

REPETITIVE BEHAVIOUR QUESTIONNAIRE

Thank you for taking time to complete this questionnaire.

Although there are several pages of questions, you will find that many can be answered with a quick 'no' response. In this way you should be able to complete the questionnaire quite quickly.

Please record the behaviour that your son or daughter shows at the moment (over the last three months). Please describe and rate the most usual way he/she displays this behaviour. Each question is followed by a list of alternatives. Please tick the box next to the alternative that best describes the behaviour shown by your son or daughter. Where he/she shows two or more behaviours of the type probed by one question then please describe the code each separately. The examples given in each question are only a guide to the type of behaviour that can be shown; please describe any other behaviours of the type probed by each question. If your son/daughter shows any behaviour that is not covered by the questionnaire please describe this and provide as much information as you can on additional sheet of paper.

For those items that ask about the frequency with which behaviour is shown, please rate how frequently your son or daughter might display the behaviour over the course of the day if you were watching them all day. Think about this either in terms of the number of bouts of this behaviour he/she would show over the course of the entire day, or if it is more appropriate, the number of bouts of this behaviour that might occur in a typical hour.

Please try to complete each question as accurately as you can and try not to leave any question, or any part of a question, unanswered.

REPETITIVE BEHAVIOUR QUESTIONNAIRE

Your name: _____

Today's date: ____ / ____ / ____

Young person's name: _____

Young person's date of birth: ____ / ____ / ____

1. Does he/she operate light switches, taps, the toilet flush etc. repeatedly when it is not necessary to do so?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Please describe this behaviour

Is there any specific time or situation when this behaviour is especially likely to occur?

2. Does he/she arrange toys or other items in rows or patterns

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Please describe this behaviour

Is there any specific time or situation when this behaviour is especially likely to occur?

3. Does he/she repeatedly fiddle with toys or other items?

For example, does he/she spin, twiddle, bang, tap, twist, flick or wave anything repetitively?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Please describe this behaviour

Is there any specific time or situation when this behaviour is especially likely to occur?

4. Does he/she touch parts of his/her body or clothing repeatedly?

For example, does he/she repeatedly rub his legs, pull at the buttons on his/her clothing, or touch his/ her ear or elbow etc.?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Please describe this behaviour

Is there any specific time or situation when this behaviour is especially likely to occur?

5. Is he/she attached to anything in particular?

For example, does he/she carry a teddy, a blanket or stick etc. around with him/her?

- ☐ **No** particular attachment to any object
- ☐ Attachment to an object commonly used as a comforter (e.g. teddy, blanket etc.)
- ☐ Attachment to an unusual object (e.g. stick, glove etc.)

Please describe this behaviour

6. Does he/she obsessively collect or hoard items of any sort?

- ☐ **No** obsessive or unusually keen collecting or hoarding
- ☐ Very keen collector of **usual** items (e.g. stamps, football cards etc.)
- ☐ Very keen collector of **unusual** or odd items (e.g. leaflets, jar lids, sticks etc.)

Please describe this behaviour

7. Does he/she spin him/herself around and around?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Is there any specific time or situation when this behaviour is especially likely to occur?

8. Does he/she rock backwards and forwards, or side to side, either when sitting or when standing?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Is there any specific time or situation when this behaviour is especially likely to occur?

9. Does he/she bang his/her head? Does he/she do this repetitively?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Is there any specific time or situation when this behaviour is especially likely to occur?

10. Does he/she pace or move around repetitively?

For example, does he/she walk to and fro across a room, or around the house or garden repetitively?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Please describe this behaviour

Is there any specific time or situation when this behaviour is especially likely to occur?

11. Does he/she make repetitive hand and/or finger movements?

For example, does he/she repetitively wave, flick, flap or twiddle his/her hands or fingers repetitively?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Please describe this behaviour

Is there any specific time or situation when this behaviour is especially likely to occur?

12. Does he/she make other repetitive body movements?

For example, does he/she repeatedly clasp his/her hands, tap his/her feet, swing his/her legs or jump etc.?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Please describe this behaviour

Is there any specific time or situation when this behaviour is especially likely to occur?

13. Does he/she ever injure him/herself?

For example, does he/she bite, scratch, knock or pick him/herself? Does he/she do this repeatedly?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Please describe this behaviour

Is there any specific time or situation when this behaviour is especially likely to occur?

14. Does he/she insist on things about the house staying the same?

For example, does he/she insist on furniture staying in the same place, or curtains being open or closed etc.?

- ☐ **No**
- ☐ **Mild** problem which does not effect others
- ☐ **Serious** problem which effects others on a regular basis

Please describe this behaviour

15. Does he/she insist on other items being put out, kept or stored in the same way?

For example, does he/she like ornaments, toys or cassette tapes kept in the same places or positions?

