

Autism Spectrum Behaviour Questionnaire

Below are a list of things that parents may say about their children. We would like to understand what your child has been like in the **past month**. Please read each item carefully and then circle how well it describes your child or how frequently it has happened in the **past month**.

0 = in the past month, this was **not true at all** about my child. It never (or seldom) happened

1 = In the past month this was **just a little true** about my child. It happened occasionally.

2 = In the past month this was **pretty much true** about my child. It happened often (or quite a bit)

3 = In the past month this was **very much true** about my child. It happened very often (very frequently)

Rating	0 = Not true at all (Never, Seldom)	2 = Pretty much true (Often, Quite a bit)
In the past month this was...	1 = Just a little true (Occasionally)	3 = Very much true (Very often, Very frequently)
1. Distressed by any change in routine	0	1 2 3
2. Insisted on placing toys or objects in a line	0	1 2 3
3. Showed little interest in sharing enjoyment with others	0	1 2 3
4. Seemed as though he/she was in their own world	0	1 2 3
5. Had difficulty maintaining eye contact	0	1 2 3
6. Was sensitive to loud noises	0	1 2 3
7. Played with others	0	1 2 3
8. Was sensitive	0	1 2 3
9. Has trouble making friends	0	1 2 3
10. Overreacts to small problems.	0	1 2 3

