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Please refer to our link [Autism Symptoms Checklist](#) for information on how to use this form.

The Autism Symptoms Checklist – Monitoring the 60 Signs of Autism

BEHAVIOR SYMPTOMS	ASSESSMENT	REPETITIVE	CONTRIBUTING FACTORS
Ignoring his/her own name	<i>Yes / Not Really / No</i>	<input type="checkbox"/>	
Ignoring sudden or loud sounds	<i>Yes / Not Really / No</i>	<input type="checkbox"/>	
Adverse reaction to sudden or loud sounds	<i>Yes / Not Really / No</i>	<input type="checkbox"/>	
Ignoring or not understanding instructions	<i>Yes / Not Really / No</i>	<input type="checkbox"/>	
Defiant (Talking back, arguing)	<i>Yes / Not Really / No</i>	<input type="checkbox"/>	
Yelling for no particular reason	<i>Yes / Not Really / No</i>	<input type="checkbox"/>	
Hitting others for no particular reason	<i>Yes / Not Really / No</i>	<input type="checkbox"/>	
Biting non food items (Pica)	<i>Yes / Not Really / No</i>	<input type="checkbox"/>	

Pushing hard against objects or people	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Throwing toys and other objects	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Eats only with Hands	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Won't drink from the glass	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Provoking a fight with mates or siblings	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Destructive mentality	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Mean to pets	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Overly possessive	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Bullying others or get bullied often	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Laughing inappropriately	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Tries to run away from situations	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Hides from unknown fear	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Seeks revenge	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Obsessive about wanting to control	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Poor communication skills	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Speech problems	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Does not understand other's emotions	<i>Yes / Not Really / No</i>	<input type="checkbox"/>

Cannot control his/her emotions	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Cannot understand consequences of actions	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Does not get motivated by rewards	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Avoids difficult or unknown tasks	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Doesn't like to be touched, hugged or kissed	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Adverse reactions to certain smells	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Has a hard time sleeping or waking up	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Unwilling to try new foods	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Unwilling to try new clothes or designs	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Sensitive to certain fabric materials	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Reclusive, prefers to be alone	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Fearless to the point of danger	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Afraid to the point of not attempting	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
No friends (for boys) or 1 friend (for girls)	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Unwilling to play with others of same age	<i>Yes / Not Really / No</i>	<input type="checkbox"/>

Avoids other children	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Single-minded with choice of toys	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Will not play a game (indoor or outdoors)	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Takes thing too personally	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Does not believe in taking turns	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Unwilling to share with mates and siblings	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Does not role-play nor with puppets, etc	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Struggles with potty training	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Hides to go potty	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Jealous for parent's attention	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Shows signs of learning disability	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Development is slow compared to peers	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Shows repetitive hand or body movement	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Uses unknown or random words	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Doesn't like to watch movies or animations	<i>Yes / Not Really / No</i>	<input type="checkbox"/>
Obsessed about road directions	<i>Yes / Not Really / No</i>	<input type="checkbox"/>

Will try to do things
same way every time

Yes / Not Really / No

Listens to the same
track/album every
time

Yes / Not Really / No

Hates social occasions

Yes / Not Really / No

Usually uninterested
in gifts

Yes / Not Really / No