

Appendix 1

ASDASQ .....

Date: .....

Pat. name: .....

Soc. security number: .....

Contact person: .....

Treatment unit: .....

	Yes	No	Don't know
1. Does the patient have any problems regarding contacts with others? (e.g. cannot get or keep friends of the same age, or cannot get reciprocally satisfying contacts with sex partners).	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the patient odd, eccentric, 'one of a kind'?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you find the patient compulsive or rigid, occupied by rituals, routines or rules?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has the patient trouble with clothing, grooming and personal care? (e.g. conspicuously old-fashioned or ill-fitting clothing).	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has the patient or has he/she earlier had, special interests, i.e. an intense interest that keeps the patient from engaging in other activities, or an interest that the patient wants to talk about all the time? The subject of the special interest is not important, but the intense engagement or repetitive talking about it.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has the patient a bizarre language or a strange/unusual voice? Does he/she speak in a very grammatical or old-fashioned way, or use standard phrases or clichés, or talk in an unnecessarily loud or low voice? Does he/she talk in a monotonous, or shrill or whining voice?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has the patient an unusual non-verbal communication, e.g. abnormalities in gaze, gestures or facial expression, unusual posture, stiff gait, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the patient seem to have a lack of common sense, or lack the ability to understand and foresee the consequences of his/her doings or sayings? This might cause the patient to repeatedly getting into difficult or embarrassing situations, or get others into these situations.	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is the patient uneven in his/her abilities, i.e. very skilful in some areas while lacking elementary knowledge or skills in others?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Has the patient had any contacts with child and adolescent psychiatry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>