam, waving bye-bye, hello, touching feet etc.</i> (At least sometimes spontaneously) <input type="checkbox"/> (use appropriate example as required)	Use of these gestures in response to your greeting and while departing <input type="checkbox"/>	Yes	No	Unsure
	Further elaborate if required about inappropriate gestures like repeatedly greets anybody without knowing				
	iv) Does your child usually show appropriate facial expressions according to the situation? <i>E.g. being happy, sad, afraid etc.</i> <input type="checkbox"/>	*Appropriateness of facial expressions while interacting with parents, with you (stranger), while playing, when given toy/favorite food or when scolded. <input type="checkbox"/>	Yes	No	Unsure
A1b	i) * Does your child usually enjoy the company of other children? <input type="checkbox"/>	Child's interaction with other children <input type="checkbox"/>	Yes	No	Unsure

	<p>ii) * For children aged 4 years or more: 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? <input type="checkbox"/></p>	<p>Quality of child's interaction with other children of his/her age <input type="checkbox"/></p>	Yes	No	Unsure or NA
	<p>iii) * For children aged 4 years or more: Does your child play mostly with children who are much older or much younger than him/her? <input type="checkbox"/></p>	<p>Quality of child's interaction with other children <input type="checkbox"/></p>	Yes	No	Unsure or NA
A1c	<p>i) * For children aged less than 4 years: 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></p> <p>For children aged 4 years or more: Does your child usually bring things to show you on his/her own he/she has made painted or new toy/gift? <input type="checkbox"/></p>	<p>Observe how the child draws attention toward a toy/object of interest; Look for coordinated pointing <input type="checkbox"/></p>	Yes	No	Unsure
	<p>ii) * For children aged 4 years or more, and are able to speak: Does your child talk to you about things he/she likes or has achieved without being asked about them? <input type="checkbox"/></p>	<p><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? <input type="checkbox"/></p>	<p>Quality of play activity in a group of children or with siblings <input type="checkbox"/></p>	Yes	No	Unsure
	<p>ii) * Does your child play games involving turn taking or rule based with other children properly? <i>E.g. Cricket, Hide and seek/I-spy, Ludo,Stapoo, Ring-a- ring roses etc.</i> <input type="checkbox"/></p>	<p>Quality of child's involvement in rule-based games or games involving taking turns <input type="checkbox"/></p>	Yes	No	Unsure
	<p>iii) * Does your child usually share his/her happiness with you or come to you for comfort when hurt or upset? <input type="checkbox"/></p>	<p>Sharing happiness or distress with the parents <input type="checkbox"/></p>	Yes	No	Unsure

	iv) * For children aged 4 years or more: Does your child usually share your happiness or try to comfort you when you are upset / sad? <input type="checkbox"/>	Sharing of parent's happiness or distress by the child <input type="checkbox"/>	Yes	No	Unsure or NA
A2a	* Does your child speak normally for his/her age? <i>If the child cannot speak normally: Can he/she communicate with you by using gestures? E.g. pointing with index finger, nodding/shaking head for yes/no etc.</i> <input type="checkbox"/> <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>	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) <input type="checkbox"/>	Yes	No	Unsure
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					
A2b	i)* Does your child initiate a conversation with you? <input type="checkbox"/>	Quality of child's conversation with parents or yourself <input type="checkbox"/>	Yes	No	Unsure or NA
	ii)* For children aged 4 years or more: 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? <input type="checkbox"/>	Quality of child's conversation with parents or yourself <input type="checkbox"/>	Yes	No	Unsure or NA
A2c	i) Does your child usually 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 name", he/she also says "what is your name".</i> <input type="checkbox"/>	* Immediate echolalia (words or phrases) <input type="checkbox"/>	Yes	No	Unsure or NA
	ii) Does he/she incessantly repeat things/T.V serial dialogue regardless of meaning/ context, whatever he/she has heard later on ? <input type="checkbox"/>	* Delayed echolalia <input type="checkbox"/>	Yes	No	Unsure or NA

