



Autism Spectrum & Asperger's Syndrome Patient Survey

Communication: Please indicate how your son/daughter communicates.

	Expressively (gets his/her message across)	Receptively (understands what is said to him/her)
Complete sentences		
One word phrases		
Yes or No		
Uses gestures		
Uses sign language		
Uses objects		
Pulls you to what he/she wants		
Cries/whines		
Uses pictures		
Uses word cards		
Uses visual communication system		
Uses augmentative communication device		
Written		

Sensory Responses: Please indicate how your son/daughter reacts to the following sensory input if the response is unusual.

	Overreacts	Under reacts	What is the response?
Visual stimulation			
Lighting (brightness/ type)			
Sunlight			
Colors			
Spatial orientation			
Temperature			
Touch			
Textures (bedding, clothing, foods)			
Pain			
Pressure			
Odors			
Tastes			
Sounds (alarms, buzzing, ventilation)			
Voices			
Proximity of others			

Please note other sensitivities or provide additional information that may be important for dental visits.

What strategies work the best in supporting your child's sensory needs?

What special accommodations would support your child's sensory needs?

Socialization:

How does your child respond to others?

Does your child like to be around others or prefer to be alone?

Behavior:

What type of experiences has your child had regarding healthcare in the past (positive and/or negative)?

Does your child exhibit behaviors (kicking, aggression toward others, aggression toward self, biting, pinching, hitting, scratching, spitting, other), please describe?

What are the possible triggers for these behaviors?

What strategies work best at home? (schedules, rewards, written rules, etc.)

Information taken from:

Autism Society of North Carolina Summer Camp Application

[The Ziggurat Model: A Framework for Designing Comprehensive Interventions for Individuals With High-Functioning Autism and Asperger Syndrome](#), Ruth Aspy, Ph.D., and Barry G. Grossman, Ph.D.

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