

Appendix G.1: ADOS

ADOS: OMB Coversheet

Form Approved

OMB NO. _____

Exp. Date _____

Public Reporting Burden Statement

Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)



Child ID: _____ Date of Birth: _____
 Gender: _____ Date of Evaluation: _____
 Examiner: _____ Chronological Age: _____

**ADOS Algorithm for
 DSM-IV/ICD-10
 Autism Diagnosis**
 (Convert scores of 3 on the
 protocol to 2, and treat all
 scores other than 0-3 as 0.)

Communication

- Frequency of Vocalization Directed to Others (A-2) _____
- Stereotyped/Idiosyncratic Use of Words or Phrases (A-5) _____
- Use of Other's Body to Communicate (A-6) _____
- Pointing (A-7) _____
- Gestures (A-8) _____

Communication Total _____
 (Autism cut-off = 4; autism spectrum cut-off = 7)

Reciprocal Social Interaction

- Unusual Eye Contact (B-1) _____
- Facial Expressions Directed to Others (B-3) _____
- Shared Enjoyment in Interaction (B-5) _____
- Showing (B-9) _____
- Spontaneous Initiation of Joint Attention (B-10) _____
- Response to Joint Attention (B-11) _____
- Quality of Social Overtures (B-12) _____

Social Interaction Total _____
 (Autism cut-off = 7; autism spectrum cut-off = 10)

Communication + Social Interaction Total _____
 (Autism cut-off = 12; autism spectrum cut-off = 17)

Play

- Functional Play With Objects (C-1) _____
- Imagination/Creativity (C-2) _____

Play Total _____

Stereotyped Behaviors and Restricted Interests

- Unusual Sensory Interest in Play Material/Person (D-1) _____
- Hand and Finger and Other Complex Mannerisms (D-2) _____
- Unusually Repetitive Interests or Stereotyped Behaviors (D-4) _____

Stereotyped Behaviors and Restricted Interests Total _____

Diagnosis

ADOS Classification: _____

Overall Diagnosis: _____

ADOS MODULE 2

Child ID: _____ Date of Birth: _____
 Gender: _____ Date of Evaluation: _____
 Examiner: _____ Chronological Age: _____

**ADOS Algorithm for
DSM-IV/ICD-10**

Autism Diagnosis
 (Convert scores of 3 on the
 protocol to 2, and treat all
 scores other than 0-3 as 0.)

Communication

Amount of Social Overtures/Maintenance of Attention (A-2) _____
 Stereotyped/Idiosyncratic Use of Words or Phrases (A-5) _____
 Conversation (A-6) _____
 Pointing (A-7) _____
 Descriptive, Conventional, Instrumental, or Informational Gestures (A-8) _____
Communication Total _____
 (Autism cut-off = 5; autism spectrum cut-off = 7)

Reciprocal Social Interaction

Unusual Eye Contact (B-1) _____
 Facial Expressions Directed to Others (B-2) _____
 Spontaneous Initiation of Joint Attention (B-6) _____
 Quality of Social Overtures (B-8) _____
 Quality of Social Response (B-9) _____
 Amount of Reciprocal Social Communication (B-10) _____
 Overall Quality of Rapport (B-11) _____
Social Interaction Total _____
 (Autism cut-off = 6; autism spectrum cut-off = 8)

Communication + Social Interaction Total _____
 (Autism cut-off = 12; autism spectrum cut-off = 15)

Imagination/Creativity (C-2) _____

Stereotyped Behaviors and Restricted Interests

Unusual Sensory Interest in Play Material/Person (D-1) _____
 Hand and Finger and Other Complex Mannerisms (D-2) _____
 Unusually Repetitive Interests or Stereotyped Behaviors (D-4) _____
Stereotyped Behaviors and Restricted Interests Total _____

Diagnosis

ADOS Classification: _____

Overall Diagnosis: _____
