

1. What is the early developmental history proforma?

The Early Developmental History Proforma is a form designed to gather information about an individual's behaviour during their childhood. It focuses on the individual's ability to carry out daily activities as well as their social communication, patterns of behaviour and interests. This information will help to inform healthcare professionals whether or not the individual may benefit from being assessed for an Autism Spectrum Disorder (ASD).

2. Why am I being asked to fill this in?

The named individual has been referred for assessment to consider the possibility that they may have an ASD. As the individual's parent/carer, you may be able to provide information about their childhood that will help to inform the assessment process. The questions used in the proforma relate to areas that people with an ASD may find challenging so any information you can provide is helpful.

3. What time period should I think about when filling it in?

The information gathered should be about how the individual was during their childhood. They will have changed a lot so it will be helpful if you can provide comments about what age they were when you noticed certain behaviours or about how the individual differed from other children of the same age.

4. How do I fill it in?

Please fill in the box at the top of the first page with the name, date of birth and contact details of the individual who has been referred for assessment, as well as your own details and the date you completed the proforma. Try to answer each question as fully as possible by ticking the yes or no column and filling in the comments box if you have additional information. If there are further comments you wish to make please attach a further piece of paper. If you feel you cannot answer a particular question, please leave the question blank. For individuals who have an intellectual disability it may be difficult to separate whether certain symptoms or behaviours occur due to their learning disability or potential ASD. Where this is the case, you can still complete the form but you may wish to add a comment.

5. How do I use these examples?

The proforma contains examples to help you think about what the question means. If you answer 'yes' to a question but there is not an example that exactly fits the individual you know, please fill in the comments section with your own example.

Please note that this proforma is used for individuals with and without an intellectual disability, so some of the examples may not apply to the person you know – if this is the case please base your answer on the main question.

6. What if I need help with the form?

Please contact the professional who has given you the form to discuss any help you need. You can write on the form any difficulty you had in making sense of the questions in relation to the individual you know.

7. What if I don't have the information asked for?

This is common, please do not worry. Please state that you do not have the information so that we can make a note that it is unknown.

Early Developmental History Proforma

	In Childhood the Individual.....	Yes	No	Comments
SELF CARE	1a) Had difficulty with personal hygiene and appearance (e.g. knowing how to or when it is necessary to wash, brush teeth, cut nails, clean self after use of toilet).			
	1b) Had difficulty choosing appropriate clothing (e.g. wanting to wear favourite wellies all year round).			
	1c) Had a limited diet due to preferences for only specific foodtypes. (e.g. maintaining a balanced diet).			
PRODUCTIVITY	2a) Had difficulty taking part in household routines (e.g. preparing meals housework, shopping).			
	2b) Had difficulty taking part in educational activities. (e.g. informal learning, training, paid or voluntary work, engaging in a focussed activity at a day centre).			
	2c) Had difficulty routinely engaging in family activities (e.g. playing family games, holidays, attending family gatherings or outings).			
COMMUNITY LIFE	3a) Had difficulty taking part in community activities (e.g. shopping and visiting places of interest).			
	3b) Had difficulty taking part in recreational/leisure activities. (e.g. informal or organised activities, engaging in hobbies and interests).			
	3c) Had difficulty in taking part in scheduled activities (e.g. organising items needed for school).			

	The Individual.....	Yes	No	Comments
EARLY INDICATORS	<p>4a) Had abnormal or impaired development evident before the age of 3 years in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. Receptive or expressive language as used in social Communication. 2. The development of selective social attachments or of Reciprocal social interaction. 3. Functional or symbolic play. <p style="text-align: center;">AND / OR</p> <p>Had signs of ASD which have persisted since childhood. Could be any difficulties recognised by you or others in the early years, including language delay, additional support needs, challenging behaviours, co-ordination or motor difficulties affecting self care routines, play or learning.</p> <p>Difficulties may become apparent at school (e.g. additional support required, difficulties with aspects of the curriculum which required use of imagination or social interaction and communication, difficulties during transition out of school).</p>			
	<p>4b) Has a genetic family history of ASD or related conditions.</p> <p>(e.g. parent or sibling with ASD, intellectual disability, neurological condition, parental history of psychosis or affective disorder).</p> <p>Pages 4 and 5, ADI-R</p>			
	<p>4c) Presents with any factors that place them at greater risk of having an ASD</p> <p>(e.g. a history of pre-term birth, neurodevelopmental conditions (including intellectual disability and ADHD), neurological conditions (such as epilepsy, tuberous sclerosis), mental disorders (including anxiety disorders), speech delay or regression</p> <p>Page 6, ADI-R</p>			

	In Childhood the Individual.....	Yes	No	Comments
INTERACTION	5a) Had abnormal social approach (e.g. uses language/interaction in unusual ways, is exceptionally precise or pedantic, uses unusual words or phrases, makes socially inappropriate comments, stands too close or uses inappropriate touch). Sections 59 and 60, ADI-R			
	5b) Had difficulty with two way interaction (e.g. reduced initiation of social interaction and /or difficulty with normal back and forth conversation) Section 35, ADI-R			
	5c) Had limited/reduced interest in others or sharing of interests and emotions with others Sections 62 – 65, ADI-R			
NON VERBAL	6a) Had poorly integrated verbal and nonverbal communication. (e.g. looking at the object they are pointing at to request something and not the person). Sections 42 and 52, ADI-R			
	6b) Had difficulty in <u>using</u> nonverbal communication (e.g. eye contact, body language, facial expression, gestures) Sections 43, 44, 45 and 57, ADI-R.			
	6c) had difficulty in <u>understanding</u> nonverbal communication (e.g. eye contact, body language, facial expression, gestures, body language).			
RELATIONSHIPS	7a) Had difficulty adjusting behaviour to suit different social contexts (e.g. different expectations in school, church, park, shops). Section 66, ADI-R			
	7b) Had difficulties sharing imaginative play/activities (e.g. imagining how others might feel, sharing ideas about future, generating new ideas, using imagination to solve problems, understanding time concepts) Sections 48 and 49, ADI-R			
	7c) Had difficulties making friends (e.g. organising items needed for school). Section 65, ADI-R			

	In Childhood the Individual.....	Yes	No	Comments
REPETITIVE BEHAVIOUR	8a) Had motor stereotypes (e.g. hand flapping or rocking). Sections 71 and 72, ADI-R			
	8b) Used objects repetitively (e.g. stroking or tapping objects).			
	8c) Had repetitive use of language (e.g. echolalia, idiosyncratic phrases, repetitive questioning). Section 39, ADI-R			
ADHERENCE TO ROUTINES	9a) Had motor rituals (e.g. hand washing). Section 70, ADI-R			
	9b) Was Insistent on sameness (e.g. route, food).			
	9c) Experienced extreme distress at small changes Section 75, ADI-R			
INTERESTS	10a) Had fixations that were abnormal in intensity or focus			
	10b) Had strong attachment to, or preoccupation with, unusual objects			
	10c) Had excessively circumscribed or repetitive interests (e.g. memorising and acquiring facts and details about a specific interest). Sections 67 and 68, ADI-R			
SENSORY ASPECT	11a) Had apparent indifference to pain/heat/cold			
	11b) Had adverse response to specific sounds or textures Sections 72 and 73, ADI-R			
	11c) Had fascination with lights or spinning objects or excessively smells or touches objects.			