

Additional Material

Appendix A

Child Development for Household Survey to Estimate Burden of ASD (CDHSEBA)

1. Your relationship with the child
 - a. Daughter/Son b. Brother/Sister c. Neighbor d. Cousin e. Others
2. About the child
 - a. Gender: Male Female
 - b. Is the child between 2 and 18 years old today? Yes No

3. Going back to the first 3 years of the child’s life, was there anything that seriously worried you or anyone else about his ...	Yes	No
a) Language and communication development?	Yes	No
b) Relationship with peers?	Yes	No
c) Gross Motor Development and use of hands and limbs?	Yes	No
d) Odd or repetitive behaviour?	Yes	No
e) Ability to learn and do new things – things such as puzzles or helping get dressed?	Yes	No

A1: DEFICITS IN SOCIO-EMOTIONAL RECIPROCITY

4. The child does not speak at all (he or she can’t make himself or herself understood in words; he or she can’t say any recognizable words)?	Yes	No
5. The child does not speak normally for his/her age?	Yes	No
8. The child cannot communicate with you by using gestures? E.g. pointing with the index finger, nodding/shaking head for yes/no etc.	Yes	No
9. The child does not initiate a conversation with you?	Yes	No

A2: DEFICITS IN NON-VERBAL COMMUNICATION

10. The child does not smile back when you smile at him/her?	Yes	No
11. The child does not maintain eye contact when talking to people?	Yes	No
12. The child does not show the typical range of facial expressions? E.g. he/she doesn’t smile when happy? He/she doesn’t show sadness when unhappy? He/she doesn’t express surprise when something unexpected happens?	Yes	No

A3: DEFICITS IN DEVELOPING, MAINTAINING AND UNDERSTANDING RELATIONSHIPS

13. The child does not participate in imaginative role-playing with other kids interactively. Like (cooking play)/dolls/clay/telephone/toy gun/motor car OR ‘teacher-student’, ‘thief-police’, ‘mother-child’, etc.	Yes	No
14. Does the child appear to be in his/her own world, no matter what he/she is doing (even when with other children)?	Yes	No
15. Does the child prefer to play alone rather than joining his peers?	Yes	No

B1: STEREOTYPED MOVEMENTS, LANGUAGE OR USE OF SPEECH

6. Does the child often repeat the same word or phrase repeatedly in the same manner?	Yes	No
7. Does the child repeat what you say? Copy your speech or the speech of others.	Yes	No
16. Does the child have interests that are not typical for children his or her age, like an interest in objects like fans, light switches, radios, etc.?	Yes	No
17. Does the child have any repetitive behavior? For instance, arranging toys or household objects in a specific manner repeatedly.	Yes	No
18. Does the child keep on repeating any of the following?		
a) Flapping hands (moving hands up and down)	Yes	No
b) Hand wringing (as if squeezing clothes)	Yes	No
c) Toe-walking (walking on tip-toe)	Yes	No
d) Swinging or spinning his/her body	Yes	No
e) Making unusual finger or hand movements near his/her face.	Yes	No

B2: INSISTENCE ON SAMENESS AND INFLEXIBILITY THOUGHT

19. Does the child insist on sameness and actively resist any change in his/ her routines? For example, insisting on the same dress/asking for the same place to sit while eating/insisting on no change in the arrangement of the toys or household items. Bathing or getting dressed at certain time and when unable to do so for some particular reason, does get very upset?	Yes	No
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B3: HIGHLY RESTRICTED, FIXATED INTERESTS AND ABNORMAL INTENSITY IN FOCUS

20. Has the child memorized unusual facts like schedules, history facts, or other sorts of facts that preoccupy him or her daily?	Yes	No
21. Is the child 'too obsessed' with certain activities or interests beyond what you would expect for a child of his/her age?	Yes	No
22. Does the child have excessive interest in odd or unusual things/activities that other children do not have? E.g. collecting sweet wrappers, nylon bags, piece of rope, pulling thread and rubber band etc.	Yes	No
23. Does the child prefer to play with a particular part of a toy/object rather than the whole toy/object? For example, when playing with a toy car, only want to play with the tyres and not the rest of the car.	Yes	No

B4: SENSITIVITY TO SENSORY INPUT

24A. Does the child do anything to hurt or harm him/herself? E.g. banging his/hers head on objects, biting him/herself, piercing him/herself with sharp objects?	Yes	No
24B. Is the child hypersensitive or under sensitive to certain sensory inputs? i.e. is indifferent to pain? Overly upset by certain sounds or too sensitive to light?	Yes	No
25. Does the child show an unusual interest in certain sensory aspects of the environment? E.g. excessive touching or smelling of objects?	Yes	No

26. If the child presents with any difficulties in the areas we have mentioned above please tell us the extent to which these difficulties interfere with their day-to-day functioning at home and in school

- a) Not all
- b) Causes minor interferences
- c) Causes major interferences
- d) Symptoms described above makes it impossible for the child to function in the above settings.

27. Is the child previously diagnosed with ASD?	Yes	No
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