

Instrument Title: Autism Parenting Stress Index (APSI)
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Date: _____ Name of child: _____ Person completing checklist: _____

Autism Parenting Stress Index

Please rate the following aspects of your child's <u>health according to how much stress it causes you and/or your family</u> by placing an X in the box that best describes your situation.	Stress Ratings				
	Not stressful	Sometimes creates stress	Often creates stress	Very stressful on a daily basis	So stressful sometimes we feel we can't cope
Your child's social development	0	1	2	3	5
Your child's ability to communicate	0	1	2	3	5
Tantrums/meltdowns	0	1	2	3	5
Aggressive behavior (siblings, peers)	0	1	2	3	5
Self-injurious behavior	0	1	2	3	5
Difficulty making transitions from one activity to another	0	1	2	3	5
Sleep problems	0	1	2	3	5
Your child's diet	0	1	2	3	5
Bowel problems (diarrhea, constipation)	0	1	2	3	5
Potty training	0	1	2	3	5
Not feeling close to your child	0	1	2	3	5
Concern for the future of your child being accepted by others	0	1	2	3	5
Concern for the future of your child living independently	0	1	2	3	5
<i>Subtotal</i>					
Total					



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