The Childhood Autism Spectrum Test (CAST)

(Formerly known as the Childhood Asperger Syndrome Test)

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”?

<table>
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**SPECIAL NEEDS SECTION**

**Please complete as appropriate**

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<td>38. Have teachers/health visitors ever expressed any concerns about his/her development?</td>
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If Yes, please specify........................................................................................................

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<td>Other (please specify)</td>
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The Childhood Autism Spectrum Test (CAST) – PHYSICIAN’S SCORING VERSION

(Formerly known as the Childhood Asperger Syndrome Test)

SOCIAL & COMMUNICATION DEVELOPMENT QUESTIONNAIRE - KEY
ASD relevant responses are underlined and score ‘1’. Maximum score possible is 31, cut-off currently is 15 for possible ASD or related social-communication difficulties. Questions that are not underlined are controls

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