

# Arizona Goldens LLC

“Service Dog Helping Others Improve their Lives”

## Autism Questionnaire

Please read and complete **each** of the following sections.

Name of Child: \_\_\_\_\_ Gender:  Male  Female

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Questionnaire Completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Speech/Language/Communications:

Answer each question with an X that best describes your child.

1. Lack the ability to initiate or sustain conversation (age appropriate)? \_\_\_\_\_yes \_\_\_\_\_no
2. Lack the ability for creative, imaginative play? \_\_\_\_\_yes \_\_\_\_\_no
3. Exhibits delays, arrests, or regressions in motor, sensory, social or learning skills? \_\_\_\_\_yes \_\_\_\_\_no
4. Follows developmental patterns in the acquisition of skills? \_\_\_\_\_yes \_\_\_\_\_no
5. How often is verbal language used? \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
6. How often can follow commands \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
7. Does child response to correction such as “No” or “Stop” positively \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
8. Uses one word at a time \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%  
(No, Eat, Water, etc.)
9. Uses two words at a time \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%  
(Don't want, Go home)
10. Knows 10 or more words \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
11. Uses sentences with 4 or more words \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
12. Explains what he or she wants \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
13. Asks meaningful questions \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
14. Demonstrate repetitive use of language?  
If so, please give an example: \_\_\_\_\_  
\_\_\_\_\_
15. Demonstrate idiosyncratic language? \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%  
If so, please give an example: \_\_\_\_\_  
\_\_\_\_\_
16. Demonstrate Echolalia language? \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
17. Uses incessant question asking? \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
18. Can they talk about someone else's preferred topic? \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
19. Produces unusual noises or infantile squeals \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
20. Produces gibberish or jargon \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%
21. Difficulty expressing needs or desires, using gestures \_\_\_\_\_0-20% \_\_\_\_\_21-40% \_\_\_\_\_41-60% \_\_\_\_\_61-80% \_\_\_\_\_81-100%

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## Sociability:

Answer each question with an X that best describes your child.

22. Pays little or no attention when addressed    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
23. Uncooperative and resistant    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
24. Prefers to be left alone    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
25. Avoids contact with others    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
26. Does not share or show    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
27. Disagreeable/not compliant  
in social situations    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
28. Experiences temper tantrums?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%

If so how severe?

\_\_\_ Mild \_\_\_ Moderate \_\_\_ Severe

Are they \_\_\_\_\_ **vocal** or \_\_\_\_\_ **physical** temper tantrums?

Describe typical tantrums: \_\_\_\_\_  
\_\_\_\_\_

How long generally do tantrums last?    \_\_\_ 5-15min \_\_\_ 20-30min \_\_\_ 1hr \_\_\_ 2hrs \_\_\_ hours

What interrupts the tantrums? \_\_\_\_\_  
\_\_\_\_\_

## Sensory/Cognitive Awareness:

Answer each question with an X that best describes your child.

29. Experience oversensitivity to light?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
- If so, please give an example: \_\_\_\_\_
30. Experience oversensitivity to sound?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
- If so, please give an example: \_\_\_\_\_
31. Experience oversensitivity to smell?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
- If so, please give an example: \_\_\_\_\_
32. Experience oversensitivity to textures?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
- If so, please give an example: \_\_\_\_\_
33. Experience oversensitivity to being touched?    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
- If so, please give an example: \_\_\_\_\_
34. Responses to praise    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
35. Looks & reacts to pictures    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
36. Looks at people and animals    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
37. Looks where others look    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
38. Looks at movies, iPad, or T.V.    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%
39. Inappropriate use/play  
of toys (smelling, banging, licking)    \_\_\_ 0-20% \_\_\_ 21-40% \_\_\_ 41-60% \_\_\_ 61-80% \_\_\_ 81-100%

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## Sensory/Cognitive Awareness:

Answer each question with an X that best describes your child.

40. Obsessed with objects or topics  
(trains, weather, numbers, dates) \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
41. Initiates activities \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
42. Understands explanations \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
43. Aware of Environment \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%

## Behavior/Physical/Health:

Answer each question with an X that best describes your child.

