



AUTISM QUESTIONNAIRE

Is the child wearing or carrying any tracking technology device? Yes No

If so, which one and how is location information accessed? _____

Does the child have a cell phone? If so, what is the phone number and service provider?

Yes No _____

Does the child have a history of wandering/eloping? Yes No

If so, where and what physical features associated with those episodes may have attracted the child? _____

Where was the child found? _____

Is the child attracted to water? Yes No Can the child swim? Yes No

Is the child attracted to active roadways/highways? Yes No

Does the child have a fascination with vehicles such as trains, police cars, heavy equipment, airplanes, or fire trucks? Yes No

Where does the child like to go? (neighbor, park, restaurant, relative...etc.)

Is the child nonverbal? Yes No

How will the child likely react to his/her name being called? _____

Does the child have an assisted communication device? Yes No

If so, describe: _____

Will the child respond to a particular voice such as that of his/her mother, father, other relative, caregiver, or family friend? Yes No

If so, who? _____

Does the child have a favorite song, toy, or character? Yes No

If so, what or who is it? _____

Does the child have any specific dislikes, fears, or behavioral triggers? Yes No

If so, what are they? _____

How might the child react to sirens, helicopters, flashing lights, airplanes, search dogs, people in uniform, or those participating in a search team? _____

Is the child sensitive to or frightened by noise? Yes No

How does the child typically react to that type of noise? _____

What are the child's physical capabilities? (runs quickly, climbs objects, hides in tight spaces, seeks shelter...etc.) _____

How does the child react when frightened? _____

What noises would he/she typically emit? (crying, screaming, banging hands...etc.) _____

Does the child wear a medical ID tag? Yes No

Does the child have any sensory, medical, or dietary issues, or medication requirements?
 Yes No If so, what are they? _____

Does the child become upset easily? Yes No

If so, what methods are used to calm him/her? _____

How does the child react in the dark? _____

Is there anything else we did not ask, but should know about the child that might help us in our search? _____

Name of Parent/Guardian interviewed: _____

Law Enforcement Official: _____

