

## **Data Collection Worksheet**

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Please read the following questions carefully, and indicate the appropriate answer.

1. Does s/he join in playing games with other children easily?
[ ] Yes
[ ] No
2. Does s/he come up to you spontaneously for a chat?
[ ] Yes
[ ] No
3. Was s/he speaking by 2 years old?
[ ] Yes
[ ] No
4. Does s/he enjoy sports?
[ ] Yes
[ ] No
5. Is it important to him/her to fit in with the peer group?
[ ] Yes
[ ] No
6. Does s/he appear to notice unusual details that others miss?
[ ] Yes
[ ] No

/. Does s/he tend to take things literally?
[ ] Yes
[ ] No
8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., play acting being a superhero, or holding teddy's tea parties)?
[ ] Yes
[ ] No
9. Does s/he like to do things over and over again, in the same way all the time?
[ ] Yes
[ ] No
10. Does s/he find it easy to interact with other children?
[ ] Yes
[ ] No
11. Can s/he keep a two-way conversation going?
[ ] Yes
[ ] No
12. Can s/he read appropriately for his/her age?
[ ] Yes
[ ] No
13. Does s/he mostly have the same interests as his/her peers?
[ ] Yes
[ ] No
14. Does s/he have an interest which takes up so much time that s/he does little else?
[ ] Yes
[ ] No
15. Does s/he have friends, rather than just acquaintances?

	[ ] Yes
	[ ] No
16.	Does s/he often bring you things s/he is interested in to show you?
	[ ] Yes
	[ ] No
17.	Does s/he enjoy joking around?
	[ ] Yes
	[ ] No
18.	Does s/he have difficulty understanding the rules for polite behavior?
	[ ] Yes
	[ ] No
19.	Does s/he appear to have an unusual memory for details?
	[ ] Yes
	[ ] No
20.	Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)?
	[ ] Yes
	[ ] No
21.	Are people important to him/her?
	[ ] Yes
	[ ] No
22.	Can s/he dress him/herself?
	[ ] Yes
	[ ] No
23.	Is s/he good at turn-taking in conversation?
	[ ] Yes
	[ ] No

24. Does s/he play imaginatively with other children, and engage in role-play?
[ ] Yes
[ ] No
25. Does s/he often do or say things that are tactless or socially inappropriate?
[ ] Yes
[ ] No
26. Can s/he count to 50 without leaving out any numbers?
[ ] Yes
[ ] No
27. Does s/he make normal eye-contact?
[ ] Yes
[ ] No
28. Does s/he have any unusual and repetitive movements?
[ ] Yes
[ ] No
29. Is his/her social behavior very one-sided and always on his/her own terms?
[ ] Yes
[ ] No
30. Does s/he sometimes say "you" or "s/he" when s/he means "I"?
[ ] Yes
[ ] No
31. Does s/he prefer imaginative activities such as play-acting or story-telling, rather than numbers or lists of facts?
[ ] Yes
[ ] No
32. Does s/he sometimes lose the listener because of not explaining what s/he is talking about?

[ ] Yes
[ ] No
33. Can s/he ride a bicycle (even if with stabilizers)?
[ ] Yes
[ ] No
34. Does s/he try to impose routines on himself/herself, or on others, in such a way that it causes problems?
[ ] Yes
[ ] No
35. Does s/he care how s/he is perceived by the rest of the group?
[ ] Yes
[ ] No
36. Does s/he often turn conversations to his/her favorite subject rather than following what the other person wants to talk about?
[ ] Yes
[ ] No
37. Does s/he have odd or unusual phrases?
[ ] Yes
[ ] No
SPECIAL NEEDS SECTION
Please complete as appropriate
38. Have teachers/health visitors ever expressed any concerns about his/her development?
[ ] Yes
[ ] No
If Yes, please specify

39. Has s/he ever been diagnosed with any of the following?
Language delay
[ ] Yes
[ ] No
Hyperactivity/Attention Deficit Disorder (ADHD)
[] Yes
[ ] No
Hearing or visual difficulties
[] Yes
[ ] No
Autism Spectrum Condition, including Asperger's Syndrome
[] Yes
[ ] No
A physical disability
[] Yes
[ ] No
Other (please specify)

## **Scoring Instructions**

Score "1" if the respondent answers "No" to questions 1, 2, 5, 8, 10, 11, 13, 15, 16, 17, 21, 23, 24, 27, 31, and 35. Score "1" if the respondent answers "Yes" to questions 6, 7, 9, 14, 18, 19, 20, 25, 28, 29, 30, 32, 34, 36, and 37. Sum all "1's" to get a total score. Maximum score possible is 31, cut-off currently is 15 for possible ASD or related social-communication difficulties. Questions that are not scored are controls.

Protocol source: https://www.phenxtoolkit.org/protocols/view/120903