44. Has interrupted sleep? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%  
If so, please give an example + include length a night episode(s) last: \_\_\_\_\_
45. Hides from caregivers? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
46. Explores Environment (Wonders) \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
47. Demonstrate hyperactive behaviors? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
48. Demonstrate impulsivity? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
49. Demonstrate extreme or abnormal moods?  
(giggling or weeping for no apparent reason) \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
50. Demonstrate repetitive motions?  
(hand or finer flapping, self stimulation) \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
51. Experience a very short attention span? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
52. Approaches others and initiate interactions? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
53. Demonstrate aggressive behavior? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
54. Has self-injurious behavior \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
55. Hits or injures others \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
56. Is destructive to toys or environment \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%  
If so, please give an example: \_\_\_\_\_
57. Demonstrates a lack of fear to real dangers  
(age appropriate) \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%
58. Experiences difficulty in forming peer  
relationships? \_\_\_\_\_ 0-20% \_\_\_\_\_ 21-40% \_\_\_\_\_ 41-60% \_\_\_\_\_ 61-80% \_\_\_\_\_ 81-100%

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## Behavior/Physical/Health (Continued):

Answer each question with an X that best describes your child.

59. Has your child been in “play groups,” “child care,” etc? \_\_\_\_\_yes \_\_\_\_\_no  
If so, please give an example: \_\_\_\_\_
60. Displays a fear of dogs? \_\_\_\_\_yes \_\_\_\_\_no  
If so, please give an example: \_\_\_\_\_
61. Demonstrates impairment in eye contact, expressions, body postures and gestures? \_\_\_\_\_yes \_\_\_\_\_no
62. Facial expressions don’t fit situations \_\_\_\_\_yes \_\_\_\_\_no
63. Fails to share enjoyment, interests or achievements with others? \_\_\_\_\_yes \_\_\_\_\_no
64. Demonstrate frustration/irritability with minimal changes in routine \_\_\_\_\_yes \_\_\_\_\_no  
How bad does the meltdowns get? \_\_\_Mild \_\_\_Moderate \_\_\_Severe  
How long generally does meltdown last? \_\_\_5-15min \_\_\_20-30min \_\_\_1hr \_\_\_2hrs \_\_\_hours
65. Experience a delay in reaction to their environment? \_\_\_\_\_yes \_\_\_\_\_no  
If so, how long is the average delayed response? \_\_\_\_\_ “Good” Day \_\_\_\_\_ “Bad” Day
66. Is your child on a special diet or food restriction? \_\_\_\_\_yes \_\_\_\_\_no  
If so, please give an example: \_\_\_\_\_
67. Does your child have allergies? \_\_\_\_\_yes \_\_\_\_\_no  
If so, please give an example: \_\_\_\_\_
68. Take medication? \_\_\_\_\_yes \_\_\_\_\_no
69. Experience seizures? \_\_\_\_\_yes \_\_\_\_\_no
70. Experience any other disabilities? \_\_\_\_\_yes \_\_\_\_\_no  
If so, please explain: \_\_\_\_\_
71. My child is a  boy  girl and is \_\_\_\_\_years of age.
72. My child was diagnosis with \_\_\_\_\_ at the age of \_\_\_\_\_
73. Interventions: Types and Length  
\_\_\_\_ Occupational Therapy (OT) for how long \_\_\_\_\_ yrs  
\_\_\_\_ Speech for how long \_\_\_\_\_ yrs  
\_\_\_\_ Applied Behavior Analysis (ABA) for how long \_\_\_\_\_ yrs  
\_\_\_\_ Physical Therapy (PT) for how long \_\_\_\_\_ yrs  
\_\_\_\_ other, specified \_\_\_\_\_-\_\_\_\_yrs, \_\_\_\_\_-\_\_\_\_yrs, \_\_\_\_\_-\_\_\_\_yrs

Mail, email or fax your completed Questionnaire to Arizona Goldens LLC:

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Mailing address: PO Box 40776

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Should you have any questions, please contact our Manger Brian Daugherty at:

Direct Line: (480) 205-6812