

Table 1. Symptoms of autism spectrum disorder: real life examples of red flags and pink flags from expert clinicians.

Symptom Type	Red Flag	Pink Flag
<i>Restricted, Repetitive Patterns of Behavior, Interests or Activities</i>		
Restricted Interests and Play	Exhaustive and obsessive interest in highly specific, atypical topics. For example, dishwasher models, electric blanket controls, state license plates, WWII war planes, recites the Latin names of dinosaurs to strangers at the grocery store, carries doorstopper with them at all times or memorizes bus routes as a hobby.	Really likes to learn about and talk about certain niche topics. For example, Minecraft, Dinosaurs, Thomas the Train, Five Nights at Freddy's, US History, Aviation, My Little Pony or Psychology.
Repetitive Movements	Stereotyped pacing that wears a route into the carpet due to frequency, whole body spinning and/or rocking in conjunction with head banging when content or bored or to wind down or pink flag movements combined with associated visual regard.	Non-specific pacing, toe walking, head banging when upset or frustrated, shaking legs up and down, wringing hands, hand flapping (not uncommon in young children), subtle finger posturing while talking or completing tasks.
Sensory Seeking Behaviors	Licking sandpaper, cannot go for walks on rainy days because child lies face down in puddles to feel water on lips, repeated smelling of items with no odor (e.g., puzzle pieces). Lining up items –and looking along the line (gets down on the floor to look at objects at eye level), peering out of corner of eyes (visual regard). Backing one's body into another to request frequent and intense squeezing.	Likes rolling down hills, rollercoasters, always wants to spin in tire swings or office chairs, loves water play, seeks out spicy or crunchy foods, seeks out mirrors or bright lights, prefers tight clothes, likes tight hugs/squeezes, heavy blankets or weighted vests, likes walking barefoot, likes to stroke or rub hair.
Sensory under sensitivity, over sensitivity (sensory avoidant behaviors)	Under responsive: Major injury occurred without display of pain or sharing with adult (burned hand on stove, broken toe, needed stitches when closed hand in car door). Oversensitive: Avoids favorite places because cannot stand the hum of neon lights, extreme distress with daily noises these cannot occur in their presence (e.g., vacuum), repulsed by the smell of people who are eating mints or have recently bathed and smell of soap, since infancy has avoided or resisted all physical contact (touch).	Under responsive: High pain tolerance for minor injuries (skinned knee, bruises). Oversensitive: Picky eater, dislikes soft texture or mixed texture food, refuses hot or cold food (insists on room temperature), dislikes tags in clothes, hates having hair washed or cut, refuses to wear jeans, shoes, or jackets, resists change of clothes with change of seasons. Dislikes or is distressed by loud noises (fire alarm, sirens), covers ears with blender. Likes to be squeezed or tapped but not touched softly or stroked. Will initiate touch with others but dislikes others to initiate touch.
Difficulty with Transitions and Change, Rigidity or Inflexibility	Severe distress with trivial changes (e.g., home décor is moved, need to take alternate route due to roadwork), even switching from non-preferred to preferred activities is hard (e.g., Let's skip teeth brushing tonight and read an extra book instead). Refuses to eat from bowls, always walks on the left side of sidewalk.	Adjusting to new teachers (or substitutes or returning to school after a holiday) is stressful, switching from preferred to non-preferred activities is hard (e.g., time to turn off TV and get ready for bed), has to complete activities (TV program, game, worksheet). Needs special lovey to fall asleep, preference for a certain seat in the car or favorite plate.

(continued)

Table 1. Continued.

Symptom Type	Red Flag	Pink Flag
Play, whole and part relationships	Little functional use of toys as they are intended to be used (e.g., exclusively spins wheels on cars but never “drive them”). Interest in objects to the exclusion of people or the social world.	Poor quality pretend play (pretend play by him/herself but not with others, pretends same scenario over and over), wants others/caregiver to participate in play but only in certain ways (e.g., may be very directive).
<i>Social Communication and Social Interaction</i>		
Social Relationships	Seeks out relationships for primarily rational reasons (e.g., cites tax benefits of marriage). Talks incessantly about preferred topics regardless of partner’s interest. Not easily comforted by caregiver, and distress may have no obvious cause.	Trouble understanding and expressing feelings or emotions (e.g., alexithymia), trouble reading the tone of a room, gravitates to adults or much younger children. May be difficult to comfort but caregivers usually know what the trigger for distress is. A history of difficulties maintaining friendships (often without understanding why they end).
Verbal Social Communication	Asks perseverative questions he/she already knows the answer to (not reassurance seeking), pronoun reversal (e.g., says “she wants water” instead of “I want water”). Immediate and delayed echolalia of content and tone (e.g., parroting repetitively without context, responds to “How are you?” with “Whenever you’re in trouble, just yelp for help!”) Pervasive atypical prosody with combinations of ASD specific patterns (mid-word dysfluencies/breathy breaks, poor inflection, mis-assigned stress) present since early childhood or marked language regression (loss of skill).	Scripted questions of others (asks new people same set of questions: What do you like to do? Did you have a nice weekend?), pedantic, overly formal speech (e.g., like a little professor). Immediate echolalia of content (e.g., responds to other’s comment of “I like cows” with “cows”, can be common in language delays). Subtle vocal quality differences or atypical prosody (e.g., tends to be flat, often exaggerated or frequent sarcastic tone). Speaks too loud or too soft for the social context, language delay with plateau of skills.
Nonverbal Social Communication	Using another person’s hand as a tool (e.g., manipulates another’s hand to operate a toy without eye contact), does not point to items just to show and share (e.g., point and look to airplane, then looks to parent with smile, then looks to airplane), regularly avoids eye contact and does not smile with eye contact to share enjoyment, even with preferred adults.	Leads others by the hand to what they want. Limited gestures, variable or poorly modulated eye contact. Does not respect the usual personal space boundaries. Has flat or inappropriate facial expressions.
Social Responsiveness, Social Initiation and Social Maintenance	Poor reciprocity (does not roll ball back and forth or respond to name when younger), never responds to comments made by others only direct questions, does not even notice if others are in obvious distress. Initiates with others solely to get needs met (e.g., requests). May tolerate (or enjoy) if caregiver or others join in child’s play but child does not readily seek out the caregiver to share pleasurable activities or seek to maintain interaction if caregiver stops attending.	Trouble keeping a conversation going, only understands others’ emotions if obviously displayed. Passive, abrasive, aggressive or disruptive when approaching another for social interaction. Described as being ignored by peers (due to passive presentation). Difficulty with reading nuances of peer relationships (e.g., is bullied OR reports being bullied even when that is not the intent; misunderstandings related to misinterpreting others’ cues)