

**Study ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Date of Completion**:\_\_\_\_\_\_\_\_

**Study to Explore Early Development**

**Services and Treatments Questionnaire**

***Many children participate in classroom based preschool programs, individual group programs, complementary therapies, alternative therapies, or other therapies to meet their developmental needs. We would like to get a sense of the types of services and treatments your child has received. Has your child ever used any of the following services or therapies?***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Service** | **NO/ DON’T KNOW** | **YES** | **Age at first service date (any location; (specify years and months)** | **Is child still receiving service?** | **IF NO:** **Age at last service date** **(any location; specify years and months)**  | **IF YES:****Total Hours per week** | **IF YES:** **Service takes place…****(check all that apply)** |
| Preschool program (general) | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  | Enter IN school |
| Preschool program (special needs) | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  | Enter IN school |
| Respite care | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  | Enter OUT of school |
| ABA Behavior modification | □ | □ | \_\_\_\_years & \_\_\_\_months | Yes No | \_\_\_\_years & \_\_\_\_\_ months |  |  □ in school  □ out of school |
| Classroom aide, para-educator or shadow | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  | □ in school □ out of school |
| Occupational therapy, including sensory therapy | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  | □ in school □ out of school |
| Physical therapy | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  | □ in school □ out of school |
| Social skills training | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  | □ in school □ out of school |
| Speech language therapy | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  | □ in school □ out of school |
| Other: specify:\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  | □ in school □ out of school |
| Other: specify:\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  | □ in school □ out of school |
| Other: specify:\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  | □ in school □ out of school |

***In the next sections, note the types of additional therapies your child has ever received and the types of medications he or she has ever been prescribed to treat behavioral symptoms.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Complementary or alternative therapies ever used to treat behavioral symptoms** | **NO/ DON’T KNOW** | **YES** | **Age when first used (specify years and months)** | **Is child still receiving treatment?** | **IF NO:** **Age when last used** **(specify years and months)**  | **If EVER used,** **Specify type of therapy or diet**  |
| Chelation therapy | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Chiropractic Care or massage therapy | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Diet: Gluten and/or Casein Free  | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Diet: Yeast Free Diet | □ | □ | \_\_\_\_years & \_\_\_\_months | Yes No | \_\_\_\_years & \_\_\_\_\_ months |  |
| Diet: Other  | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Dietary or Vitamin Supplements | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Herbal supplements, medication or tea | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Hyperbaric Oxygen Therapy  | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Immune treatments (e.g. stem cell transplants or antibiotic or antiviral therapies) | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Other: specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Other: specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Other: specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medications ever used to treat behavioral symptoms**  | **NO/ DON’T KNOW** | **YES** | **Age at first dose** **(specify years and months)** | **Is child still receiving medication?** | **IF NO:** **Age at last dose** **(specify years and months)**  | **If EVER used,****Specific name(s) of medication(s)** |
| Antidepressants, anti-anxiety, or obsessive-compulsive medications, such as Prozac or Zoloft | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Atypical Antipsychotics, such as Risperdal or Abilify  | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Medications used to treat seizures and/or stabilize mood, such as Tegretol, Lamictal  | □ | □ | \_\_\_\_years & \_\_\_\_months | Yes No | \_\_\_\_years & \_\_\_\_\_ months |  |
| Non-stimulant medications used to treat hyperactivity or inattention, such as Tenex or Clonidine | □ | □ | \_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Stimulant medications often used to treat hyperactivity or inattention, such as Ritalin or Adderall | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Other medication | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Other medication | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Other medication | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |
| Other medication | □ | □ | \_\_\_\_\_years & \_\_\_\_ months | Yes No | \_\_\_\_\_years & \_\_\_\_\_ months |  |

***END QUESTIONNAIRE***

**Common Medications Used to Treat Symptoms of Autism Spectrum Disorders**

**Antidepressant, anti-anxiety, and obsessive-compulsive medications:**

|  |  |
| --- | --- |
| * Zoloft**®** (Also called sertraline.)
 | * Effexor**®**  (Also called venlafaxine.)
 |
| * Prozac**®** (Also called fluoxetine.)
 | * Wellbutrin**®**  (Also called buproprion.)
 |
| * Paxil**®**  (Also called paroxetine.)
 | * BuSpar**®**  (Also called buspirone.)
 |

**Atypical antipsychotics (commonly used to treat irritability and/or challenging behaviors):**

|  |  |
| --- | --- |
| * Risperdal**®**  (Also called risperidone.)
 | * Clozaril**®**  (Also called clozapine.)
 |
| * Abilify**®**  (Also called aripiprazole.)
 | * Haldol**®**  (Also called haloperidol.)
 |
| * Seroquel (Also called quetiapine.)
 | * Mellaril**®**  (Also called thioridazine.)
 |
| * Zyprexa**®**  (Also called olanzapine.)
 | * Orap**®**  (Also called pimozide.)
 |

**Hypertension agents (as alpha adrenergic agonists, commonly used to hyperactivity and inattention):**

|  |  |
| --- | --- |
| * Tenex**®** (Also called Guanfacine.)
 | * Clonidine**®** (Also called Catapres.)
 |

**Medications used to treat seizures and/or stabilize mood:**

|  |  |
| --- | --- |
| * Depakote**®**  (Also called valproic acid.)
 | * Eskalith**®**  (Also called lithium carbonate.)
 |
| * Tegretol**®**  (Also called carbamazepine.)
 | * Lithobid**®**  (Also called lithium carbonate.)
 |
| * Cibalith-S**®**  (Also called lithium citrate.)
 | * Lamictal**®** (Also called lamotrigine.)
 |

**Stimulant Medications (often used to treat hyperactivity and inattention):**

|  |  |
| --- | --- |
| * Ritalin**®**  (Also called methylphenidate.)
 | * Dexedrine**®**  (Also called dextroamphetamine.)
 |
| * Concerta**®**  (Also called methylphenidate.)
 | * Dextrostat**®**  (Also called dextroamphetamine.)
 |
| * Metadate**®**  ER (Also called methyphenidate.)
 | * Focalin**®**  (Also called dexmethylphenidate.)
 |
| * Adderall**®**  (Also called amphetamine.)
 | * Strattera**®** (Also called atomoxetine.)
 |
| * Cylert**®**  (Also called pemoline.)
 | Daytrana® (Also called methylphenidate transdermal patches.) |