- ☐ **No**
- ☐ **Mild** problem which does not effect others
- ☐ **Serious** problem which effects others on a regular basis

Please describe this behaviour

16. Does he/she play the same music, game or video, or read the same book repeatedly?

- ☐ **Never** or rarely
- ☐ **Regular** feature of behaviour, but will tolerate alternatives when necessary
- ☐ **Highly regular** and **highly rigid** feature of behaviour. Will not tolerate any alternatives

Please describe this behaviour

17. Does he/she insist on using the same objects or items in any other situation?

For example, does he/she insist on using the same chair, plate, bed linen or door? (DO NOT count any insistence on using the same mug or cup)

- ☐ **Never** or rarely
- ☐ **Regular** feature of behaviour, but will tolerate alternatives when necessary
- ☐ **Highly regular** and **highly rigid** feature of behaviour. Will not tolerate any alternatives

Please describe this behaviour

18. Does he/she insist on wearing the same clothes or refuses to wear new clothes?

- ☐ **Never** or rarely
- ☐ **Regular** feature of behaviour, but will tolerate alternatives when necessary
- ☐ **Highly regular** and **highly rigid** feature of behaviour. Will not tolerate any alternatives

Please describe this behaviour

19. Does he/she insist that certain items of clothing must always be worn or worn in the same situation or in the same way?

For example, does he/she insist on always wearing a vest, or wearing a hat to the shops, or always buttoning a shirt to the collar?

- ☐ **Never** or rarely
- ☐ **Regular** feature of behaviour, but will tolerate alternatives when necessary
- ☐ **Highly regular** and **highly rigid** feature of behaviour. Will not tolerate any alternatives

Please describe this behaviour

20. Does he/she insist on eating the same foods, or a very small range of foods, at every meal?

- ☐ **Never** or rarely
- ☐ **Regular** feature of behaviour, but will tolerate alternatives when necessary
- ☐ **Highly regular** and **highly rigid** feature of behaviour. Will not tolerate any alternatives

Please describe this behaviour

21. Does he/she insist on moving or travelling by the same route?

For example, does he/she insist on taking the same route when moving about the house, going for a walk, or travelling in the car?

- ☐ **Never** or rarely
- ☐ **Regular** feature of behaviour, but will tolerate alternatives when necessary
- ☐ **Highly regular** and **highly rigid** feature of behaviour. Will not tolerate any alternatives

Please describe this behaviour

22. How does he/she react if any changes are made to his/her surroundings at home?

For example, if you move the furniture, or rearrange the way that certain items are stored or organised?

- ☐ May comment on, or notice the change but shows no negative reaction
- ☐ Accepts the change, but shows some degree of anxiety or mildly negative reaction
- ☐ Will accept the change, but shows extreme anxiety or strong negative reaction (e.g. tantrum)
- ☐ Will **not** accept the change. Persistently attempts to rearrange the items

23. Are there any aspects of routine that he/she insists must remain the same?

For example, does he/she insist on always bathing before breakfast, on going to the shops every afternoon, or on watching a video after every meal?

- ☐ **No**
- ☐ **Mild** problem which does not effect others
- ☐ **Serious** problem which effects others on a regular basis

Please describe this routine

24. Does he/she make rituals out of everyday activities such as eating, dressing, getting in the car, walking up stairs etc.?

- ☐ **No**
- ☐ **Mild** problem which does not effect others
- ☐ **Serious** problem which effects others on a regular basis

Please describe this activity and ritual(s)

25. Does he or have any rituals that are linked to particular occasions or places?

For example, does he/she have specific rituals for the supermarket, the Doctor's surgery or a relative's house?

- ☐ **No**
- ☐ **Mild** problem which does not affect others
- ☐ **Serious** problem which affects others on a regular basis

Please describe this ritual(s)

26. How does he/she react his/her daily routine is changed

- ☐ May comment on, or notice the change but shows no negative reaction
- ☐ Accepts the change, but shows some degree of anxiety or mildly negative reaction
- ☐ Will accept the change, but shows extreme anxiety or strong negative reaction (e.g. tantrum)
- ☐ Will **not** accept any change to routine

27. Does he/she 'echo' or repeat what other people say?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Is there any specific time or situation when this behaviour is especially likely to occur?

28. Does he/she say the same things, or make the same noises, repeatedly?

For example, does he/she say the same word repeatedly or other sounds such as hums or growls or clicking noises? Or does he/she use the same 'stock phrases' frequently?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Please describe this behaviour

Is there any specific time or situation when this behaviour is especially likely to occur?

29. Does he/she talk about the same topic over and over again?

- ☐ **Never** or rarely
- ☐ **One** or more bouts of this behaviour daily
- ☐ **15** or more bouts of this behaviour daily (or at least one bout an hour)
- ☐ **30** or more bouts of this behaviour daily (or at least two bouts an hour)

Please describe this behaviour

Is there any specific time or situation when this behaviour is especially likely to occur?

30. Does he/she have any interests or hobbies? Please describe these briefly.

In particular, does he/she have any interests or preoccupations which you would describe as overly keen, obsessional, or unusual in any way?

Please describe any such interests in as much detail as you can.

30 (continued) In summary would you say that he/she has:

- ☐ A varied pattern of interests which he/she will pursue spontaneously and without prompting
- ☐ One or more obsessional interests, but also other usual interests which he/she will pursue spontaneously and without prompting
- ☐ Only obsessional interests which he/she will pursue spontaneously
- ☐ Has no particular interests or hobbies that he/she will pursue spontaneously

(DO NOT include watching TV as an interest or hobby)

31. What was the earliest repetitive activity that you remember your son or daughter showing?

How old was he/she when this began?

32. Of all the behaviours in this questionnaire that your son or daughter engage in, which one would you say is the most marked or the most noticeable?

33. Of all the behaviours in this questionnaire that your son or daughter engage in, which one would you say causes the greatest problem in day-to-day life?

Thank you for completing this questionnaire
