



Prevalence of Autism Spectrum Disorders in a rural community of Bangladesh

Consent Form

(Please read the consent form before responder and seek his/ her consent for taking interview)

Hello (Salam/ Adab)!

My name is I am working in Centre for Injury Prevention and Research, Bangladesh (CIPRB), a national level health related research organization. We are working together with Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP) to improve the child health status in Bangladesh. You will be happy to know that at present we are conducting a health related research on the identification of autistic children and making easy and improving quality of their health services at this area. IPNA of BSMMU and CIPRB are providing technical support for conducting this research. As a part of this I would like to ask some questions and discuss with you about your child health. You don't have any risk to participate in the interview. Your name will not mention in the report and all the information in this interview will be kept as confidential. This interview will take around 15 minutes. . You may not answer all questions even you can quit anytime from the interview.

Thanks to you.

Before give your consent you may ask any questions and know about the subject of interview

From above consideration, if you want to participate in interview? Yes ☐ No ☐

Respondent has given consent to participate in the interview.

Name of the respondent:

Signature of the respondent:..... Date:



Face-sheet																	
Questionnaire	Code/ Circle																
District_____	<input type="text"/>																
Upazila_____	<input type="text"/>																
Union_____	<input type="text"/>																
Village_____	<input type="text"/>																
Para_____																	
Responder's Name_____	<input type="text"/>																
Responder's mobile number_____																	
Date of Interview _____	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">Date/</td> <td colspan="2">Month/</td> <td colspan="2">Year</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date/		Month/		Year					
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Date/		Month/		Year													
Interviewer's name_____																	
Identification Number	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="8">Dist/Uz/Uni/Interviewer/ Responder</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Dist/Uz/Uni/Interviewer/ Responder							
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Dist/Uz/Uni/Interviewer/ Responder																	
Children ID of CIPRB																	
Responder's Age (in year)	<input type="text"/>																
Responder's Education	<input type="text"/>																
Name of the child (With nick name)																	
Date of birth of the child	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">Date/</td> <td colspan="2">Month/</td> <td colspan="2">Year</td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date/		Month/		Year					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>												
Date/		Month/		Year													
Age of child (in months)	<input type="text"/>																
Which institute does the child go?	Anchal-----1 BRAC-----2 Madrasha-----3 Islamic Foundation-----4 Others (Specify)-----5 Doesn't go any institute-----6																



M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

Sl	Questionnaire	Circle	
1.	Does your child enjoy being swung, bounced on your knee, etc.?	Yes	No
2.	Does your child take an interest in other children?	Yes	No
3.	Does your child like climbing on things, such as upstairs?	Yes	No
4.	Does your child enjoy playing peek-a-boo/hide-and-seek?	Yes	No
5.	Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things?	Yes	No
6.	Does your child ever use his/her index finger to point, to ask for something?	Yes	No
7.	Does your child ever use his/her index finger to point, to indicate interest in something?	Yes	No
8.	Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them?	Yes	No
9.	Does your child ever bring objects over to you (parent) to show you something?	Yes	No
10.	Does your child look you in the eye for more than a second or two?	Yes	No
11.	Does your child ever seem oversensitive to noise? (e.g., plugging ears)	Yes	No
12.	Does your child smile in response to your face or your smile?	Yes	No
13.	Does your child imitate you? (e.g., you make a face-will your child imitate it?)	Yes	No
14.	Does your child respond to his/her name when you call?	Yes	No
15.	If you point at a toy across the room, does your child look at it?	Yes	No
16.	Does your child walk?	Yes	No
17.	Does your child look at things you are looking at?	Yes	No



18.	Does your child make unusual finger movements near his/her face?	Yes	No
19.	Does your child try to attract your attention to his/her own activity?	Yes	No
20.	Have you ever wondered if your child is deaf?	Yes	No
21.	Does your child understand what people say?	Yes	No
22.	Does your child sometimes stare at nothing or wander with no purpose?	Yes	No
23.	Does your child look at your face to check your reaction when faced with something unfamiliar?	Yes	No

Information (Process of disease Identification):

Check the result of M-chat with the following answer (provide tick mark)

1. No	6. No	11. Yes	16. No	21. No
2. No	7. No	12. No	17. No	22. Yes
3. No	8. No	13. No	18. Yes	23. No
4. No	9. No	14. No	19. No	
5. No	10. No	15. No	20. No	

A child screened positive if 2 of 6 “critical” items (Items 2, 7, 9, 13, 14, 15) or three of any of the 23 total items were abnormal. It should be reinvestigation by the expert doctors/ specialist for confirmation.

Disease Identification	Mention (Yes/ No)
Either primarily identify as an autistic children?	
Interviewer	Supervisor
Signature:	Signature:
Name: _____	Name: _____
Date: _____	Date: _____