The Childhood Asperger Syndrome Test (CAST)

Child’s Name: ........................................  Age: .............................  Sex:  Male / Female

Birth Order: ........................................  Twin or Single Birth: .........................

Parent/Guardian: ........................................................................................................

Parent(s) occupation: ..................................................................................................

Age parent(s) left full-time education: .....................................................................

Address: ....................................................................................................................

............................................................................................................................

............................................................................................................................

Tel.No: .................................  School:  ..................................................................

Please read the following questions carefully, and circle the appropriate answer. All responses are confidential.

1. Does s/he join in playing games with other children easily?  Yes  No

2. Does s/he come up to you spontaneously for a chat?  Yes  No

3. Was s/he speaking by 2 years old?  Yes  No

4. Does s/he enjoy sports?  Yes  No

5. Is it important to him/her to fit in with the peer group?  Yes  No

6. Does s/he appear to notice unusual details that others miss?  Yes  No

7. Does s/he tend to take things literally?  Yes  No

8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., play-acting being a superhero, or holding teddy’s tea parties)?  Yes  No

9. Does s/he like to do things over and over again, in the same way all the time?  Yes  No

10. Does s/he find it easy to interact with other children?  Yes  No

11. Can s/he keep a two-way conversation going?  Yes  No
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<tr>
<td>12. Can s/he read appropriately for his/her age?</td>
<td>Yes</td>
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<td>13. Does s/he mostly have the same interests as his/her peers?</td>
<td>Yes</td>
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<td>14. Does s/he have an interest which takes up so much time that s/he does little else?</td>
<td>Yes</td>
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<td>15. Does s/he have friends, rather than just acquaintances?</td>
<td>Yes</td>
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<td>16. Does s/he often bring you things s/he is interested in to show you?</td>
<td>Yes</td>
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<td>17. Does s/he enjoy joking around?</td>
<td>Yes</td>
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<td>18. Does s/he have difficulty understanding the rules for polite behaviour?</td>
<td>Yes</td>
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<td>19. Does s/he appear to have an unusual memory for details?</td>
<td>Yes</td>
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<td>20. Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)?</td>
<td>Yes</td>
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<td>21. Are people important to him/her?</td>
<td>Yes</td>
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<td>22. Can s/he dress him/herself?</td>
<td>Yes</td>
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<td>23. Is s/he good at turn-taking in conversation?</td>
<td>Yes</td>
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<td>24. Does s/he play imaginatively with other children, and engage in role-play?</td>
<td>Yes</td>
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<td>25. Does s/he often do or say things that are tactless or socially inappropriate?</td>
<td>Yes</td>
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<td>26. Can s/he count to 50 without leaving out any numbers?</td>
<td>Yes</td>
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<td>27. Does s/he make normal eye-contact?</td>
<td>Yes</td>
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<td>28. Does s/he have any unusual and repetitive movements?</td>
<td>Yes</td>
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<td>29. Is his/her social behaviour very one-sided and always on his/her own terms?</td>
<td>Yes</td>
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<td>30. Does s/he sometimes say “you” or “s/he” when s/he means “I”?</td>
<td>Yes</td>
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31. Does s/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists of facts?  
   Yes  No

32. Does s/he sometimes lose the listener because of not explaining what s/he is talking about?  
   Yes  No

33. Can s/he ride a bicycle (even if with stabilisers)?  
   Yes  No

34. Does s/he try to impose routines on him/herself, or on others, in such a way that it causes problems?  
   Yes  No

35. Does s/he care how s/he is perceived by the rest of the group?  
   Yes  No

36. Does s/he often turn conversations to his/her favourite subject rather than following what the other person wants to talk about?  
   Yes  No

37. Does s/he have odd or unusual phrases?  
   Yes  No

SPECIAL NEEDS SECTION
Please complete as appropriate

38. Have teachers/health visitors ever expressed any concerns about his/her development?  
   Yes  No

If Yes, please specify.........................................................................................................................

39. Has s/he ever been diagnosed with any of the following?:

   Language delay  
   Yes  No

   Hyperactivity/Attention Deficit Disorder (ADHD)  
   Yes  No

   Hearing or visual difficulties  
   Yes  No

   Autism Spectrum Condition, incl. Asperger’s Syndrome  
   Yes  No

   A physical disability  
   Yes  No

   Other (please specify)  
   Yes  No