



Ministry of Health
Sultanate of Oman



جامعة السلطان قابوس
Sultan Qaboos University



Guidelines for the National Screening Program for Autistic Spectrum Disorder (ASD) and other Developmental Disorders.

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Directorate General of Primary Health Care
Department of Woman & Child Health
Department of Non-Communicable Disease

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Preface:

Improving the status of children's health is recognized as fundamental for family, community and for the nation. There is a strong rationale for considering children as high priority groups for health improvement especially children with disability where Autistic Spectrum Disorder (ASD) and other developmental disorders are one of them. A National Strategic Plan for Autism in Oman was given by Pr. Eric Fombonne) and one of the recommendations was to implement systematic screening for ASD. Later on, early screening for ASD and other developmental disorders was launched on September 2016.

Hence, in order to build and strengthen the capacity of health care providers to recognize children with ASD and other developmental disorder, the Department of Woman and Child Health, MOH– Oman developed this Guideline.

The guideline describes the screening tool (M-CHAT/R) and the scoring system with clear algorithms of case management and referral pathway. It works as a guide containing clear job descriptions of each health providers involved on the screening program. The guideline should be kept in close vicinity of service provision and all health care providers should read it carefully.

This guideline is not meant to replace text books. Hence, whenever detailed information is required, textbooks and other latest references should be used for gaining in-depth knowledge and understanding of the subject.

The guideline is based on the work done by members from Ministry of Health; Department of Woman and Child Health, Department of Non-Communicable disease and colleagues from Royal Hospital and Sultan Qaboos University Hospital. We are thankful to all those who have contributed to this manual and constructive suggestions for improving and updating it further will always be gratefully received for the future.

Authors

Ministry Of Health Headquarters

- Dr. Fatma Al Hinai, Director Woman and Child Health Department.
- Dr. Moza Al Hatmi, Head of Child Health Section, Woman and Child Health Department.
- Dr. Asia AL Namani, Child Health Section, Woman and Child Health Department.
- Dr. Amira AL-Raidan, Head of Mental Health, Non- Communicable Disease Department.

Sultan Qaboos University Hospital

- Dr.Watfa AL-Mammari, Senior Consultant Developmental Pediatrics, Sultan Qaboos University Hospital
- Dr. Ahmed Idris, Senior Resident, Developmental Pediatrics, Sultan Qaboos University Hospital.
- Muna Al- Jabri, Specialize Nurse in development medicine, Sultan Qaboos University Hospital.

Royal Hospital

- Dr. Zuwina AL-Harthi, Developmental Pediatric Specialist, Royal Hospital.

AL Masarra Hospital

- Dr. Muna Al Shukaili, Consultant Child and Adolescent Psychiatrist, Al Masarra Hospital.
- Dr. Samar Dakak Badawi, Pediatrician Specialist, Al Masarra Hospital.

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List of Abbreviations

ADI-R	Autism Diagnostic Interview, Revised
ADOS	The Autism Diagnostic Observation Schedule
ASD	Autistic Spectrum Disorder
EPI	Extended Program on Immunization
ENT	Ears, Nose, Throat Clinic
GCC	Gulf Cooperation Council for Arab States.
ICD	International Classification of Disease
IQ	Intelligence Quotient
M-CHAT	Modified Checklist for Autism in Toddlers
M-CHAT/R	Modified Checklist for Autism in Toddlers, Revised
M-CHAT-R/F	Modified Checklist for Autism in Toddlers, Revised /Follow-Up
MOH	Ministry of Health
PHC	Primary Health Care
RH	Royal Hospital
SQUH	Sultan Qaboos University Hospital
AMH	AL Masarra Hospital
WHO	World Health Organiztion
UNICEF	United Nations Children's Fund

Section one

Introduction

Section One: Introduction

Autism Spectrum Disorder (ASD) consist of a range of conditions characterized by some degree of impaired social interaction , verbal and non-verbal communication, and a narrow range of restricted interests and activities that are both unique to the individual and carried out repetitively ¹.

The presentation of ASD varies along a continuum from mild, requiring minimal support to severe and requiring substantial support. Likewise, levels of ability vary along a continuum ranging from average to above average intelligence, to those with mild, moderate and severe intellectual disability. Due to this broad spectrum, the impact of ASD varies from person to person and from family to family ².

Based on epidemiological studies conducted over the past 50 years, the prevalence of ASD appears to be increasing globally. There are many possible explanations for this apparent increase in prevalence, including improved awareness, expansion of diagnostic criteria, better diagnostic tools and improved reporting ². There have been a limited number of studies conducted in the Middle East and specifically the Gulf Cooperation Council (GCC) for Arab States. A systematic review of the epidemiology of autism in the GCC was conducted in 2014 and reported a prevalence rate ranging from 1.4 to 29 per 10,000 individuals ³.

In May 2014, the Sixty-Seventh World Health Assembly adopted a resolution entitled “Comprehensive and coordinated efforts for the management of autism spectrum disorders (ASD),” which was supported by more than 60 countries. The resolution urges WHO to collaborate with Member States and partner agencies to strengthen national capacities to address ASD and other developmental disorders.

The diagnosis of ASD is based on behavioral observations and the developmental history. There are no blood tests or biomarkers that can diagnose the presence of ASD. The diagnosis has become a matter of special expertise. It is performed by multidisciplinary teams that bring together different disciplines such as pediatrics, child psychiatry, child neurology, audiology, occupational therapy, speech and language therapy, dietician, genetic counseling. The doctors who diagnose have a special expertise in ASD that is obtained with extra-training beyond their basic training. There are specific diagnostic tools and assessment techniques that need to be learnt by ASD professionals (such as the ADOS, ADI-R, particular cognitive tests, etc.) and need to be followed⁴. There are two major diagnostic classification systems in current use, the International Classification of Diseases, version 10 (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5).

Although there is no cure for ASD, Evidence-based psychosocial interventions, such as behavioural treatment, can reduce difficulties in communication and social behaviour, with a positive impact on wellbeing and quality of life. Major efforts have been made to detect and diagnose ASD at an earlier age in most countries as it is critical to intervene early in order to maximize the efficacy of available interventions.

There is international consensus that early educational and behavioral interventions are indicated in ASD as soon as a diagnosis is made and as early as possible⁴. Most techniques adopt principles of Applied Behavioral Analysis (ABA), a theory based of operant conditioning that is used widely in a range of psychological/educational interventions. They are typically applied in preschool years (between ages 18 months to age 6 years), intensively.

Autism Spectrum Disorder (ASD) are more prevalent than often stated. Current estimates on the prevalence of ASD vary from 0.7% to 1.5%, with some studies showing rates outside

this range ⁴. This is the case for Oman where the only prevalence study published thus far showed a very low estimate of 1.4/10,000 and was based on 193 cases identified in the whole country ⁷. Since that study was published, services have developed. The numbers of cases diagnosed in the two clinical centers; Sultan Qaboos University Hospital (SQUH) and Al Masarra Hospital (AMH) already amount to over 1,200 children, which is still a very incomplete count of the true number of cases in the population ². Based on this number only, the prevalence is already six-fold higher than that published earlier, and this is still a gross underestimate.

The Burden / Impact of ASD

Raising a child with an Autism Spectrum Disorder (ASD) can be an overwhelming experience for parents and families. The pervasive and severe deficits often present in children with ASD are associated with a plethora of difficulties in caregivers, including decreased parenting efficacy, increased parenting stress, and an increase in mental and physical health problems compared with parents of both typically developing children and children with other developmental disorders.

Children with autism, as they grow, may experience medical problems (epilepsy, gastrointestinal disorders, sleep disorders, obesity and diabetes type II, etc..) as well as psychiatric problems (aggressive behaviors, ADHD, anxiety, self-injurious behaviors,...) which will put more burdens on the family to deal with and for the health care system which must provide a response in the form of facilitated access to specialist care and professionals who can deal with this specific client group ².

The economic burden associated with ASD is substantial, treatment is extremely expensive. Although there is no cure for ASD, there are plenty of claims that promote

‘pseudo-treatments’ that do not work.

Indeed, children with ASD and other neurodevelopmental disabilities have a fundamental right to education in order to achieve their potential at its best. This fundamental right to education cannot be compromised, and it is endorsed by major international organizations such as WHO, UNICEF and others. The lack of educational opportunities leads to increased impairments, additional individual and societal costs, stress and misery ⁴.

Screening Program in Oman

Screening tools available for clinicians and parents can now detect a reasonable proportion of children with ASD between (16-30 months). They consist of simple checklists completed by parents and followed-up by primary physicians; they take no time and have no cost. Several countries have issued recommendations for pediatricians and all primary physicians to perform universal screening, meaning that every child coming for a well-baby visit or an immunization visit should be screen for ASD during this critical age window, irrespective of the presence or absence of developmental concerns ⁴.

Since September 2016, Ministry of Health has established a national screening program for Autistic Spectrum Disorder (ASD) by using the M-CHAT/R &(M-CHAT-R/F). The aim is to screen all children visiting the health institution for the routine well-baby visit at 18 months.

M-CHAT (Modified Checklist for Autism in Toddlers) is a validated developmental screening tool for toddlers between 16 and 30 months of age. It is designed to screen children for autism and other developmental disorders. It has been validated for Omani Children through a study done by Sultan Qaboos University Hospital (SQUH) team; Dr Watfa Al-Mamari, Dr Ahmed B. Idris and Ms. Muna Al Jabri.

Goals and objectives of early screening for ASD

Goal :

Improving quality of life of children with Autism Spectrum Disorder (ASD) and other developmental disorders through early identification and management.

Objectives:

- **To identify children at risk of Autism Spectrum Disorder (ASD).**
- **To achieve early diagnosis and intervention for autistic children.**

Service provision

Target Group

The aim is to screen all children visiting the health institution for the routine well-baby visit at 18 months starting from September 2016.

Service component:

The focus upon key themes which are recognized as vital to effective service delivery, and include:

- Launching the early screening service in primary health care,
- Establishing a referral system between health care levels,
- Diagnostic services at diagnostic centers,
- Early intervention and rehabilitation services and
- Increasing awareness and understanding of ASD and providing support for families.

Screening tool:

The national screening program for Autistic Spectrum Disorder (ASD) will be provided by using the M-CHAT/R & M-CHAT-R/F. M-CHAT/R is a validated developmental screening tool for toddlers between 16 and 30 months of age (Annex 1). It is designed to screen children for developmental delay and autism. They consist of simple checklists completed by parents and followed-up by primary physicians. M-CHAT-R/F is designed to be used with M-CHAT/R as a Follow-Up questions in the second –stage screening (Annex 2). The use of the Follow-Up M-CHAT-R/F is strongly recommended for children who screen positive particularly for scores in the mid-range (total scores of 3-7).

Who will provide the screening service?

This screening service will be integrated with the Extended Program of Immunization (EPI) service in all Primary Health Care institutions. The EPI staff nurse will administer the M-CHAT/R questionnaires for parents/care givers of children at 18 months visit, then scoring will be done. The primary physician at PHC will review children at risk and refer them to further evaluation accordingly. Diagnostic evaluations will be carried out on one of the tertiary/specialized hospitals (Royal Hospital, AL Masarra Hospital and Sultan Qaboos University Hospital).

Section Two
Guidance instruction for using
M-CHAT/R and M-CHAT-R/F in
Primary Health Care (PHC)

Section Two : Instructions for using M-CHAT/R and M-CHAT-R/F in Primary Health Care (PHC)

- The M-CHAT/R (Modified Checklist for Autism in Toddlers, Revised), can be administered and scored as part of a well-child care visit, and also can be used by specialists or other professionals to assess risk for ASD.
- The M-CHAT/R and M-CHAT-R/F is valid for children 16-30 months old. Children who outbounced the recommended age group or presented later than 30 months follow the routine referral done by the physicians at PHC setting.
- The M-CHAT/R and M-CHAT-R/F must be used in its entirety. Items may not be extracted to shorten the questionnaire.
- The M-CHAT/R can be filled in 5-10 minutes and scored in less than two minutes.
- The primary goal of the M-CHAT/R is to maximize sensitivity, meaning to detect as many cases of ASD as possible. Therefore, there is a high false positive rate, meaning that not all children who score at risk will be diagnosed with ASD.
- The false positive cases are the medium risk group (total scores of 3-7) indicated in orange color in the management algorithm and hence to address this, the (M-CHAT-R/F) is designed to be used with M-CHAT/R as a Follow-Up questions in the second –stage screening.
- Users should be aware that even with the Follow-Up, a significant number of the children who screen positive on the M-CHAT/R will not be diagnosed with ASD; however, these children are at high risk for other developmental disorders or delays, and therefore, evaluation is warranted for any child who screens positive.

- The use of the Follow-Up (M-CHAT-R/F) is strongly recommended for children who screen positive particularly for scores in the mid-range (total scores of 3-7).

Section Three

Steps of screening for ASD

Section Three : Screening for ASD in two steps

1-At health institutions providing immunization service

A- EPI Clinic

- Apply the M-CHAT/R screening questionnaire for:
 - i. All children coming for the 18 months visit.
 - ii. Any child of the age group (16-30 months) visiting the health institution for any reason, to increase the coverage of the screening.
- Counsel the parent/caregiver about the screening questionnaire in waiting area, explain the objective of this national screening program.
- Give a copy of the M-CHAT/R screening questionnaire to the parent/caregiver and ask them to fill it in 10 minutes.
- Read the questionnaire to illiterate parents.
- Audit the filled questionnaire ensuring that it is filled completely and all questions have been answered.
- Ensure to record the parents/caregiver contact information and answer any queries by the parents/caregiver.
- Calculate the total result following the scoring guideline.
- Update the parent/caregiver about the result and the action required.
- Arrange with the primary physician a follow up visit if needed according to scoring guideline of the M-CHAT/R. **(Send all children with medium score group (total score 3-7) and children with high risk group (total score 8-20) to primary physician in same institution)** who will open a visit and refer them to specialists as explained below on the role of primary physician.

