

ASPERGERS ASSESSMENT:

NAME:

Today's Date: __/__/_____

This is a questionnaire that assists you to "quantify" the signs of Asperger's Syndrome.

The Asperger's checklist: Read each description and tick inside the box which most closely corresponds to how you feel about each one in both regularity and severity sections. (i.e. You will have two ticks in each row next to each description, one for the regularity and one for the severity.)

	REGULARITY					SEVERITY				
	Never	Rarely	Sometimes	Often	Always	None	Mild	Moderate	Severe	Unbearable
Lack of desire to interact socially										
Socially and/or emotionally inappropriate behavior										
Failure to develop appropriate friendships										
Inability to communicate emotional state										
Inability to figure out things implied but not said ("read between lines")										
Difficulty in reading nonverbal communication of others										
Difficulty with eye contact										
Lack of non-verbal gestures										
All-absorbing narrow activity interests										
Exclusion of, or no interest in other activities										
More prone to rote memory than understanding meaning										
Intense and obsessive level of focus on things of interest										
Great memory for apparently trivial facts										
Calculate score for each column:	0×_ =	1×_ =	2×_ =	3×_ =	4×_ =	0×_ =	1×_ =	2×_ =	3×_ =	4×_ =
SUBTOTAL:										

	REGULARITY					SEVERITY				
	Never	Rarely	Someti mes	Often	Always	None	Mild	Modera te	Severe	Unbear able
Capable of out-performing peers in field of interest										
Imposition of rigid routine and interests on self, and/or on others										
Superficially perfect language										
Peculiar voice characteristics										
Literal interpretation of other's statements										
Limited facial expression										
Clumsy body language										
Delay in the development of fine motor skills										
Stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting or complex whole-body movements)										
Unusual walk and/or arms held out in an unusual manner										
Sensory Overload – sensitive to loud noises or strong smells or dislikes being touched										
Unable to block out certain repetitive stimuli (e.g. constant clock ticking)										
Calculate score for each column:	0×_= _	1×_= _	2×_= _	3×_= _	4×_= _	0×_= _	1×_= _	2×_= _	3×_= _	4×_= _
TOTAL (2 Sides)										

Other Questions:

* Does the disturbance cause significant impairments in social, occupational, or other important areas of functioning? YES NO

* Have you been diagnosed with any other specific Developmental Disorder or Schizophrenia? YES NO

..... (Specify)