

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:

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Tel.No: School:

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

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| 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
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If Yes, please specify.....

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

Language delay	Yes	No
Hyperactivity/Attention Deficit Disorder (ADHD)	Yes	No
Hearing or visual difficulties	Yes	No
Autism Spectrum Condition, incl. Asperger's Syndrome	Yes	No
A physical disability	Yes	No
Other (please specify)	Yes	No