- Follow up the appointment from polyclinic/local hospitals or tertiary hospitals if the parents not received any by two weeks.
- Recall parents for the screening if the child has missed the screening at 18 months of age.
- Save the filled questionnaires in a private and confidential file in your institution.
- Keep a copy of questionnaires of all positive cases in medium and high risk group.
- EPI staff nurses trained on the national workshop have the responsibility to orient and train other EPI staffs on their Governorates. The aim is to orient all EPI staffs about this screening program
- Refer the child as a usual referral to the pediatrician if there is any suspicion of ASD after the age of 30 months.
- Apply M-CHAT/R Questionnaire to any child with developmental delay/genetic disorders specifically: Fragile X Syndrome, Tuberous Sclerosis, Epilepsy, Down Syndrome , etc **at the age of 30 months or ones the child started walking**
- M-CHAT/R questionnaire to be done in the parent's institutions even if the child has received the 18 months vaccination in another institution.

B- Primary Physician

- **Review all children at high risk group (total score 8-20)**, open a visit and refer them urgent and direct to the specialized center/tertiary hospital (Development Clinic at Royal Hospital, Child Psychiatric Clinic at AL-Masarra Hospital, Development Clinic at Sultan Qaboos University Hospital) for diagnostic assessment through the following process:
 - Direct the E-referral to pediatrician at Regional Hospital, print the referral form, cross/delete the name of the Regional Hospital and instead write the name of either (Royal Hospital, AL-Masarra Hospital, Sultan Qaboos University Hospital) according to

the distribution list (annex 3).

- Write clearly on the E-referral that referral is directed to the above mentioned Tertiary Specialized Hospitals including the contact number of the parents/care giver, so no duplicate appointment will be given by Regional Hospital and send it by fax (fax # available on management algorithm, annex 4).

- Inform the parents that they should receive a text message through mobile with the appointment date, if not by two weeks, they should contact the EPI nurse which will follow up the appointment at the tertiary hospitals.

- Refer all children at high risk group (total score 8-20) to ENT specialists at Governorate for hearing assessment and to document the result in the child health record (special investigation record)

- Refer all children at high risk group (total score 8-20) to receive rehabilitation care support in social development centers (Form A, annex 5). The letter should be signed by the primary physician and stamped by the health institution's stamp. The parents/caregiver to be directed to the available rehabilitation centers in their Governorates (annex 6).

- **Review all children with medium score group (total score 3-7),** open a visit and refer them urgent to the pediatrician at Polyclinic/Local Hospital to do the follow up screening (M-CHAT-R/F). Primary Physician to stab the M-CHAT/R of the child with the appointment paper indicating on the questionnaire the questions which are failed on and keep a copy of the M-CHAT/R questionnaire on the recall file with EPI staff.

2-At Pediatric clinic at Polyclinic/Local Hospitals

- Review all children in medium **risk group (total score 3-7)** and administer the follow-up (M-CHAT-R/F questionnaire) to get additional information about the at risk response.
- Follow the scoring guideline of the M-CHAT-R/F (Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)TM and do the M-CHAT/R items which the child failed on.
- Each page of the follow-up (M-CHAT-R/F)TM pages explain one item of M-CHAT/R items. Follow the diagrams and ask questions until you get success or failure result. (Note that parents may answer “maybe” responding to questions during M-CHAT-R/F assessment). When a parent reports “maybe,” ask whether most often the answer is “yes” or “no” and continue the interview according to that response. Pediatrician should decide if the child get success or failure result for each item of the assessment and record all answers on the M-CHAT-R/F.
- If score on Follow-Up M-CHAT-R/F is **(0-1)**, child has screened **Negative**. No further action required unless surveillance indicates risk for ASD.
- If score on Follow-Up M-CHAT-R/F remains at **2 or higher**, child has screened **Positive**. Send urgent E-Referral for the child to the specialized center/Tertiary Hospital either (Royal Hospital, AL-Masarra Hospital, Sultan Qaboos University Hospital) for diagnostic assessment through the following process:
 - Direct the E-referral to pediatrician at Regional Hospital, print the referral form, cross/delete the name of the Regional Hospital and instead write the name of either (Development Clinic at Royal Hospital, Child Psychiatric Clinic at AL-Masarra Hospital, Development Clinic at Sultan Qaboos University Hospital) according to the distribution list (annex 3).

□ Write clearly on the E-referral that is directed to the above mentioned tertiary/ Specialized Hospitals including the contact number of the parents/care giver and send it by fax (fax # available on management algorithm, annex 4).

□ Inform the parents that they should receive a text message through mobile with the appointment date, if not by two weeks, they should contact the clinic which will follow up the appointment at the Tertiary Hospitals.

- Refer all children who score positive on Follow-up M-CHAT-R/F ($\Rightarrow 2$) to ENT specialists at Governorate for hearing assessment.

- Refer all children who score positive on Follow-up M-CHAT-R/F ($\Rightarrow 2$) to receive rehabilitation care support in social development centers (Form A, annex 5). The letter should be signed by the treating physician and stamped by the health institution's stamp. The parents/care giver to be directed to the available rehabilitation centers in their Governorates (annex 6).

Role of physicians at specialized centers/Tertiary Hospitals

- Review all referred cases (high risk group, and medium risk group who score positive on Follow-up M-CHAT-R/F ($\Rightarrow 2$) and do the needful diagnostic assessment.

- Refer all children diagnosed with Autism or other developmental delay to receive rehabilitation care (Form B, annex 7). The letter should be signed by the treating physician and stamped by the health institution's stamp. The parents/care giver to be directed to "Al Aman" Rehabilitation center in Muscat (General Directorate of People with Disabilities) or the available rehabilitation centers in their Governorates (annex 6).

Section Four

Scoring Guideline of M-CHAT/R and M-CHAT-R/F

Section Four : Scoring Algorithm of M-CHAT/R and M-CHAT-R/F

1- Scoring of M-CHAT/R

For all items except 2, 5, and 12, the response “NO” indicates ASD risk.

For items 2, 5, and 12, “YES” indicates ASD risk.

The management algorithm maximizes psychometric properties of the M-CHAT/R (annex 4):

LOW-RISK: Total Score is 0-2; if child is younger than 24 months, screen again after second birthday. No further action required unless surveillance indicates risk for ASD.

MEDIUM-RISK: Total Score is 3-7; Pediatrician at Polyclinic/local hospitals to administer the follow-up (second stage of M-CHAT-R/F) to get additional information about at risk responses. If M-CHAT-R/F score remains at 2 or higher, the child has screened positive. Action required: refer child for diagnostic evaluation and eligibility evaluation for early intervention. If score on Follow-Up is 0-1, child has screened negative. No further action required unless surveillance indicates risk for ASD. Child should be rescreened at future well-child visits.

