

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

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 (1-14 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

AIIMS Modified INDT-ASD Diagnostic Evaluation for ASD

Section	Ask	Observe	Yes	No	Unsure
A1a Social emotional reciprocity	i) * <i>For children aged less than 4 years:</i> 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> <i>For children aged 4 years or more:</i> Does your child usually bring things to show you on his/her own he/she has made painted or new toy/gift?	Observe how the child draws attention toward a toy/object of interest; Look for coordinated pointing		<input type="radio"/>	
	ii) * <i>For children aged 4 years or more, and are able to speak:</i> Does your child talk to you about things he/she likes or has achieved without being asked about them?			<input type="radio"/>	
	iii) * 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?	Quality of play activity in a group of children or with siblings	<input type="radio"/>		

	iv) * 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>	Quality of child's involvement in rule-based games or games involving taking turns		<input type="radio"/>	
	v) * Does your child usually 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) * For children aged 4 years or more: Does your child usually 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 initiate a conversation with you?	Quality of child's conversation with parents or yourself		<input type="radio"/>	
	viii)* 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?	Quality of child's conversation with parents or yourself		<input type="radio"/>	

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

Section A1c Relationships	i) * Does your child usually enjoy the company of other children?	Child's interaction with other children		<input type="radio"/>	
	ii) * For children aged 4 years or more: Does your child have friends of his/her age (In school and neighbor-hood) 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) * For children aged 4 years or more: Does your child play mostly 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 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>	* Immediate echolalia (words or phrases)	<input type="radio"/>		
	ii) Does he/she incessantly repeat things/T.V serial dialogue regardless of meaning/ context, whatever he/she has heard later on ?	* Delayed echolalia	<input type="radio"/>		

	<p>iii) <i>For children aged 4 years or more:</i> 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>	* Pronoun reversal	<input type="radio"/>		
	<p>iv) <i>For children aged 4 years or more:</i> During conversation does your child often speak ‘out of context’ or irrelevantly?</p>	Out-of-context speech and neologisms	<input type="radio"/>		
	<p>v) * <i>For children aged 6 years or more:</i> Does your child understand that somebody is making fun of him/her or can he/she understand jokes?</p>	Child’s response to an age-appropriate joke	<input type="radio"/>		
	<p>vi) Does your child keep on repeating any of the followings, like</p> <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? 	* Any type of motor stereotypes, unusual finger/hand movements near face	<input type="radio"/>		
	<p>vii) * Does your child have inappropriate fascination with movement?</p>	Child’s inappropriate fascination with objects in motion	<input type="radio"/>		

	<i>E.g. spinning wheels, opening and closing of doors, electric fan, running water and any other revolving object etc.</i>				
Section A2b Routines	<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?</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 part of a toy/object rather than the whole toy/object?</p> <p><i>E.g. wheels of a toy rather than the whole toy</i></p> <p>And/ Or</p> <p>Persistent unusual preoccupation with inanimate objects? E.g. Toffee wrappers, 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 (1-4) based on responses from section A

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