

Autism Behavior Checklist

From Krug, Arick, and Almond (1978)

Patient _____

Birth Date: _____

Examiner _____

Test Date _____

Circle the number for those items most accurately describing the child:

1	Whirls self for long periods of time			4		
2	Learns a simple task but "forgets" quickly					2
3	Frequently does not attend to social/environmental cues		4			
4	Does not follow simple commands (sit down, come here, stand up) given once				1	
5	Does not use toys appropriately (spins wheels, etc.)			2		
6	Poor use of visual discrimination when learning (fixates on parts of objects such as size, color, position...)	2				
7	Lacks a social smile (may smile out-of-context)		2			
8	Exhibits pronoun reversal (you for I...)				3	
9	Insists on keeping certain objects with him/herself			3		
10	Seems not to hear (despite normal hearing tests)	3				
11	Speech is atonal and arrhythmic				4	
12	Rocks self for long periods of time			4		
13	Does not (or did not as a baby) reach out when reached for		2			
14	Strong reactions to minor changes in routine/environment					3
15	Does not respond to own name when called out among two or more other names				2	
16	Lunges and darts about, interrupted by spinning, toe walking, hand flapping...			4		
17	Not responsive to other people's facial expressions or feelings		3			
18	Seldom uses "yes" or "I"				2	
19	Has special abilities in one area – seems to rule out mental retardation					4
20	Does not follow simple prepositional commands (e.g., "put the ball <i>in</i> the box")				1	
21	Sometimes shows no "startle response" to a loud noise	3				
22	Flaps hands (or other self-stimulating behavior)			4		
23	Severe temper tantrums and/or frequent minor tantrums					3
24	Actively avoids eye contact		4			
25	Resists being touched or held		4			
26	Sometimes, painful stimuli (cuts, injections, bruises) evoke no reaction	3				
27	Is (or was as a baby) stiff and hard to hold		3			
28	Is flaccid (doesn't cling) when held in arms		2			
29	Gets desired objects by gesturing				2	
30	Walks on toes			2		
31	Hurts others by biting, hitting, kicking...					2
32	Repeats phrases over and over again				3	
33	Does not imitate other children at play		3			
34	Often will not blink when a bright light is directed toward eyes	1				
35	Hurts self by biting hand, banging head...			2		
36	Does not wait for needs to be met (wants things immediately)					2
37	Cannot point to more than five named objects				1	

Autism Behavior Checklist

From Krug, Arick, and Almond (1978)

Patient _____

Birth Date: _____

Examiner _____

Test Date _____

38	Has not developed any friendships		4			
39	Covers ears at many sounds	4				
40	Twirls, spins, and bangs objects a lot			4		
41	Difficulties with toilet training					1
42	Uses 5 or less words per day spontaneously to communicate wants or needs				2	
43	Often frightened or very anxious		3			
44	Squints, frowns, or covers eyes when in the presence of natural light	3				
45	Does not dress self without frequent help					1
46	Repeats sounds or word over and over again				3	
47	“Looks through” people		4			
48	Echoes questions or statements made by other people				4	
49	Frequently unaware of surroundings and may be oblivious to dangerous situations					2
50	Prefers to manipulate and be occupied with inanimate objects					4
51	Will feel, smell, or taste objects in the environment			3		
52	Frequently has no visual reaction to a “new” person	3				
53	Gets involved in complicated “rituals” such as lining things up...			4		
54	Is very destructive (toys and household items are quickly broken)			2		
55	A developmental delay was identified at or before 30 months of age					1
56	Uses at least 15 but less than 30 spontaneous phrases daily to communicate				3	
57	Stares into space for long periods of time	4				
Totals:						

Overall Total: _____

Comments: