# Autism Questionnaire

Date	
Oil given:	<u>.</u>

1. How would you evaluate your child's symptoms severity following oil treatment (how did the oil affected your child in regard the following symptoms)?

#### • Restlessness

Not	Exterme	S	Sever	e	Moderate deterioration			e l	Slight	t	No		Slight	t	Μ	ode	rate		Great	t	completely
relevant	deterioration	dete	riora	tion	dete	deterioration			riora	tion	Change	imp	roven	nent	imp	rove	ment	imp	rover	nent	gone
-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

#### • Rage attacks

ſ	Not	Exterme	S	Sever	e	M	Moderate deterioration			Sligh	t	No		Slight	ţ	Μ	ode	rate		Great	t	completely
	relevant	deterioration	dete	eriora	tion	dete	deterioration			eriora	tion	Change	imp	roven	nent	imp	rove	ment	imp	rover	nent	gone
	-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

#### • Agitation

ſ	Not	Exterme	S	Sever	e	M	Moderate leterioration			Sligh	t	No		Slight	t	Μ	oder	rate		Grea	t	completely
	relevant	deterioration	dete	riora	tion	dete				riora	tion	Change	imp	roven	nent	imp	rove	ement	imp	rover	nent	gone
	-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

## • Anxiety

Not	Exterme	Severe	Moderate	Slight	No	Slight	Moderate	Great	completely
relevant	deterioration	deterioration	deterioration	deterioration	Change	improvement	improvement	improvement	gone

-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

# • Depression

Not	Exterme	S	Sever	e	M	Moderate deterioration			Sligh	t	No		Slight	t	M	[ode:	rate		Grea	t	completely
relevant	deterioration	dete	riora	tion	dete			dete	riora	tion	Change	imp	roven	nent	imp	rove	ement	imp	rover	nent	gone
-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

#### • Seizures

Γ	Not	Exterme	S	Sever	e	M	Moderate deterioration			Sligh	t	No		Slight	t	Μ	lode	rate		Great	t	completely
	relevant	deterioration	dete	riora	tion	dete	deterioration		dete	riora	tion	Change	imp	roven	nent	imp	rove	ement	imp	rover	nent	gone
	-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

# • Tics

ſ	Not	Exterme	S	Sever	e	M	odera	ate	,	Slight	t	No		Slight	t	Μ	lode	rate		Grea	t	completely
	relevant	deterioration	dete	eriora	tion	dete	eterioration			eriora	tion	Change	imp	roven	nent	imp	rove	ement	imp	rover	nent	gone
	-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

# • Hyperactivity

Not	Exterme	S	Sever	e	M	odera	nte	,	Sligh	t	No		Sligh	t	Μ	lode	rate		Grea	t	completely
relevant	deterioration	dete	eriora	tion	dete	leterioration		dete	eriora	tion	Change	imp	rover	nent	imp	rove	ement	imp	rovei	nent	gone
-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

#### • Self-injury

Not	Exterme	S	Sever	e	M	odera	ate	,	Sligh	t	No		Sligh	t	Μ	lode	rate		Grea	t	completely
relevant	deterioration	dete	riora	tion	dete	eriora	tion	dete	eriora	tion	Change	imp	rover	nent	imp	rove	ement	imp	rover	nent	gone
-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

#### • Social communication and reciprocity

Γ	Not	Exterme	S	Sever	e	Μ	odera	te	e e e e e e e e e e e e e e e e e e e	Slight	ļ	No	ļ	Slight		М	odera	te		Great		completely
	relevant	deterioration	dete	riora	tion	dete	eriorat	ion	dete	riorat	tion	Change	imp	roven	nent	imp	roven	nent	imp	roven	nent	gone
	-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

#### 2. How would you evaluate the ability of your child to manage daily tasks (such as getting dressed, showering, brushing teeth) following oil treatment?

Not	Exterme	S	Severe			Moderate			Sligh	t	No		Slight	L	Moderate				Grea	t	completely
relevant	deterioration	oration deterioration		deterioration de			dete	deterioration		Change	improvement			improvement			improvement			gone	
-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

#### 3. Sleep quality

### 3.1. How would you evaluate the ability of your child to fall asleep following oil treatment?

ſ	Not	Exterme	Severe		M	Moderate		Slight		No	Slight		t	Μ	Iode	rate		Grea	Perfect			
	relevant	deterioration	dete	deterioration		deterioration			deterioration			Change	improvement			improvement			improvement			reflect
Ī	-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

# 3.2. How would you evaluate the sleep quality of your child following oil treatment?

Not	Exterme	Severe	Moderate	Slight	No	Slight	Moderate	Great	Perfect
relevant	deterioration	deterioration	deterioration	deterioration	Change	improvement	improvement	improvement	Perfect

-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

# 3.3. How would you evaluate the sleep continuity of your child following oil treatment?

ſ	Not	Exterme	Severe		Moderate			Slight		No	Slight			Μ	lode	rate		Grea	Perfect			
	relevant	deterioration	dete	deterioration		deterioration			deterioration			Change	improvement			improvement			improvement			reflect
Ī	-	-10	-9	-8	-7	-6	-5	-4	-3	-2	-1	0	1	2	3	4	5	6	7	8	9	10

# 4. Had your child experienced any adverse effects following CBD oil usage?

No

Yes, slight adverse effects

Yes, severe adverse effects

Please elaborate \_\_\_\_\_\_.