

2. Family, Caregivers and Operators Checklist – First Level Evaluation

The following form should be given directly to family members, caregivers and professionals who are involved with the autistic person. It can be completed by the individual themselves or with the assistance of a professional.

Mental functions	Skill	Yes	No	Notes
b134	Are you getting enough sleep to cope with a working day?			
b156	Does he/she have sensory functions (hearing, sight, smell, touch, etc.) that are so unusual that they interfere with his work?			
b164	Is he/she able to make a decision, plan and carry out a project/activity?			
Sensory functions		Yes	No	Notes
b210	Functions of sight related to the perception of stimuli (presence of light, size, shape and colour)			
b230	Auditory functions related to stimulus perception (presence and discrimination of sounds, tone, intensity and quality)			
Basic learning		Yes	No	Notes
d130	Is he/she able to copy correctly?			
d155	Is he/she able to reproduce activities performed by others?			
	Is he/she able to acquire skills through information provided by others?			
d160	Is he/she able to focus his attention for the time necessary to complete an activity?			
d166	Is he/she able to read correctly?			
d170	Is he/she able to write correctly?			
d172	Is he/she able to calculate?			
d177	Is he/she able to choose between several options, implement his choice and evaluate the consequences?			
General tasks and requests		Yes	No	Notes
d210	Is he/she able to perform simple tasks independently?			
d220	Is he/she able to perform complex tasks that require activities to be carried out in sequence, independently?			
d230	Is he/she able to manage his/her daily routine by organising various activities?			
d240	Is he/she able to handle tension, responsibilities and stress?			
d250	Is he/she able to manage his/her behaviour according to situations or people?			

Communication		Yes	No	Notes
d310	Is he/she able to communicate his/her needs or requirements adequately?			
	Is he/she able to adequately communicate his/her difficulties or problems?			
	Is he/she able to understand what is being communicated to him/her?			
d315	Is he/she able to understand messages through the use of drawings and/or photographs?			
d360	Is he/she able to communicate using technological devices (PC, smartphone, tablet, etc.)?			
Mobility		Yes	No	Notes
d430	Is he/she able to lift and carry objects?			
d435	Is he/she able to move an object using his/her legs and feet?			
d440	Is he/she able to pick up, grab and manipulate objects?			
d450-d460	Is he/she able to move independently from one place to another (from one room to another; from home to work; etc.)?			
d470	Is he/she able to use a mode of transport (bus, taxi, train, tram, etc.) to reach a specific place?			
Personal care		Yes	No	Notes
d510-d570	Is he/she able to take care of himself / herself (wash, dress, stay healthy, etc.)?			
d571	Is he/she able to take care of his/her own safety and avoid unsafe situations?			
Domestic life		Yes	No	Notes
d620	Is he/she able to go shopping and buy the things needed for daily life?			
d630-d650	Is he/she able to perform domestic tasks (washing, cleaning, preparing meals, etc.)?			
Interactions and interpersonal relationships		Yes	No	Notes
d710-d720	Is he/she able to interact with others appropriately, avoiding behaviour that is annoying, aggressive or violent to others (interrupting group activities, kicking or punching, slapping, etc.)?			
	Does he/she exhibit stereotypical behaviour (b7653) that may interfere with interpersonal relationships?			
d730-d740	Is he/she able to interact with unfamiliar people or people in authority (employers, teachers, etc.)?			
d750-d760	Is he able to interact with family members, friends or colleagues?			

Main areas of life		Yes	No	Notes
d825	Is he/she able to engage in training activities for the purpose of performing a job?			
d860-d870	Is he/she able to use money to make purchases?			
	Is he/she able to manage money for any future needs?			
d880	Is he/she able to engage in solitary play and/or play with others?			
Social, civic and community life		Yes	No	Notes
d910-d950	Does he/she participate in community activities (ceremonies, associations, sports, religious activities, political life, etc.)?			