HIGH-RISK: Total Score is 8-20; it is acceptable to bypass the Follow-Up and refer **urgently to Tertiary Hospitals** for diagnostic evaluation and eligibility evaluation for early intervention.

2-Scoring of M-CHAT-R/F:

- **Negative score:** If score on Follow-up M-CHAT-R/F is (0-1), child has screened Negative. No further action required unless surveillance indicates risk for ASD (annex 4).
- **Positive score:** If score on Follow-up M-CHAT-R/F remains at 2 or higher, child has screened positive (annex 4). Send **urgent** E-Referral for the child to the specialized center/Tertiary hospital either (Development Clinic Royal Hospital, Child Psychiatric Clinic AL-Masarra Hospital, Development Clinic Sultan Qaboos University Hospital) for diagnostic assessment according to the distribution list (annex 3).

Annexes

Annex 1: (M-CHAT-R)

التاريخ :

تاريخ الميلاد :

العمر :



الإسم / الرقم التسلسلي

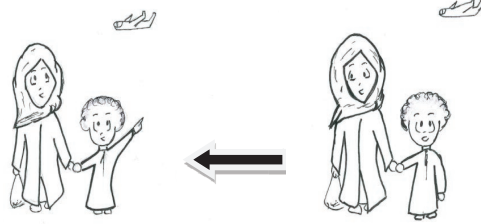
M-CHAT/R Illustrated Omani Version النسخة العمانية المعززة بالصور (16-30 شهر)

من فضلك أجب عن هذه الأسئلة الخاصة بطفلك. يرجى الوضع في الاعتبار كيف يتصرف طفلك عادة. إذا كان التصرف نادراً ، وليس دائماً اجب ب"لا" من فضلك ضع دائره حول **نعم** أو **لا** أمام كل سؤال

الرقم	البند	نعم	لا
١.	لو أشرت على حاجه في الغرفة ، هل يشوف/ ينظر طفلك عليها؟ (مثلاً: إذا أشرت له إلى لعبة أو حيوان ، هل يشوف طفلك على اللعبة أو الحيوان؟)	نعم	لا
٢.	هل حسيت/شككت في يوم أن طفلك (ما يسمع) أصم؟	نعم	لا
٣.	هل يلعب طفلك لعباً تخيلياً ؟ (مثلاً، يشرب من كوب فاضي، يتكلم في التليفون، أويأكل العروسة أو الدمية؟)	نعم	لا
٤.	هل يحب طفلك التسلق على الأشياء؟(مثلاً ، الأثاث أو السلالم؟)	نعم	لا
٥.	هل يسوي طفلك حركات غريبه بأصابعه قدام عيونه؟(مثلاً ، هل يتأمل طفلك أصابعه قرب عيونه؟)	نعم	لا
٦.	هل يأشر طفلك بإصبع واحد ليطلب حاجه أو علشان تساعد؟ (مثلاً ، يأشر لطعام أو للعبة ما يقدر يوصلها ؟)	نعم	لا

٧. هل يأشرف طفلك بأصبع واحد عشان يراويك حاجه تعجبه ؟ (مثلا ، بأشرف على طائرة في السماء أو شاحنة كبيرة في الشارع؟)

نعم لا



٨. هل يهتم طفلك بالأطفال الآخرين؟ (مثلا ، هل يشوف طفلك على الأطفال الآخرين، يبتسم لهم، أو يروح لهم؟)

نعم لا

٩. هل يراويك طفلك الحاجات اللي يحبها أو يجيبها حالك عشان تشوفها , ما عشان تساعدك ولكن لمجرد المشاركة؟ (مثلا ، يراويك مجله أو دمية، أو شاحنة؟)

نعم لا

١٠. هل يرد طفلك عندما تناديه بإسمه؟ (مثلا ، هل يشوف عليك، هل يتكلم أو يتوقف عن الشي اللي يسويه لما تناديه بإسمه؟)

نعم لا

١١. عندما تبتسم لطفلك، هل يردك الابتسامة ؟

نعم لا

١٢. هل ينزعج طفلك من الضوضاء اليومية؟ (مثلا ، هل يصرخ طفلك أو يصبح لوجود ازعاج مثل صوت المكنسة أو الخلاط؟)

نعم لا

١٣. هل يمشي طفلك؟

نعم لا

١٤. هل يشوف / ينظر طفلك عليك يوم تكلمه أو تلعب معه، أو تغيير ملابسه؟

نعم لا

١٥. هل يحاول طفلك أن يقلد اللي تسويه؟ (مثلا ، يلوح باي باي أو مع السلامة، يصفق، أو يصلي مثلك؟)

نعم لا

١٦ .	إذا لفيت رأسك علشان تشوف شي، هل يلتفت طفلك عليه , ويشوف الشي اللي شفته انت ؟	نعم	لا
١٧ .	هل يحاول طفلك أن يلتفت انتباهك؟ (مثلا ، هل يشوف عليك لتمدحه ، أو يقول "شوف أو" شوفني"؟)	نعم	لا
١٨ .	هل يفهم طفلك عليك يوم تقول له يسوي شئ ؟ (بدون ما تأثر مثلا, هل يقدر طفلك أن يفهم " حط الكتاب على الكرسي "أو" جيب لي شرف/ بطانية"؟	نعم	لا
١٩ .	إذا صار شئ جديد، هل يشوف طفلك عليك علشان يشوف ردّة فعلك ؟ (مثلا ، إذا سمع صوت غريب أو مضحك، أو شاف لعبة جديدة , هل يشوف عليك ؟	نعم	لا
٢٠ .	هل يحب طفلك الأنشطة الحركية؟ (مثلا ، أن تارجه أو الهز على ركبتيك؟)	نعم	لا

الدرجة الكلية:

Anexx2: (M-CHAT-R/F)

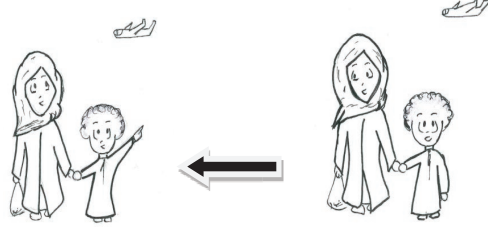
المتابعة التكميلية (صفحة تسجيل النقاط) M-CHAT-R Follow-Up (M-CHAT-R/F)™

