

## Toddler Autism Symptom Inventory (TASI)

Child's ID: \_\_\_\_\_

Chronological age: \_\_\_\_\_ If premature, weeks gestation at birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date of interview: \_\_\_\_\_

Respondent's relationship to child: \_\_\_\_\_

Name of person conducting interview: \_\_\_\_\_

The TASI is designed to make a judgment about the presence or absence of DSM-5 autism symptoms based on caregiver report. These interview items are to be used to elicit diagnostic information from caregivers relevant to behaviors and skills in the toddler age group. This information should be combined with other sources of information (e.g., developmental history) and clinician observation to make final best clinical estimate judgments about symptoms of ASD for toddlers *between the ages of 12 months, 0 days and 36 months, 30 days*.

Each item on the TASI corresponds to a DSM-5 symptom (American Psychiatric Association, 2013). Items are organized into sections based on the DSM-5 diagnosis and ask about ways in which a toddler might display each symptom. There is a suggested algorithm and cutoff score for the DSM-5 ASD diagnosis. This algorithm should be combined with clinical judgment for diagnostic decisions. Some additional items are not included in algorithm scoring; these can be used for clinical purposes or other data analyses. Therefore, the clinician should obtain examples for appropriate items.

**General administration and scoring directions:** For each item, the clinician should ask the question to the caregiver, then select a score of 0 or 1 based on the options provided (0=typical development, 1=ASD indication). The clinician should obtain examples of child behavior for appropriate items. If the caregiver responds with multiple options, try to determine which behavior is most *typical*, and score using that behavior. Some items (e.g, items 4, 15, 22) are not assigned a score but should still be included in the interview. The clinician should refer to the TASI Scoring Manual for general and specific guidance on scoring the TASI.

After completing the TASI interview, a scorer should sum the scoring column on each page, filling in the numbered boxes at the bottom of each page. The values in these numbered boxes should then be transcribed to the scoring algorithm document.

For many items, the behavior is expected of any child approaching or past the first birthday (e.g., noticing and imitating other's obvious positive affect, making eye contact, responding to their name being called). For a child who does not show these behaviors, or shows them rarely, these should be coded with a (1). In a few cases, a more advanced developmental level is required in order to expect the behavior (e.g., pretend play, active play with another child, combining words into phrases). If the

clinician's judgment is that the child is functioning overall at a developmental level that would allow the behavior (e.g., simple pretend play), then the absence of that behavior should be scored (1). But if the child's developmental cognitive and language level is estimated to be 6-9 months, then pretend play is not expected and would not warrant a score of (1). "N/A" or "consistent with developmental level" should be selected; these options are included for relevant items. If no such option is included, then judge the behavior against the child's chronological age.

The TASI interview should be used to elicit caregiver-report of the child's behavior *within the last month*. As this period is often one of swift developmental change, some behaviors may be recently emerging; the guidance from the TASI scoring manual should be followed when scoring emerging behaviors.

For questions regarding social behaviors, it is important to probe for both the consistency with which the child demonstrates each behavior across people and settings, and the amount of effort required on the part of the adult to elicit the behavior. If a communicative or social behavior is in the child's repertoire, but it is displayed rarely, and/or an adult must work harder than would be expected to get the child to demonstrate the behavior, then score it as "rarely". One exception to this rule is if the child has mastered a task (e.g., marking with a pencil on paper, saying "a b c d e") and the child does not want to display this skill to another adult and refuses or acts shy; this is typical toddler behavior.

When listed options are presented on the form, the clinician should check off examples endorsed by caregivers as well as record any examples not included on the form. When caregivers provide an example of behavior that is not on the form, the clinician should use their judgment as to whether this behavior indicates the child is acquiring the skill as expected for his/her developmental level, or is displaying a symptom possibly indicative of autism.

It is not necessary to ask questions verbatim. More important is ensuring that the caregiver understands the question. If the behavior in question has already been discussed, record the answer and reconfirm only if you feel it is necessary. If the caregiver does not understand the intent of the question, give an example or rephrase the question. Refer to the accompanying scoring manual for scoring assistance and some examples.

In many cases, interviews like the TASI are conducted simultaneously as the child engages in other testing. Thus, the interviewer may observe behaviors that clearly contradict caregiver report. If this occurs, discuss this discrepancy with the caregiver, and use the caregiver's input after discussion to make a scoring determination. This discrepancy should be noted.

As much as possible, clinicians should use the child's name rather than referring to him or her as "your child" and should use the gender appropriate pronoun.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA

### Introductory Language Questions

i. Does your child use words to communicate?

Yes: continue

No: skip to item vi. & vii.

ii. How many different words (that are understandable to familiar adults) does your child use to communicate during a typical day? *(If necessary, help caregivers by suggesting categories like people, foods, clothes, and animals; make sure these are words the child says, not just appears to understand)*

1-5 words

6-10 words or 11-30 words

>30 words

Examples: \_\_\_\_\_

iii. When did he/she start using single words?

1: older than 24 months

0: younger than 24 months or N/A

iv. Does your child put together two-word combinations on a daily basis?

1: No

0: Yes or N/A

v. How many different phrases (that are understandable to familiar adults) does your child use to communicate? *(“mommy go,” “night-night baby,” “more bubbles;” whereas “more juice,” “more ball,” “more cookie” would NOT be counted as three separate phrases).*

1-5 phrases

6-10 phrases or 11-30 phrases

>30 phrases

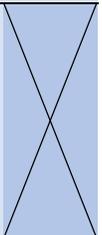
Examples: \_\_\_\_\_

vi. Does your child ever mime or use gestures to communicate with you when he/she doesn't know the word?

vii. *Clinician: Given the above responses and the child's developmental level, is there evidence of abnormalities in communication that are not compensated for through gesture or miming?*

Yes, abnormalities are present

No, language development appears typical or appropriately compensated for



<b>A1. Deficits in social-emotional reciprocity</b>		
1. When you smile at your child, how often does he/she smile back? Sometimes/Often 0	Rarely/Never 1	0 / 1
2. When another familiar adult or caregiver smiles at your child, how often does he/she smile back? Sometimes/Often 0	Rarely/Never 1	0 / 1
3. If your child sees other people around him/her being happy (e.g., at a birthday party), how often does he/she appear to notice and share those feelings (e.g., smiling, clapping, etc.)? Sometimes/Often 0	Rarely/Never 1	0 / 1
4. How is your child <u>most likely to respond</u> if he/she sees you or another familiar adult hurt or sad?  Does not notice      Covers his/her ears      Laughs Looks (at caregiver) but does not respond or appear distressed  Cries      Looks distressed      Gets another adult for help Offers comfort (e.g., pats/hugs you, gets a band-aid, shares a comfort item) Comes over/approaches you      Says "crying" or labels the distress Other: _____		X
5. How often does your child respond when you call his/her name? Sometimes/Often 0 ↓	Rarely/Never 1	0 / 1
How does your child usually respond? <input type="checkbox"/> Looks towards you when you call his/her name <input type="checkbox"/> Vocalizes when you call his/her name <input type="checkbox"/> Both looks towards you and vocalizes when you call his/her name  Other: _____		

box 1

<p>6. How often does your child approach other people to play or interact?</p> <p>Sometimes/Often 0</p> <p>Rarely/Never 1</p>	0 / 1
<p>Does your child show you things?</p> <p>Sometimes/Often ↓</p> <p>Rarely/Never ↓</p> <p><i>Proceed to questions 7 and 8</i>      <i>Score questions 7 and 8 as Rarely/Never (1)</i></p>	X
<p>7. Does he/she show you things he/she <i>has done or is doing</i> (e.g., a picture or scribble he/she drew, a puzzle he/she completed)? How often?</p> <p>Sometimes/Often 0</p> <p>Rarely/Never 1</p>	0 / 1
<p>8. Does your child <i>try to get you to look at things that interest him/her</i> (e.g., airplanes, trucks, trains, cute animals), just for the purpose of sharing, not because he/she wants something or needs help? How often?</p> <p>Sometimes/Often ↓</p> <p>Rarely/Never 1</p> <p>How does he/she typically do that? <i>(Clinician should read and check each choice that the caregiver endorses as typical for the child. Circle WITH or WITHOUT eye contact (e.c.) as appropriate. Get examples as necessary to be sure caregiver interprets the item as intended. Eye contact in this context is when child checks to see if caregiver is looking at the right thing. Score lowest- if caregiver reports any 0-point behavior, score 0.)</i></p> <p>1: ___ Reaches toward or touches objects (WITH/WITHOUT e.c.)</p> <p>0: ___ Brings you an object to show (WITH/WITHOUT e.c.)      ___ Points to objects (WITH/WITHOUT e.c.)      ___ Holds up objects for you to see (WITH/WITHOUT e.c.) (e.g., a flower, a scribble, an interesting toy)      ___ Vocalizes to express his/her interest with clear intent (WITH/WITHOUT e.c.) (e.g., saying "bu-bu" as you blow bubbles)      ___ Uses words (WITH/WITHOUT e.c.) (e.g., "look!", "doggy!")</p> <p>Other: _____</p>	0 / 1

box 2

<p>9. <i>If child does not yet use words:</i> How often does your child engage in back-and-forth babbling (e.g., babbling back when you direct a vocalization to him/her) that includes at least two back and forth turns?</p> <table border="0"> <tr> <td style="text-align: center;">Sometimes/Often</td> <td style="text-align: center;">Rarely/Never</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table> <p><i>If child uses words:</i> How often can you have a short conversation with your child? That is, the child takes two back and forth turns, NOT repetitively asking the same question or only repeating what you say, or ignoring what you say?</p> <table border="0"> <tr> <td style="text-align: center;">Sometimes/Often</td> <td style="text-align: center;">Rarely/Never</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table>	Sometimes/Often	Rarely/Never	0	1	Sometimes/Often	Rarely/Never	0	1	0 / 1		
Sometimes/Often	Rarely/Never										
0	1										
Sometimes/Often	Rarely/Never										
0	1										
<p>10. Does your child enjoy social games such as peek-a-boo, pat-a-cake, Ring around the Rosie, etc.?</p> <table border="0"> <tr> <td style="text-align: center;">Sometimes/Often</td> <td style="text-align: center;">Rarely/Never</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">1</td> </tr> </table> <p>Does he/she actively do something to get you to play or continue the game?</p> <table border="0"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">↓</td> <td></td> </tr> </table> <p>What does he/she do? _____</p>	Sometimes/Often	Rarely/Never	↓	1	Yes	No	0	1	↓		0 / 1
Sometimes/Often	Rarely/Never										
↓	1										
Yes	No										
0	1										
↓											

box 3

<b>A2: Deficits in nonverbal communication</b>		
11. How often does your child look at you when making a request? Sometimes/Often 0	Rarely/Never 1	0 / 1
12. Does your child ever try to get you to look at something? Sometimes/Often ↓	Rarely/Never 1	0 / 1
When your child is trying to get you to look at something, does he/she look back at you to see if you are looking at the same thing? Sometimes/Often 0		Rarely/Never 1
13. How often does your child look at you during <i>physical</i> play (e.g. roughhousing or tickling)? Sometimes/Often 0	Rarely/Never 1	0 / 1
14. How often does your child look at you during <i>social</i> play (e.g., singing a song, playing peek-a-boo)? Sometimes/Often 0	Rarely/Never 1	0 / 1
15. What gestures does your child use? <i>(Clinician should read options and ask caregiver to respond for each example. Check all that caregiver endorses. Get examples if necessary.)</i> <input type="checkbox"/> Nods yes <input type="checkbox"/> Shakes head "no" <input type="checkbox"/> Waves "hi" and "bye-bye" <input type="checkbox"/> Claps hands <input type="checkbox"/> Blows a kiss <input type="checkbox"/> Points <input type="checkbox"/> Other: _____ <input type="checkbox"/> No gestures		X
16. How often does your child use these gestures? <i>(If child has no gestures, score 1)</i> Sometimes/Often ↓	Rarely/Never 1	0 / 1
How often does your child look at you while using these gestures? Sometimes/Often 0		Rarely/Never 1
17. If you point at something and say, "Look," how often does your child look toward the object? Sometimes/Often 0	Rarely/Never 1	0 / 1

