Questionnaire to Help Identify Underlying Medical Conditions in Children with Autism

Gastrointestinal	Yes	No
1. Does your child have a history of reflux?	☐	☐
• *If yes, when did it resolve?*		
2. Are there any ongoing symptoms?	☐	☐
• *If yes, list all:*		
3. Does your child have constipation?	☐	☐
• *If yes, is it controlled?*	☐	☐
• *What medication(s) is used for control?*		
4. Does your child have abdominal pain?	☐	☐
5. Does it occur at night?	☐	☐
• *How often does this occur?*		
Seizures and Other Nighttime Events	Yes	No
1. Does your child have seizures?	☐	☐
• *If yes, does your child have seizures that happen multiple times a night?*	☐	☐
2. Does your child have unusual events (behaviors or movements) during the night?	☐	☐
• *If yes, is the event similar every time (suggests seizure)?*	☐	☐
Sleep Disordered Breathing	Yes	No
1. Does your child snore/breathe loudly?	☐	☐
2. Does your child gasp for breath or stop breathing? *(if no, child may still have sleep disordered breathing)*	☐	☐
3. Does your child have allergies/nasal congestion?	☐	☐
Asthma/Sinusitis	Yes	No
1. Does your child cough at night?	☐	☐
Pain/Itching/Discomfort	Yes	No
1. Does your child see a dentist regularly?	☐	☐
2. Could your child have any tooth pain?	☐	☐
3. Does your child have eczema?	☐	☐
4. If your child has eczema, is it currently well controlled?	☐	☐
• *What medication is used for controlling the eczema:*		
• *When is the eczema medication used (i.e. daily, as needed):*		
5. Do you think that the eczema causes your child to be itchy or have pain?	☐	☐
6. Could your child be hungry at night?	☐	☐
7. Is your child overly sensitive to light, sounds, or textures of clothing?	☐	☐
8. Can you think of anything that may be causing your child pain?	☐	☐
• *If yes, explain:*		
Nutrition	Yes	No
1. Does your child eat at least 1-2 ounces of meat per day?	☐	☐
2. If not, does your child take a multivitamin with iron?	☐	☐
• *How often:*		
3. Does your child have restless sleep?	☐	☐
4. Does your child have leg pains/"growing pains?"	☐	☐
Physical Exam	Yes	No
1. Does child have large tonsils?	☐	☐
2. Is child hypotonic?	☐	☐
3. Does child have nasal congestion or signs of allergic rhinitis?	☐	☐
4. Dental issues	☐	☐
5. Wheezing	☐	☐
6. Significant eczema	☐	☐

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