

Childhood Asperger Syndrome Test (CAST)

Patient Name: _____

Date: _____

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

	Yes	No
1. Does s/he join in playing games with other children easily?		
2. Does s/he come up to you spontaneously for a chat?		
3. Was s/he speaking by 2 years old?		
4. Does s/he enjoy sports?		
5. Is it important to him/her to fit in with the peer group?		
6. Does s/he appear to notice unusual details that others miss?		
7. Does s/he tend to take things literally?		
8. When s/he was 3 years old, did s/he spend a lot of time pretending (e.g., play-acting superhero or tea parties)?		
9. Does s/he like to do things over and over again, in the same way all the time?		
10. Does s/he find it easy to interact with other children?		
11. Can s/he keep a two-way conversation going?		
12. Can s/he read appropriately for his/her age?		
13. Does s/he mostly have the same interests as his/her peers?		
14. Does s/he have an interest which takes up so much time that s/he does little else?		
15. Does s/he have friends, rather than just acquaintances?		
16. Does s/he often bring you things s/he is interested in to show you?		
17. Does s/he enjoy joking around?		
18. Does s/he have difficulty understanding the rules for polite behavior?		
19. Does s/he appear to have an unusual memory for details?		
20. Is his/her voice unusual (e.g., overly adult, flat, or very monotonous)?		
21. Are people important to him/her?		
22. Can s/he dress him/herself?		
23. Is s/he good at turn-taking in conversation?		
24. Does s/he play imaginatively with other children, and engage in role-play?		
25. Does s/he often do or say things that are tactless or socially inappropriate?		
26. Can s/he count to 50 without leaving out any numbers?		
27. Does s/he make normal eye-contact?		
28. Does s/he have any unusual and repetitive movements?		
29. Is his/her social behavior very one-sided and always on his/her own terms?		
30. Does s/he sometimes say "you" or "s/he" when s/he means "I"?		
31. Does s/he prefer imaginative activities (i.e. play-acting or story-telling, rather than numbers or lists of facts)?		
32. Does s/he sometimes lose the listener because of not explaining what s/he is talking about?		
33. Can s/he ride a bicycle (even if with stabilizers)?		
34. Does s/he try to impose routines on him/herself, or on others, in a way that it causes problems?		
35. Does s/he care how s/he is perceived by the rest of the group?		

Childhood Asperger Syndrome Test (CAST)

Patient Name: _____

Date: _____

36. Does s/he often turn conversations to his/her favorite subject rather than following what the other person wants to talk about?		
37. Does s/he have odd or unusual phrases?		

SPECIAL NEEDS SECTION: Please complete as appropriate

38. Have teachers/health visitors ever expressed any concerns about his/her development? If Yes Please explain:		
39. Has s/he ever been diagnosed with any of the following?:		
Language delay		
Hyperactivity/Attention Deficit Disorder (ADHD)		
Hearing or visual difficulties		
Autism Spectrum Condition, incl. Asperger's Syndrome		
A physical disability		
Other (please specify)		
Total		

≥15 = possible ASD