box 4



<p>21. How often does your child spontaneously imitate the actions of others without verbal or physical prompting if these are: <i>(score lowest)</i></p> <p>Your actions?</p> <table border="0" style="margin-left: 40px;"> <tr> <td style="text-align: center;">Sometimes/Often</td> <td style="text-align: center;">Rarely/Never</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table> <p>Actions of siblings or other children?</p> <table border="0" style="margin-left: 40px;"> <tr> <td style="text-align: center;">Sometimes/Often</td> <td style="text-align: center;">Rarely/Never</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table> <p>Actions of other adults?</p> <table border="0" style="margin-left: 40px;"> <tr> <td style="text-align: center;">Sometimes/Often</td> <td style="text-align: center;">Rarely/Never</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> </tr> </table>	Sometimes/Often	Rarely/Never	0	1	Sometimes/Often	Rarely/Never	0	1	Sometimes/Often	Rarely/Never	0	1	<p>0 / 1</p>
Sometimes/Often	Rarely/Never												
0	1												
Sometimes/Often	Rarely/Never												
0	1												
Sometimes/Often	Rarely/Never												
0	1												

<p>22. How often does your child engage in pretend play (e.g., pretending to feed a doll, pretending to drink out of an empty cup, pretending to fly a toy airplane)?</p> <table border="0" style="margin-left: 40px;"> <tr> <td style="text-align: center;">Sometimes/Often</td> <td style="text-align: center;">Rarely/Never</td> </tr> <tr> <td style="text-align: center;">↓</td> <td style="text-align: center;">1</td> </tr> </table> <p>How does your child <u>usually</u> do this?</p> <p><input type="checkbox"/> Pretends only when shown an example or otherwise prompted</p> <p><input type="checkbox"/> Some repetitive pretend play (i.e., small number of play scenes re-enacted over and over)</p> <p><input type="checkbox"/> Some spontaneous pretend play but only what's been specifically taught</p> <p><input type="checkbox"/> Pretend play just beginning, and/or consistent with developmental level</p> <p><input type="checkbox"/> Simple spontaneous and creative pretend play</p> <p><input type="checkbox"/> Sophisticated spontaneous and creative pretend play</p> <p>Example(s) of play : _____</p>	Sometimes/Often	Rarely/Never	↓	1	<p style="font-size: 2em; opacity: 0.5;">X</p>
Sometimes/Often	Rarely/Never				
↓	1				

<p>23. If your child does pretend play, does he/she do this with other children, with adults, or only with him/herself?</p> <p>1: <input type="checkbox"/> Does not yet play pretend</p> <p style="margin-left: 20px;"><input type="checkbox"/> Mostly by him/herself</p> <p>0: <input type="checkbox"/> N/A; no pretend play, but consistent with developmental level</p> <p style="margin-left: 20px;"><input type="checkbox"/> Will actively engage in pretend with an adult</p> <p style="margin-left: 20px;"><input type="checkbox"/> Will actively engage in pretend with a sibling</p> <p style="margin-left: 20px;"><input type="checkbox"/> Will actively engage in pretend with another child (not a sibling)</p> <p>Other: _____</p>	<p>0 / 1</p>
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box 6







**B3. Restricted, fixated interests**

36. Is there anything that your child is interested in that seems like all he/she wants to do? 0 / 1

Yes No

1 ↓ 0

How does your child react if you attempt to distract him/her or remove the object?

Mild interests, easily distractible, or not very distressed

Strong interests, hard to distract, or very distressed

Describe the interests: \_\_\_\_\_

37. Does your child enjoy carrying around or playing with items that differ from most children his/her age (e.g., toilets, hubcaps, lights, spinning objects, vacuum cleaners, string, tools such as pliers, keys, soup cans, hairbrushes, etc.)? 0 / 1

Yes No

1 ↓ 0

How does your child react if you attempt to distract him/her or remove the object?