يرجى ملاحظة أن نعم/لا تم إستبدالها ب نجاح/خفاق

الرقم	البند	نجاح	خفاق
١.	لو أشرت على حاجة فى الغرفة ،هل يشوف/ ينظر طفلك عليها؟ (مثلا :إذا أشرت له إلى لعبة أو حيوان ,هل يشوف طفلك على اللعبة أو الحيوان؟)	نجاح	خفاق
٢.	هل حسيت/شككت في يوم أن طفلك (ما يسمع) أصم؟	نجاح	خفاق
٣.	هل يلعب طفلك لعبا تخيليا ؟ (مثلا، يشرب من كوب فاضي، يتكلم فى التليفون، أو يباكل العروسة أو الدمية؟)	نجاح	خفاق
٤.	هل يحب طفلك التسلق على الأشياء؟(مثلا ، الأثاث أو السلالم؟)	نجاح	خفاق
٥.	هل يسوي طفلك حركات غريبه بأصابعه قدام عيونه؟(مثلا ، هل يتأمل طفلك أصابعه قرب عيونه؟)	نجاح	خفاق
٦.	هل يأثر طفلك بإصبع واحد ليطلب حاجة أو علشان تساعد ؟(مثلا ،يأشر لطعام أو للعبة ما يقدر يوصلها ؟)	نجاح	خفاق

٧. هل يأثر طفلك بإصبع واحد عشان يراويك حاجه تعجبه ؟ (مثلا ، يأثر على طائرة في السماء أو شاحنة كبيرة في الشارع؟)

نجاح اخفاق



٨. هل يهتم طفلك بالاطفال الآخرين؟ (مثلا ، هل يشوف طفلك على الاطفال الآخرين، بيتسم لهم، أو يروح لهم؟)

٩. هل يراويك طفلك الحاجات اللي يحبها أو يجيبها حالك عشان تشوفها ، ما عشان تساعدك ولكن لمجرد المشاركة؟ (مثلا ، يراويك مجله أو دمية، أو شاحنة؟)

١٠. هل يرد طفلك عندما تناديه بإسمه؟ (مثلا ، هل يشوف عليك، هل يتكلم أو يتوقف عن الشي اللي يسويه لما تناديه بإسمه؟)

١١. عندما تبتسم لطفلك، هل يردك الابتسامة ؟

١٢. هل ينزعج طفلك من الضوضاء اليومية؟ (مثلا ، هل يصرخ طفلك أو يصيح لوجود ازعاج مثل صوت المكينة أو الخلاط؟)

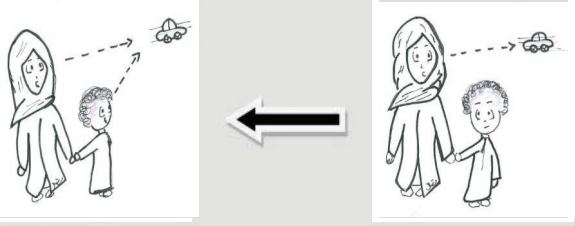
١٣. هل يمشي طفلك؟

١٤. هل يشوف / ينظر طفلك عليك يوم تكلمه أو تلعب معه، أو تغيير ملابسه؟

١٥. هل يحاول طفلك أن يقلد اللي تسويه؟ (مثلا ، يلوح باي باي أو مع السلامة، يصفق، أو يصلي مثلك؟)

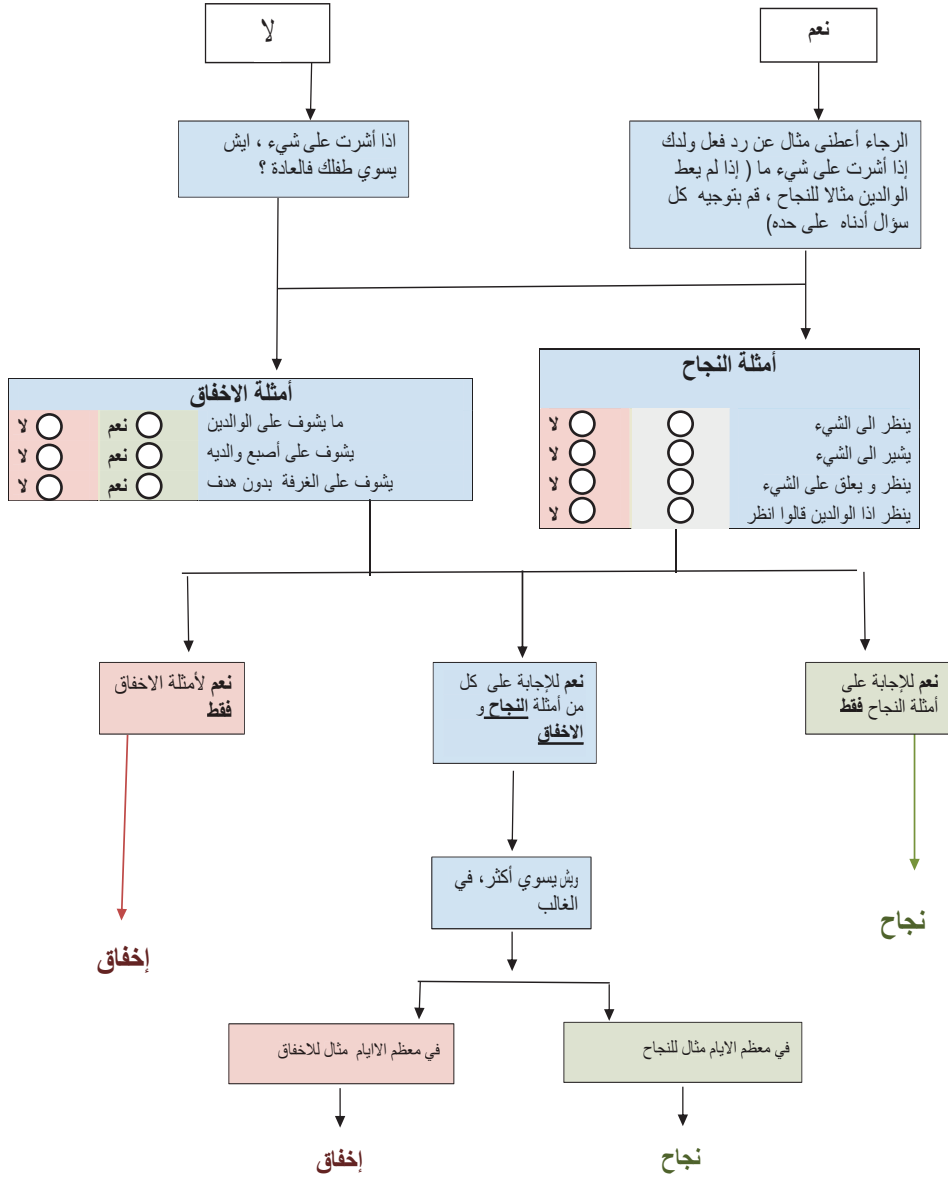
نجاح اخفاق

نجاح

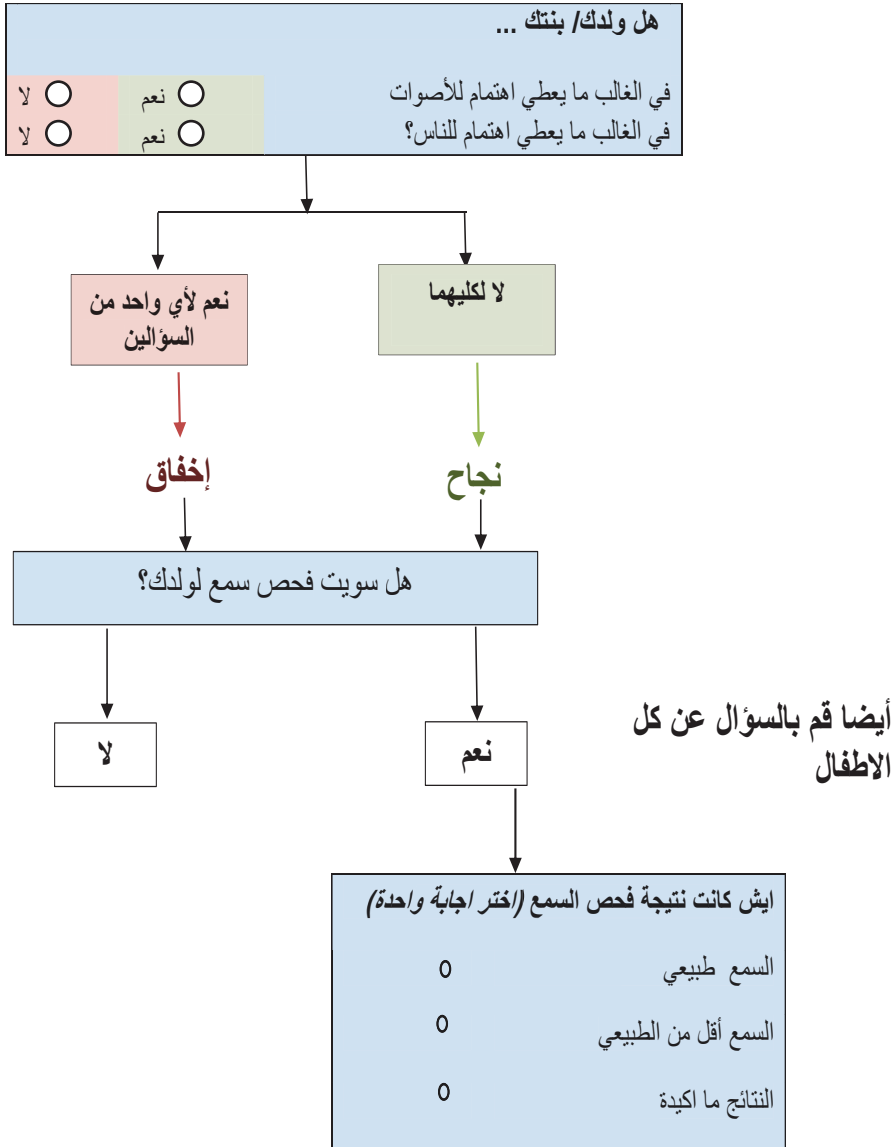
١٦ .	إذا لفبت رأسك علشان تشوف شي، هل يلتفت طفلك عليه ,ويشوف الشي اللي شفته انت ؟	نجاح	اخفاق
			
١٧ .	هل يحاول طفلك أن يلتفت انتباهك؟ (مثلا ، هل يشوف عليك لتمدحه ، أو يقول "شوف أو " شوفني"؟)	نجاح	اخفاق
١٨ .	هل يفهم طفلك عليك يوم نقول له يسوي شي؟ (بدون ما تأثر مثلا، هل يقدر طفلك أن يفهم " حط الكتاب على الكرسي "أو" جيب لي شرسف/ بطانية"؟	نجاح	اخفاق
١٩ .	إذا صار شي جديد، هل يشوف طفلك عليك علشان يشوف ردة فعلك ؟ (مثلا ، إذا سمع صوت غريب أو مضحك، أو شاف لعبة جديدة ،هل يشوف عليك ؟	نجاح	اخفاق
			
٢٠ .	هل يحب طفلك الأنشطة الحركية؟ (مثلا ، أن تارجه أو الهز على ركبتيك؟)	نجاح	اخفاق

الدرجة الكلية:

١. لو أشرت على حاجه فى الغرفة ، هل يشوف/ ينظر عليها؟



٢. هل حسيت/شككت في يوم أن طفلك (ما يسمع) أصم؟ ايش خلاك تفكر كذه؟



٣. هل يتظاهر..... بلعب تخيلي؟

لا

نعم

رجاءاً أعطني مثالا عن تظاهره
باللعب. (إذا لم يعط الوالدين مثالا
للنجاح قم بتوجيه كل سؤال أدناه على
حده)

هل سبق لولدك في أي وقت

- | | | | |
|-----------------------|-----|-----------------------|--|
| <input type="radio"/> | نعم | <input type="radio"/> | التظاهر بالشرب من الكأس اللعبي؟ |
| <input type="radio"/> | نعم | <input type="radio"/> | التظاهر بالأكل بالملقعة أو الشوكة اللعبي؟ |
| <input type="radio"/> | نعم | <input type="radio"/> | التظاهر بالكلام في الهاتف |
| <input type="radio"/> | نعم | <input type="radio"/> | التظاهر بإطعام العروسة / الدمية بطعام حقيقي أو خيالي؟ |
| <input type="radio"/> | نعم | <input type="radio"/> | دفع السيارة كما لو كانت تسير على طريق تخيلي؟ |
| <input type="radio"/> | نعم | <input type="radio"/> | التظاهر بأنه إنسان الي أو طائرة أو راقصة باليه أو أي شخصية أخرى
مفضلة بالنسبة له؟ |
| <input type="radio"/> | نعم | <input type="radio"/> | وضع القدر اللعبي على فرن تخيلي؟ تقليب طعام تخيلي؟ |
| <input type="radio"/> | نعم | <input type="radio"/> | وضع عروسة أو دمية داخل السيارة أو الشاحنة كما لو كان مسافراً؟ |
| <input type="radio"/> | نعم | <input type="radio"/> | التظاهر بكنس السجاد أو مسح الأرضية أو جز الحشائش؟ |
| <input type="radio"/> | نعم | <input type="radio"/> | أخرى (صفها) |

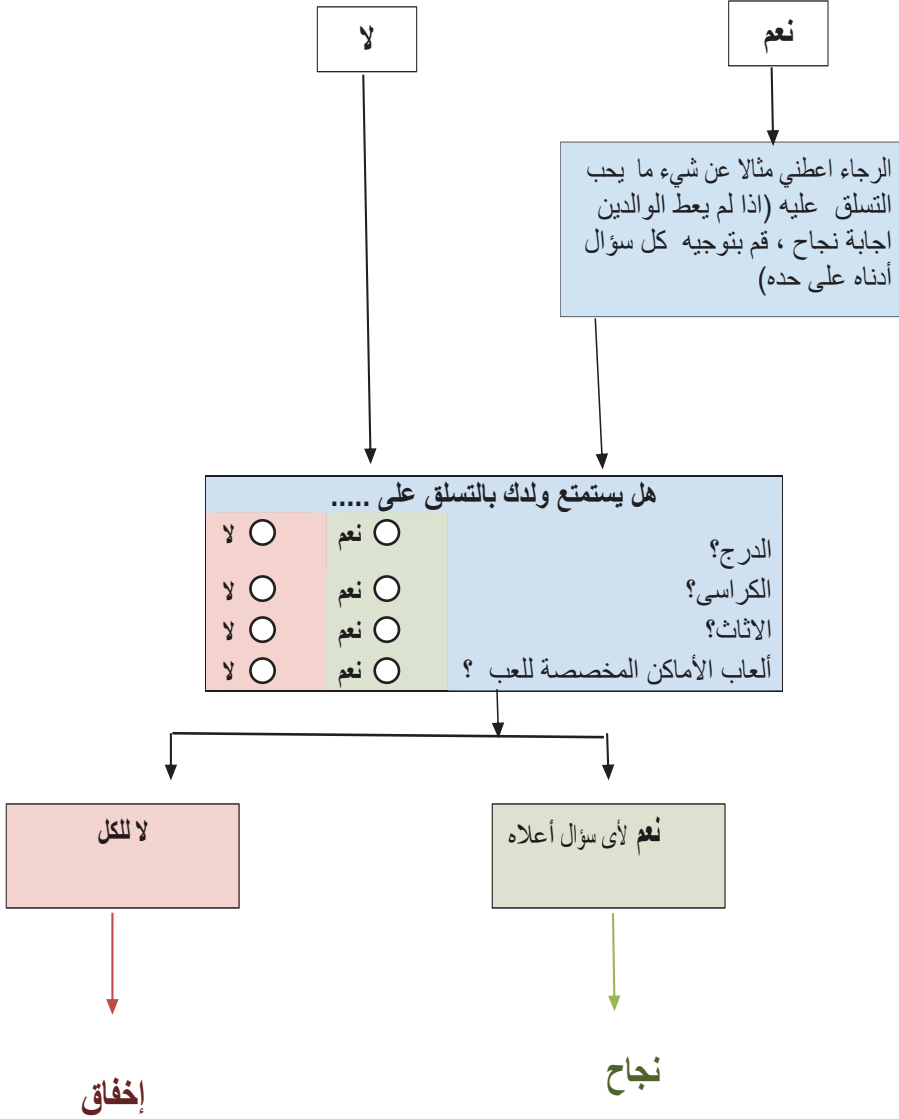
لا أبداً

نعم لأي سؤال

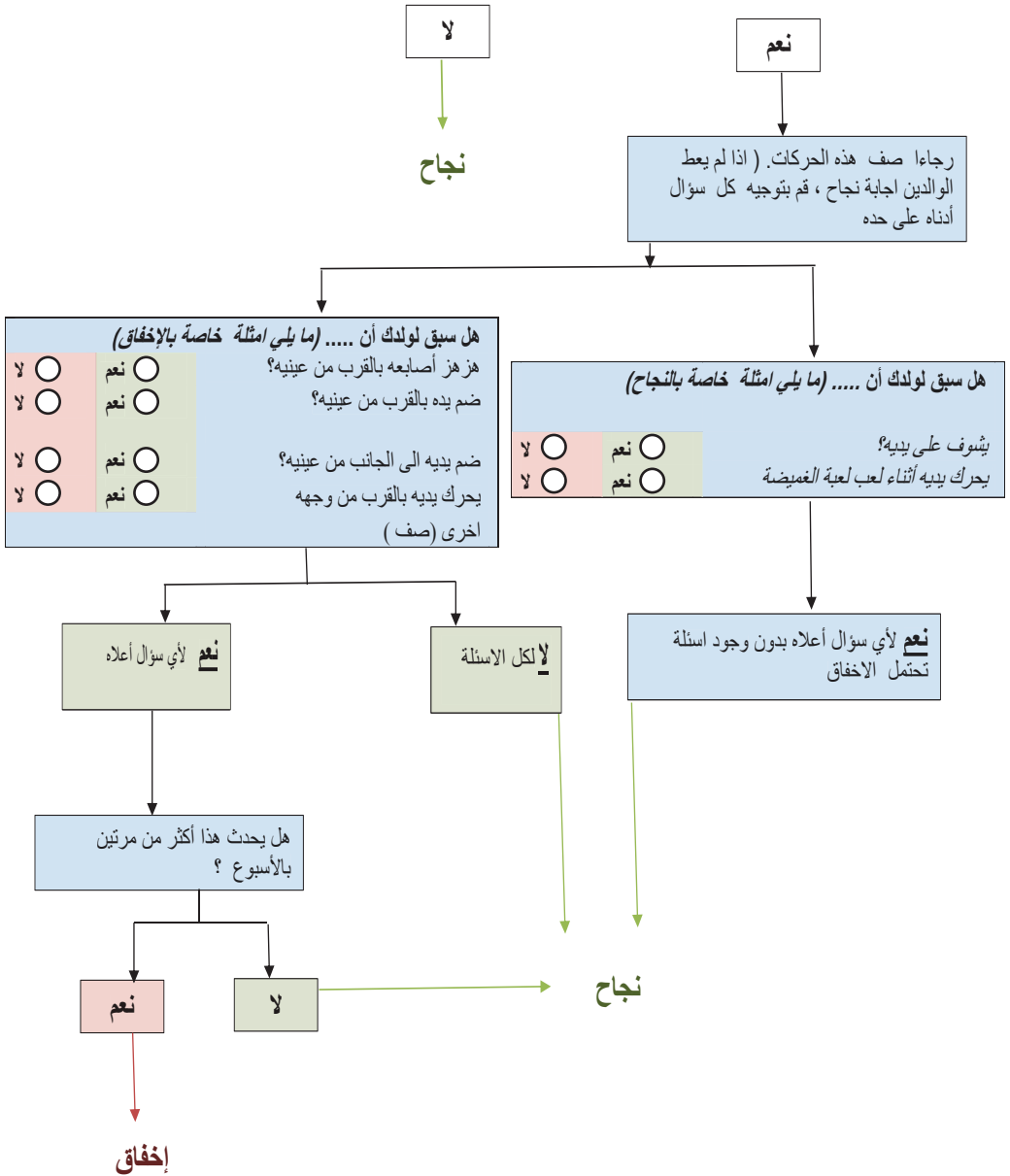
إخفاق

نجاح

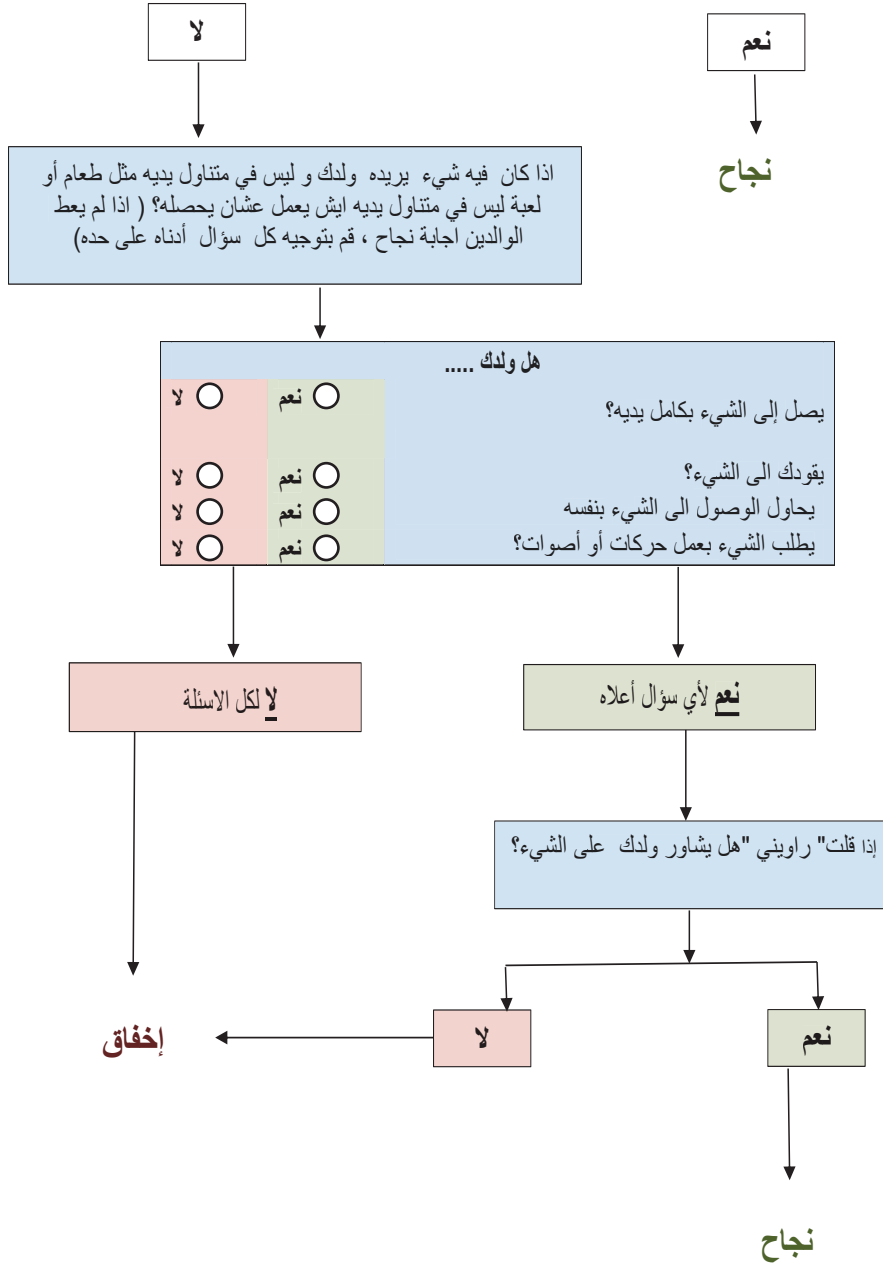
