The Childhood Autism Spectrum Test (CAST)

Child’s Name: ..................................  Age: ......................  Sex:  Male / Female
Birth Order: ..................................  Twin or Single Birth: .................................
Parent/Guardian: ....................................................................................................
Parent(s) occupation: ............................................................................................
Age parent(s) left full-time education: .................................................................
Address: ................................................................................................................
................................................................................................................
Tel.No: ........................................  School: .................................................
............................................................................................................................

Please read the following questions carefully, and circle the appropriate answer. All responses are confidential.

1. Does s/he join in playing games with other children easily?  Yes  No
2. Does s/he come up to you spontaneously for a chat?  Yes  No
3. Was s/he speaking by 2 years old?  Yes  No
4. Does s/he enjoy sports?  Yes  No
5. Is it important to him/her to fit in with the peer group?  Yes  No
6. Does s/he appear to notice unusual details that others miss?  Yes  No
7. Does s/he tend to take things literally?  Yes  No
8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., play-acting being a superhero, or holding teddy’s tea parties)?  Yes  No
9. Does s/he like to do things over and over again, in the same way all the time?  Yes  No
10. Does s/he find it easy to interact with other children?  Yes  No
11. Can s/he keep a two-way conversation going?  Yes  No
12. Can s/he read appropriately for his/her age?  Yes  No
13. Does s/he mostly have the same interests as his/her peers?  Yes  No
14. Does s/he have an interest which takes up so much time that s/he does little else?  Yes  No
15. Does s/he have friends, rather than just acquaintances?  Yes  No
16. Does s/he often bring you things s/he is interested in to show you?  Yes  No
17. Does s/he enjoy joking around?  Yes  No
18. Does s/he have difficulty understanding the rules for polite behaviour?  Yes  No
19. Does s/he appear to have an unusual memory for details?  Yes  No
20. Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)?  Yes  No
21. Are people important to him/her?  Yes  No
22. Can s/he dress him/herself?  Yes  No
23. Is s/he good at turn-taking in conversation?  Yes  No
24. Does s/he play imaginatively with other children, and engage in role-play?  Yes  No
25. Does s/he often do or say things that are tactless or socially inappropriate?  Yes  No
26. Can s/he count to 50 without leaving out any numbers?  Yes  No
27. Does s/he make normal eye-contact?  Yes  No
28. Does s/he have any unusual and repetitive movements?  Yes  No
29. Is his/her social behaviour very one-sided and always on his/her own terms?  Yes  No
30. Does s/he sometimes say “you” or “s/he” when s/he means “I”?  Yes  No
31. Does s/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists of facts? Yes  No

32. Does s/he sometimes lose the listener because of not explaining what s/he is talking about? Yes No

33. Can s/he ride a bicycle (even if with stabilisers)? Yes No

34. Does s/he try to impose routines on him/herself, or on others, in such a way that it causes problems? Yes No

35. Does s/he care how s/he is perceived by the rest of the group? Yes  No

36. Does s/he often turn conversations to his/her favourite subject rather than following what the other person wants to talk about? Yes No

37. Does s/he have odd or unusual phrases? Yes No

**SPECIAL NEEDS SECTION**  
**Please complete as appropriate**

38. Have teachers/health visitors ever expressed any concerns about his/her development? Yes No

If Yes, please specify.............................................................................................................

39. Has s/he ever been diagnosed with any of the following?:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Language delay</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hyperactivity/Attention Deficit Disorder (ADHD)</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Hearing or visual difficulties</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Autism Spectrum Condition, incl. Asperger’s Syndrome</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>A physical disability</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Other (please specify)</td>
<td>Yes</td>
<td>No</td>
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