

## **APPENDIX 1. THE STRUCTURE OF MULTICOMPONENT REMOTE DIAGNOSTICS BY NARZISI (2020).**

### **I. Completion by parents of additional questionnaires and evaluation scales):**

1. Leiter Parent Social–Emotional Rating Scales-Revised (**Leiter-R**) [55];
2. The Behavior Rating Inventory of Executive Function Preschool Version (**BRIEF-P**) [56];
3. The Child Behavior Check List (**CBCL**) [57];
4. The MacArthur Communicative Development Inventory (**MCDI**) [58];
5. The Childhood Autism Rating Scale - The Questionnaire for Parents or Caregivers (**CARS2-QPC**) [59];
6. The Repetitive Behavior Scale—Revised (**RBS-R**) [60];
7. The Social Communication Questionnaire (SCQ)—Life Time Form (**SCQ-LT**) [61];
8. The Sensory Profile (**SP**) [62];
9. The Social Responsiveness Scale (**SRS**) [63];
10. The Parenting Stress Index 4 (**PSI4**) [64].

### **II. Preparation of short 15–20-minute videos illustrating the child’s behavior at home according to the following algorithm:**

1. Free play of a child with a parent (similar to ADOS-BOSCC). Parents are to arrange toys on the floor, play with the child as usual, without making any additional demands. For school-age children, the parent should interact with the child while playing with the LEGO constructor. The child’s social skills are assessed, such as taking turns with another person, resolving disagreements, other aspects of cooperation, and social communication.
2. Child’s play alone (similar to ADOS-2). Parents place toys on the floor and on the table for the child to choose from. The functional and symbolic use of toys, attention to their isolated sensory (sound, tactile, olfactory, etc.) characteristics, the presence of limited and repetitive behavior, and the ability to vary play activities are assessed.
3. Child’s play with a sibling. Scenarios Nos. 2 and 3 provide an opportunity to assess social and play interaction skills, including communication responses, joint attention, the child’s ability to attract attention, and possession of other tools of verbal and non-verbal communication.
4. Family meal. Focus on oral-motor skills and the presence of food selectivity.
5. Any behavior that worries the parents.

### **III. The main stage of remote assessment (in the video conferencing mode):**

1. Detailed history taking.
2. Study using ADI-R and Vineland adaptive behavior scales Vineland-II (VABS-II) [65].
3. Evaluation of prepared home videos by an ADOS-2 certified specialist.
4. Separate online video consultations by a speech therapist, psychologist and movement therapist (25-45 minutes each) to assess the corresponding skills of the child.
5. Generalized diagnostic evaluation according to DSM-5.

### **IV. Final consultation.**

Discussion of the obtained results with the parents.