Name of study subject: ______________________________ ID #: ___________________________

Interviewer Name & Title: ______________________________ Date: ____________________

Respondent (if applicable): ______________________________ DOB:________________Sex: __________

Data Derived From (Check): ☐ Physical Examination ☐ Medical Record

ACE Subject Medical History

NOTE: Information may be obtained from chart, previous studies, and/or interview with subject caregivers.

Instructions: Fill in the information requested or select the relevant response (Yes, No, NK=Not Known or Not Available).

Diagnostic History (this section should be skipped for Typical Individuals**)**

1. Age of first developmental concern __________ months
2. Developmental concerns (check):
   ☐ Cognitive/learning ☐ Behavior ☐ Hearing ☐ Motor ☐ Language
3. Autism-related diagnosis (check):
   ☐ Autism ☐ Autism Spectrum Disorder ☐ Asperger syndrome ☐ PDD-NOS
4. Age at ASD diagnosis: ____________ months
5. Diagnosis made by (check): ☐ Physician ☐ Psychologist ☐ Other

Prenatal/Early Postnatal History

6. Complications during pregnancy? ☐ Yes ☐ No ☐ NK
7. Used prescription medications during pregnancy? ☐ Yes ☐ No ☐ NK
8. Birth weight ______lbs. ____ oz. ☐ NK
9. Birth length ______ (inches) ☐ NK
10. Full term? ☐ Yes ☐ No ☐ NK
    If No, how many weeks gestation? ___________
11. Number of days in hospital after birth _______________

Developmental History

12. Age at walking 10 steps ____________ (in months or years)
13. Age at first words ________________ (in months or years)
14. Age at 3-word sentences ___________ (in months or years)
15. Current speech/language:
    Verbal? ☐ Yes ☐ No ☐ NK
    If yes, how many words? (check one below)
    ☐ <10 Single words ☐ Speaks in 10 or more single words ☐ Speaks in 2 word combinations
    ☐ Speaks in 3 or more word combinations
16. Developmental delay ☐ Yes ☐ No ☐ NK
17. School Performance (check one below)
    ☐ Below grade level ☐ At grade level ☐ Above grade level
    ☐ Mixed (At or above grade level in some areas and below grade level in other areas)

Name of study subject: ______________________________ ID #: ___________________________

Current Medications

18. Prescription medications for behavioral concerns ☐ Yes ☐ No ☐ NK
19. Prescription medications for physical health concerns ☐ Yes ☐ No ☐ NK
20. Over-the-counter medications ☐ Yes ☐ No ☐ NK
21. Dietary supplements ☐ Yes ☐ No ☐ NK
22. Special diet (e.g., gluten free, etc.) ☐ Yes ☐ No ☐ NK

Review Of Systems

Head/Brain

23. Meningitis ☐ Yes ☐ No ☐ NK Age: _________ Organism:______________
24. Encephalitis ☐ Yes ☐ No ☐ NK Age: _________ Organism:______________
25. Febrile Seizures ☐ Yes ☐ No ☐ NK Age: _________
26. Non-Febrile Seizures ☐ Yes ☐ No ☐ NK Onset: _______________ Controlled: ☐ Yes ☐ No
27. Cerebral Palsy ☐ Yes ☐ No ☐ NK
28. History of head trauma ☐ Yes ☐ No ☐ NK
29. Brain imaging studies ☐ Yes ☐ No ☐ NK
    Type (check): ☐ US ☐ CT ☐ MR ☐ PET ☐ EEG
    Results (check for any of the above): ☐ Normal ☐ Abnormal

Eyes

30. Significant visual loss or congenital blindness ☐ Yes ☐ No ☐ NK

Ears

31. Hearing Testing ☐ Yes ☐ No ☐ NK Age: _____________
    Results (check): ☐ Normal ☐ Abnormal
32. Deafness or significant hearing loss ☐ Yes ☐ No ☐ NK
    If yes, was hearing corrected with hearing aid(s) or cochlear implant? ☐ Yes ☐ No ☐ NK
33. Recurrent Otitis Media (OM) ☐ Yes ☐ No ☐ NK #/Year: ____________ Age of onset_______________
34. PE (ear) Tubes ☐ Yes ☐ No ☐ NK

Mouth

35. Cleft Lip ☐ Yes ☐ No ☐ NK
36. Cleft Palate ☐ Yes ☐ No ☐ NK

Teeth

37. Dental abnormalities ☐ Yes ☐ No ☐ NK

Neck/Back

38. Spinal abnormalities ☐ Yes ☐ No ☐ NK

Skin

39. Birthmarks (e.g., café-au-lait spots, white spots) ☐ Yes ☐ No ☐ NK

40. Eczema ☐ Yes ☐ No ☐ NK
41. Skin Infections/Abscesses ☐ Yes ☐ No ☐ NK

Pulmonary

42. Abnormal breathing ☐ Yes ☐ No ☐ NK
43. Asthma ☐ Yes ☐ No ☐ NK
44. Lung disease ☐ Yes ☐ No ☐ NK

Cardiovascular

45. Cardiac malformation ☐ Yes ☐ No ☐ NK
46. Cyanosis ☐ Yes ☐ No ☐ NK
47. Abnormal rhythm or heart rate ☐ Yes ☐ No ☐ NK

Gastrointestinal

48. Dysphagia/swallowing difficulty ☐ Yes ☐ No ☐ NK
49. Reflux ☐ Yes ☐ No ☐ NK Medication Required: ☐ Yes ☐ No ☐ NK
50. Other feeding difficulties ☐ Yes ☐ No ☐ NK

Endocrine/Metabolic

51. Precocious (early) puberty ☐ Yes ☐ No ☐ NK Age: __________
52. Hypothyroidism ☐ Yes ☐ No ☐ NK
53. Hyperthyroidism ☐ Yes ☐ No ☐ NK
54. Diabetes ☐ Yes ☐ No ☐ NK
    If yes, (check type): ☐ Type 1 ☐ Type 2 ☐ NK
55. Hypoglycemia ☐ Yes ☐ No ☐ NK

Hematologic

56. Anemia ☐ Yes ☐ No ☐ NK
57. Bleeding disorder ☐ Yes ☐ No ☐ NK

Immunologic

58. Recurrent infections ☐ Yes ☐ No ☐ NK (>2 pneumonia or sinus infections/yr, >8 OM /yr, abscesses)
59. Immunoglobulin (IgG) Deficiency ☐ Yes ☐ No ☐ NK
60. Cell-Mediated Immune Deficiency ☐ Yes ☐ No ☐ NK
61. Environmental allergies ☐ Yes ☐ No ☐ NK
62. Medication allergies ☐ Yes ☐ No ☐ NK
63. Immunizations (check): ☐ Up-to-date ☐ Behind ☐ None ☐ NK

Genetic

64. Does the study subject have any of the following genetic disorders? (Check those that apply)
☐ Rett syndrome ☐ Down syndrome ☐ Tuberous Sclerosis Complex ☐ Fragile X syndrome ☐ Neurofibromatosis I
If check above, is the genetic disorder confirmed by a physician-ordered genetic analysis? ☐ Yes ☐ No ☐ NK

Mental Health

65. Bipolar disorder (manic/depression) ☐ Yes ☐ No ☐ NK
66. Depression ☐ Yes ☐ No ☐ NK
67. Anxiety disorder ☐ Yes ☐ No ☐ NK
68. Obsessive compulsive disorder ☐ Yes ☐ No ☐ NK
69. Schizophrenia ☐ Yes ☐ No ☐ NK
70. Self-injuring behavior ☐ Yes ☐ No ☐ NK
71. Attention deficit hyperactivity disorder (ADHD) ☐ Yes ☐ No ☐ NK
72. Eating disorder: Bulimia, Anorexia, Other (specify type) ☐ Yes ☐ No ☐ NK
73. Disrupted sleep patterns ☐ Yes ☐ No ☐ NK
74. Tourette Syndrome ☐ Yes ☐ No ☐ NK