

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 (American Psychiatric Association, 2013) 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 minimum score for each DSM-5 ASD symptom. When the total TASI score is calculated, there is a cutoff score of 7 or higher to indicate elevated ASD likelihood. These scores should be combined with clinical judgment for diagnostic decisions. Some additional TASI items are not included in the scoring (e.g., items 4, 15, 22); 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. The clinician should refer to the TASI Scoring Manual for general and specific guidance on scoring the TASI.

Indicate the caregiver's response by circling, checking, or underlining the selected response and the corresponding score (0 or 1). If there is an X in the score box instead of 0/1 then this question does not contribute to the scoring. After completing the TASI interview, the 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 single page scoring algorithm document.

For many items, the behavior is expected of any child with typical development 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

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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 caregiver reports that the child has mastered a task (e.g., used to be interested in peek-a-boo but is now engaged in more advanced social-communicative play) marking with a pencil on paper, saying "a b c d e") but 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. If there is still a discrepancy between caregiver report and observed behavior, score the item using the caregiver report, but note the discrepancy, which might be clinically useful. If using caregiver report in the face of discrepant observation would change the diagnosis, use the observed behavior but note that you are doing so.

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.

Introductory Language Questions

The introductory language questions are not used in calculating the TASI total score or deciding on any DSM-5 ASD symptom, since language delay is no longer an ASD criterion. These questions, however, should give you a sense of how delayed or atypical the child's language development is, and can be used to select the level of language impairment in the DSM-5.

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, activities, and animals; make sure these are words the child says, not just appears to understand)*

1-5 words

6-30 words

>30 words

Examples: _____

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

older than 24 months

younger than 24 months or N/A

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

No

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

6-30 phrases

>30 phrases

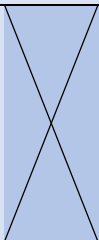
Examples: _____

vi. Does your child ever mime or use gestures to communicate with you when he/she doesn't know the word? If so, can you think of an example?

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



A1. Deficits in social-emotional reciprocity		
1. When you smile at your child, how often does he/she smile back?	Sometimes/Often 0	Rarely/Never 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
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
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: _____	
5. How often does your child respond when you call his/her name?	Sometimes/Often 0 ↓	Rarely/Never 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 <input type="checkbox"/> Other: _____		

box 1

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<p>6. How often does your child approach other people to play or interact?</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Sometimes/Often 0</td> <td style="text-align: center; width: 50%;">Rarely/Never 1</td> </tr> </table>	Sometimes/Often 0	Rarely/Never 1	0 / 1
Sometimes/Often 0	Rarely/Never 1		
<p>Does your child show you things?</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Sometimes/Often ↓</td> <td style="text-align: center; width: 50%;">Rarely/Never ↓</td> </tr> </table> <p><i>Proceed to questions 7 and 8</i> <i>Score questions 7 and 8 as Rarely/Never (1)</i></p>	Sometimes/Often ↓	Rarely/Never ↓	X
Sometimes/Often ↓	Rarely/Never ↓		
<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> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Sometimes/Often 0</td> <td style="text-align: center; width: 50%;">Rarely/Never 1</td> </tr> </table>	Sometimes/Often 0	Rarely/Never 1	0 / 1
Sometimes/Often 0	Rarely/Never 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> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">Sometimes/Often ↓</td> <td style="text-align: center; width: 50%;">Rarely/Never 1</td> </tr> </table> <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>	Sometimes/Often ↓	Rarely/Never 1	0 / 1
Sometimes/Often ↓	Rarely/Never 1		

box 2

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<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> <p style="text-align: center;">Sometimes/Often 0</p> <p style="text-align: center;">Rarely/Never 1</p> <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, only repeating what you say, or ignoring what you say?</p> <p style="text-align: center;">Sometimes/Often 0</p> <p style="text-align: center;">Rarely/Never 1</p>	0 / 1
<p>10. Does your child enjoy social games such as peek-a-boo, pat-a-cake, Ring around the Rosie, etc.?</p> <p style="text-align: center;">Sometimes/Often ↓</p> <p style="text-align: center;">Rarely/Never 1</p> <p>Does he/she actively do something to get you to play or continue the game?</p> <p style="text-align: center;">Yes 0</p> <p style="text-align: center;">No 1</p> <p>↓</p> <p>What does he/she do? _____</p>	0 / 1

box 3

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A2: Deficits in nonverbal communication		
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? (Clinician should read options and ask caregiver to respond for each example. Check all that caregiver endorses. Get examples if necessary.) __ Nods yes __ Shakes head "no" __ Waves "hi" and "bye-bye" __ Claps hands __ Blows a kiss __ Points __ Other: _____		X
16. How often does your child use these gestures? (If child has no gestures, score 1) 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 0 if child imitates any actions of parents, children, or other adults)</i></p> <p>Your actions?</p> <table style="margin-left: 40px;"> <tr> <td>Sometimes/Often</td> <td>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 style="margin-left: 40px;"> <tr> <td>Sometimes/Often</td> <td>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 style="margin-left: 40px;"> <tr> <td>Sometimes/Often</td> <td>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	0 / 1
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 style="margin-left: 40px;"> <tr> <td>Sometimes/Often</td> <td>Rarely/Never</td> </tr> <tr> <td style="text-align: center;">↓</td> <td></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	↓		X								
Sometimes/Often	Rarely/Never												
↓													
<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>	0 / 1												

box 6

Toddler Autism Symptom Inventory (TASI)

B1. Stereotyped/repetitive motor movements, vocalizations		
24. How often does your child play with his/her toys in a specific, inflexible or repetitive way (e.g., lining up toys or objects in the same way each time, putting Legos together only in one specific pattern)? Sometimes/Often 1↓ Rarely/Never 0 Can your child be easily redirected from this kind of play? Yes No Example(s) : _____	0 / 1	
25. Does your child flap his/her arms and/or hands? 0: ___ No 1: ___ Yes, flaps at other times, such as when alone 0: ___ Yes, flaps only when excited	0 / 1	
26. How often does your child make unusual or repetitive movements with his/her hands or fingers? (e.g., splaying out or stiffening fingers or twisting fingers in unusual ways, splaying out arms/hands, tensing; <i>Demonstrate if respondent is uncertain what you are referencing.</i>) Sometimes/Often 1 ↓ Rarely/Never 0 Does your child move his/her fingers, hands, and/or objects near his/her face or eyes in an unusual way? Examples: _____	0 / 1	
27. How often does your child rock back and forth? Sometimes/Often ↓ Rarely/Never 0 When does he/she do this? Circle one: 0: ___ Mainly when tired or upset (to self-soothe) 1: ___ At other times. Describe: _____ ___ Appears unusual but can be redirected ___ Appears unusual and can be hard to interrupt	0 / 1	
28. How often does your child engage in unusual movements with his/her body (e.g., walking on his/her toes, jumping repeatedly, spinning, pacing, bouncing from foot to foot, tensing whole body, etc.)? Sometimes/Often ↓ Rarely/Never 0 0: Normal for developmental age 1: Yes, appears unusual but can be redirected 1: Yes, appears unusual and can be hard to interrupt Example: _____	0 / 1	

box 7

B2: Insistence on sameness		
32. Does your child become distressed if activities or conversations are not done the same way each time (e.g., insists that a caregiver says a phrase in the same way every time, becomes distressed if caregiver takes alternate route home in the car, distressed by change in daycare routine)?	0 / 1	
Sometimes/Often	Rarely/Never	
↓	0	
0: Normal for developmental level		
1: Unusual for developmental level and/or mildly disruptive		
1: Significantly disruptive to child and/or family		
33. Does your child become distressed or upset if there are minor changes in his/her immediate environment (e.g., getting new sheets for his/her bed, changing from shorts to long pants in autumn)?	0 / 1	
Sometimes/Often	Rarely/Never	
↓	0	
0: Normal for developmental level		
1: Unusual for developmental level and/or mildly disruptive		
1: Significantly disruptive to child and/or family		
34. Does your child become distressed or upset if minor changes occur in his/her environment <u>that don't directly affect him/her</u> (e.g., changing the color of your living room, a caregiver with a new hairstyle or new glasses)?	0 / 1	
Sometimes/Often	Rarely/Never	
↓	0	
0: Normal for developmental level		
1: Unusual for developmental level and/or mildly disruptive		
1: Significantly disruptive to child and/or family		
35. Does your child try to impose his/her routines or rituals on others (e.g., moving a sibling's toy cars so that they are in a specific pattern, requiring all who come into your house to remove hats)?	0 / 1	
Sometimes/Often	Rarely/Never	
↓	0	
0: Normal for developmental level		
1: Unusual for developmental level and/or mildly disruptive		
1: Significantly disruptive to child and/or family		

box 9

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 1 ↓	No 0	
How does your child react if you attempt to distract him/her or remove the object? <input type="checkbox"/> Mild interests, easily distractible, or not very distressed <input type="checkbox"/> 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 1 ↓	No 0	
How does your child react if you attempt to distract him/her or remove the object? <input type="checkbox"/> Mild interests, easily distractible, or not very distressed <input type="checkbox"/> Strong interests, hard to distract, or very distressed Describe the interests: _____		

box 10

B4: Sensory differences

38. Does your child...

	Sensory Seeking	Hyper-Sensitivity	Hypo-Sensitivity
VISUAL	___ 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 _____
TACTILE	___ (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 _____
AUDITORY	___ 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) _____
SMELL & TASTE	___ 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) _____	_____
COLUMN SUM:	_____ : total seeking behaviors If sum >0, box 11 = 1 If sum = 0, box 11 = 0	_____ : total hyper-sens. behaviors If sum >0, box 12 = 1 If sum = 0, box 12 = 0	_____ : total hypo-sens behaviors 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)? _____

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:

