

AUTISM MENTAL STATUS EXAM

Date _____ Rater _____ Subject # _____

EYE CONTACT <small>(observed)</small>	<input type="checkbox"/> ≥ 3 seconds	<input type="checkbox"/> Fleeting	<input type="checkbox"/> None
INTEREST IN OTHERS <small>(observed)</small>	<input type="checkbox"/> Initiates Interaction with Examiner	<input type="checkbox"/> Only Passively Responds	<input type="checkbox"/> No Interest
POINTING SKILLS <small>(observed)</small>	<input type="checkbox"/> Can Point/ Gesture to Object	<input type="checkbox"/> Only Follows Point	<input type="checkbox"/> None
LANGUAGE <small>(reported and/or observed)</small>	<input type="checkbox"/> Can Speak About Another Time Or Place	<input type="checkbox"/> Single Words <input type="checkbox"/> Phrases (≤ 3 words) <input type="checkbox"/> Undeveloped Sentences	<input type="checkbox"/> Nonverbal
	<input type="checkbox"/> Articulation Problem		
PRAGMATICS OF LANGUAGE	<input type="checkbox"/> Not impaired <input type="checkbox"/> Not applicable	<input type="checkbox"/> Cannot manage turns or topics <input type="checkbox"/> Unvaried or odd intonation <input type="checkbox"/> reported <input type="checkbox"/> observed	
REPETITIVE BEHAVIORS/ STEREOTYPY <small>(reported and/or observed)</small>	<input type="checkbox"/> None	<input type="checkbox"/> Insists on Routines/ Compulsive-like behaviors	<input type="checkbox"/> Motor stereotypy or vocal stereotypy <input type="checkbox"/> Echolalia <input type="checkbox"/> Stereotyped speech
UNUSUAL OR ENCOMPASSING PREOCCUPATIONS	<input type="checkbox"/> None	<input type="checkbox"/> Present--describe: <input type="checkbox"/> reported <input type="checkbox"/> observed	
UNUSUAL SENSITIVITIES	<input type="checkbox"/> None	<input type="checkbox"/> Heightened Sensitivity <input type="checkbox"/> High Pain Threshold <input type="checkbox"/> reported <input type="checkbox"/> observed	