	<p>iii) For children aged 4 years or more: 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></p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>* Pronoun reversal</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Yes</p>	<p>No</p>	<p>Unsure or NA</p>
	<p>iv) For children aged 4 years or more: During conversation does your child often speak ‘out of context’ or irrelevantly?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Out-of-context speech and neologisms</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Yes</p>	<p>No</p>	<p>Unsure or NA</p>
	<p>v) * For children aged 6 years or more: Does your child understand that somebody is making fun of him/her or can he/she understands jokes?</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Child’s response to an age-appropriate joke</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Yes</p>	<p>No</p>	<p>Unsure or NA</p>
<p>A2d</p>	<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.?</p> <p style="text-align: center;">OR</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 style="text-align: center;">OR</p> <p>Has your child played different games like “ghar-ghar”, “teacher-student” (school-school), “chor-police” etc. with other kids interactively</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Quality of child’s play with toys or other objects Look for any form of variable pretend play</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Yes</p>	<p>No</p>	<p>Unsure</p>
<p><i>(May add age appropriate regional examples of variable pretend play as necessary)</i> Note for interviewer: If <u>any one</u> is positive will be marked as “Yes”</p>					
<p>A3a</p>	<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></p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Any unusual interests i.e. unusual for child’s age</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>Yes</p>	<p>No</p>	<p>Unsure</p>

	ii)* Does your child have excessive interest in typical things but the interest is so all encompassing that it interferes his/her activities? (Excluding T.V watching) <input type="checkbox"/>	Excessive and all-encompassing interest in activities that are typical for other child his/her age <input type="checkbox"/>	Yes	No	Unsure
	iii)* Does your child like lining or stacking objects/toys excessively ? (Excluding blocks) <input type="checkbox"/>	Excessive lining of objects or toys <input type="checkbox"/>	Yes	No	Unsure
A3b	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? <input type="checkbox"/> <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>	Child's insistence on any unusual routines or rituals <input type="checkbox"/>	Yes	No	Unsure
A3c	i) Does your child keep on repeating any of the followings, like <ul style="list-style-type: none"> • flapping hands, • hand wringing, • toe-walking, • rocking or spinning, • making unusual finger or hand movements near his/her face? <input type="checkbox"/> 	* Any type of motor stereotypes, unusual finger/hand movements near face <input type="checkbox"/>	Yes	No	Unsure
Note for interviewer: Ask with demonstration and answer yes if any one of above example is positive					
	ii) * Does your child have inappropriate fascination with movement? <i>E.g. spinning wheels, opening and closing of doors, electric fan, running water and any other revolving object etc.</i> <input type="checkbox"/>	Child's inappropriate fascination with objects in motion <input type="checkbox"/>	Yes	No	Unsure
A3d	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> <input type="checkbox"/>	* Quality of child's play with different toys and objects <input type="checkbox"/>	Yes	No	Unsure

<p>9. Does the child fulfill <u>all</u> the following criteria for diagnosis of Childhood Disintegrative Disorder?</p> <ul style="list-style-type: none"> • Normal development till 2 years age, by the presence of age appropriate verbal and nonverbal communication, social relationships, play and adaptive behavior • After 2 years of age, loss of previously acquired milestones (before age 10 years) in 2 or more of the following areas (Tick (✓) the areas in which milestones are lost) <ul style="list-style-type: none"> - Expressive/receptive language - Social skills/Adaptive behavior - Bowel or bladder control - Play skills - Motor skills • Abnormalities of functioning in at least two of the following areas: <ul style="list-style-type: none"> - Qualitative impairment in social interaction - Qualitative impairment in communication - Restricted, repetitive and stereotyped patterns of behavior <input style="float: right;" type="checkbox"/> <p>0: No 1: Yes</p>		
<p>10. There is no clinically significant delay in any of the following?</p> <ul style="list-style-type: none"> • Language development (single words used by age 2 years, communicative phrase used by age 3 years) • Cognitive Development OR Development of age-appropriate self-help skills • Adaptive behavior (Other than in social interaction) <input style="float: right;" type="checkbox"/> <p>0: No 1: Yes</p>		
<p>11. Summary assessment of ASD</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") <input style="float: right;" type="checkbox"/></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>		
<p>12. Can these symptoms be solely explained by Intellectual Disability? <input style="float: right;" type="checkbox"/></p> <p>0: No 1: Yes</p> <p>If yes, refer to TAG review</p>		
<p>13. Additional note and observation during the interview</p>		
Name of the Assessor	Signature of the Assessor	Date of assessment