BrainStim CENTERS	Patient ID Number:
Autism Severity Estimate	Name: Date of Birth: Day Month Year
Scores (All entries should be in the range of 1.0 - 4.0):	Less difficulty More difficulty
Relating to People:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
II Imitation:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
Emotional Response:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
IV Body Use:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
V Object Use:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
VI Adaptation to Change:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
VII Visual Response:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
VIII Listening Response:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
IX Taste, Smell and Touch Response and Use	1.0 1.5 2.0 2.5 3.0 3.5 4.0
X Fear or Nervousness:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
XI Verbal Communication:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
XII Nonverbal Communication:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
XIII Activity Level:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
XIV Level and Consistency of Intellectual Response:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
XV General Impressions:	1.0 1.5 2.0 2.5 3.0 3.5 4.0
15-30 30-37 Non-autistic Mildly-Moderately autistic	37-60 TOTAL: Severely autistic
Comments:	
Date Assessed: month /day /year 20	Rater's Name: