

# Educational Case Management

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## ADI-R Diagnostic Interview Questions

Client's Name:  Date of Birth:

Completion Date:

Instructions: Tick appropriate boxes ONLY. Behaviours do not have to be evident daily to be ticked.

### 1) EARLY DEVELOPMENT

Age discrepancy became apparent:

- Birth-12 months
- 1-2 years
- 2-4 years
- Commenced school

Early Symptoms:

- Language delay
- Tantrums
- Sleep problems
- Disengaged
- Unable to pacify
- Unusual play
- Unsociable
- Lack affection
- Limited empathy
- Self-focused

Motor (crawling and walking) milestones:

- Age appropriate
- Delayed gross motor skills- crawl and walk
- Delayed fine motor skills
- Delays fine and gross motor skills

Toilet trained (day and night):

- Age appropriate
- Delayed day time toileting
- Delayed night time toileting
- Delayed both day and night toileting
- Still experiencing intermittent problems with toileting-day &/or night

### 2) Acquisition of Language/Other Skills

Single Words spoken:

- 6-12 months
- 1-2 years
- 2-4 years
- Commenced school
- Unintelligible
- Limited expression

Phases spoken:

- 1-2 years
- 2-4 years
- Commenced school
- Unintelligible
- Limited expression

Loss Of Language:

- 6-12 months
- 1-2 years
- 2-4 years
- Commenced school
- Never



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## ADI-R Diagnostic Interview Questions *continued*....

### A) Qualitative Abnormalities in Reciprocal Social Interaction

- Struggles with direct gaze-unable to look at you directly when communicating.
- When someone approaches, unable to smile-struggles in social smiling.
- Rarely shows you something of interest to them.
- Experiences difficulties in sharing food and/or personal possessions (toys) with others'.
- Does not exhibit a normal range of facial expressions used to communicate-stilted or exaggerated in manner.
- Inappropriate facial expression to mood and context.
- Show inappropriate expression e.g. laughs when it is serious.
- Little interest in or response to people except parents.
- Experiences difficulties in communicating with adults.
- Experiences difficulties in communicating with aged peers.
- Gets on better with persons younger and/or older.
- Cannot play within a peer group and/or plays inappropriately within a peer group.
- Does not seek out children their own age to play.
- Does not seek to share enjoyment with others'.
- Prefers to be on their own.
- Limited interest in other children.
- Engages in limited active or constructive play, only in repetitive activities.
- Unable to respond appropriately when another child approaches them to play-avoids the approach.
- Limited to-and-fro social play. Will not enter spirited games e.g. peek-a-boo, handball.
- Experiences difficulties in developing nice friendships and /or unable to establish a 'best' friend.
- Appears unaware of social cues and social requirements-behaviour can become embarrassing or inappropriate.
- Behave inappropriately across a range of settings e.g. shops, theatre, church.
- Uses others' body to communicate.

- Struggles to offer comfort in a range of circumstances: offer objects, touch and vocalize.
- Unable to use both coordinated eye gaze and vocalization to communicate.

### B) Qualitative Abnormalities in Communication

- Has limited comprehension of simple words.
- Will have the odd comment.
- Uses unusual speech or phrases- stereotype utterances &/or delayed echolalia.
- Will carry out social 'chit chat' with familiar persons only.
- Will use limited speech to inform carer of immediate needs.
- Will only enter into social 'chit chat' conversations when it involves a topic of interest to them.
- Will ask questions at the wrong time &/or place.
- Will say e.g. "he" or "she" instead of "I".
- Will use others' e.g. hand as a tool to communicate.
- Makes up words-invented their own words or version of expression.
- Dislikes being interrupted when engaged in play activities.
- Unusual tone, volume, rhythm and/or rate in speech.
- Use odd phrases e.g. refer to someone by their age.
- Say the same thing 'over and over' again until they get a reply.
- Has an unusual pronunciation.
- Unintelligible-unable to understand and/or poor articulation.
- Is unable to communicate using a range of words that have meaning.
- Has limited and / or restrictive vocabulary.
- Will not point at things in the distance -of interest to them.
- Fails to communicate using gestures.
- Does not shake their head to say yes or no- rarely nods.

## ADI-R Diagnostic Interview Questions *continued* ....

- Will not spontaneously imitate actions of others'.
- Does not enter imaginative play-does not play any pretend games e.g., dolls, cars, lego
- Does not enter imaginative play with peers.
- Struggles to imitate social play.
- Fails to initiate or sustain conversational interchange.
- Usually does not look up or offer attention when spoken to.
- Does not use the appropriate signs when seeking support.
- Cannot follow instructions.
- Can only follow simple one step instruction.
- Gets confused very easily with instruction and directions.
- Prefers to follow others.
- Rarely waves good bye unless prompted.
- Rarely respond to another's voice.
- Struggles to spontaneously imitates people and family members.

### C) Restricted, Repetitive, Stereotyped Patterns of Behaviour

- Can become pre-occupied (overly focussed) with certain items and activities e.g. street signs,
- toilets which often interferes with their daily functioning.
- Plays with certain items or activities with abnormal intensity which contributes to social impairment.
- Exhibits compulsive rituals that has the potential to intrude upon on family life and
- contribute to social impairment.
- Play with only parts of a toy e.g. wheel of a plane.
- Must touch an object in a particular way or needs to put items in a certain order e.g. clothes in cupboard.
- Is particularly interested in sight, feel, sound, taste, smell of things or people

- Is oversensitive to noise that has the potential to impact on daily routines.
- Gets unusually upset by particular sounds e.g. vacuum cleaner.
- Get bothered by minor changes in their routine.
- Reacts to 'trivial' changes e.g. around the house.
- Is unusually attached to an item which they must always carry around with them.
- Will flicks hands or fingers when anxious or pre-occupied.
- Stereotyped body movements. Exhibits complicated movements e.g. spinning, rocking.
- Has unusual movements e.g. washing their hands, turning hands from one side to another.

### D) General Behaviour

- Is aggressive towards caregivers or family members
- Is aggressive towards non-caregivers or non-family members
- Has an unusual gait: unusual way they walk
- Injure themselves deliberately e.g. bites themselves, hits themselves in their head
- Has a history of hyperventilating
- Suffers from Anxiety
- Has a need to 'feel in control'
- Change in moods evident
- Has a history of Faints, Fits &/or Blackouts

### Specific Examples