Mild interests, easily distractible, or not very distressed

Strong interests, hard to distract, or very distressed

Describe the interests: \_\_\_\_\_

box 10

### B4: Sensory differences

#### 38. Does your child...

	<b>Sensory Seeking</b>	<b>Hyper-Sensitivity</b>	<b>Hypo-Sensitivity</b>
<b>VISUAL</b>	__look out of the corners of his/her eyes __like to squint at things __look along straight lines or lines of toys __get down on the floor to look at toys at eye-level __stare at movie credits __seem unusually fixated on shiny or moving objects like fans, water, shadows, or bright lights __dangle shoelaces or string and watch __spin toy car wheels and watch __play with eyes or hair on toy doll _____	__dislike bright lights inside or outside _____	__not seem to notice things he/she sees _____
<b>TACTILE</b>	__ (repeatedly) touch things with different textures, such as textured walls, smooth objects, carpet, squishy toys _____	__avoid touching things with a certain texture, such as textured walls, smooth objects, carpet, squishy toys __dislike wearing certain clothing ( <i>how does the clothing feel?</i> ) __dislike or pull away when being cuddled or held __dislike being groomed (e.g., bath-time, having face washed, fingernails cut, hair brushed/cut) _____	__not react to touch __reacts to painful stimuli less than would be expected __accepts bathwater that you might think is too hot/cold _____
<b>AUDITORY</b>	__play toys with sounds over and over, seemingly to listen to a certain sound(s) _____	__startle easily or cover his/her ears when hearing certain sounds (e.g., toilet flushing, vacuum, baby crying) __notice sounds before other children do (e.g., planes, trains, sirens from far away, dripping tap, buzzing sounds from a lamp) _____	__ignore or tune out loud noises (e.g. doesn't react to alarms, vacuum, loud object crashing to floor) _____
<b>SMELL &amp; TASTE</b>	__smell objects not meant to be smelled; smell people __stuffs food into his/her mouth _____	__refuse to eat certain foods because of the texture: _____ __vomits or gags when sees/smells a specific food __avoids people with a certain smell (e.g., perfume) __insist that food be a certain temperature (e.g., always hot, always cold, always room temperature) _____	_____
<b>COLUMN SUM:</b>	<b>_____ : total seeking behaviors</b> If sum >0, box 11 = 1 If sum = 0, box 11 = 0	<b>_____ : total hyper-sens. behaviors</b> If sum >0, box 12 = 1 If sum = 0, box 12 = 0	<b>_____ : total hypo-sens behaviors</b> If sum >0, box 13 = 1 If sum = 0, box 13 = 0

Sensory Seeking: box 11

Hyper-sensitivity: box 12

Hypo-sensitivity: box 13

**Regression Questions**

Has your child lost any skills that he/she had previously mastered?

Yes

No

What skill(s) was lost. (Check all that apply.)

- Speech and language
- Gestures or nonverbal communication
- Eye contact or social interaction
- Cognitive skills (e.g., puzzle making)
- Fine motor skills
- Gross motor skills

Other: \_\_\_\_\_

Did the loss occur after an illness or other identifiable event?

Yes

No

Describe: \_\_\_\_\_

How old was the child at the time he/she lost skill(s)? \_\_\_\_\_

How long had the child mastered the skill(s) before the loss? \_\_\_\_\_

How long after the loss until he/she started to regain the skill(s)? \_\_\_\_\_

What skills were lost? \_\_\_\_\_

If there was a loss of speech or language, how much did he/she have prior to losing skills?

Words  
Example(s): \_\_\_\_\_

Phrases  
Example(s): \_\_\_\_\_

Sentences  
Example(s): \_\_\_\_\_

**Conclusion**

Is there anything that I didn't specifically ask about that you would like to share with us about your child? Perhaps there is something that he/she does that you, other family members, friends, or service providers have noticed and been puzzled or concerned about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_