٤. هل يحب.....التسلق على الأشياء؟



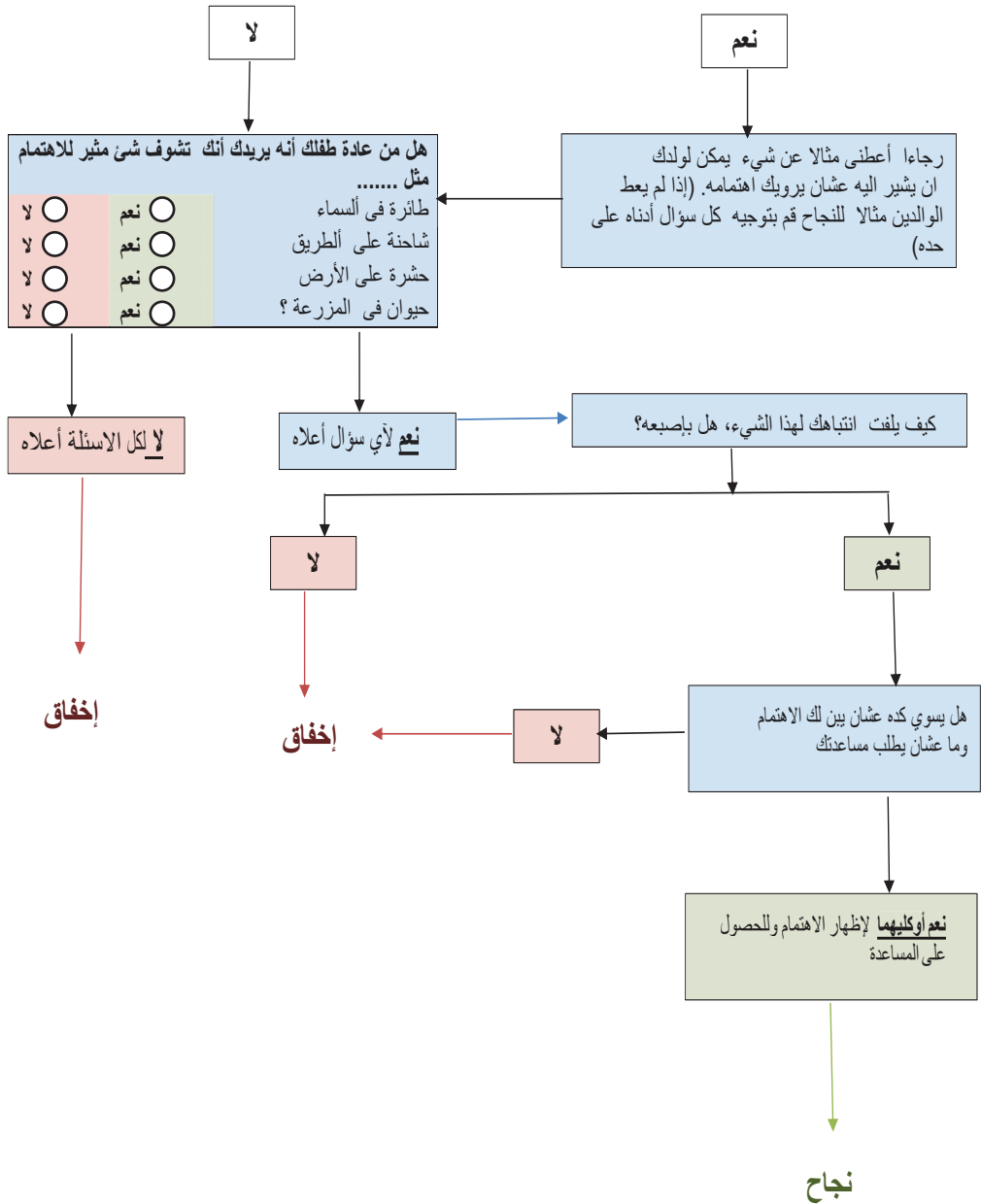
٥. هل يسوي..... حركات غير عادية بأصابعه قريب من عيوننه؟



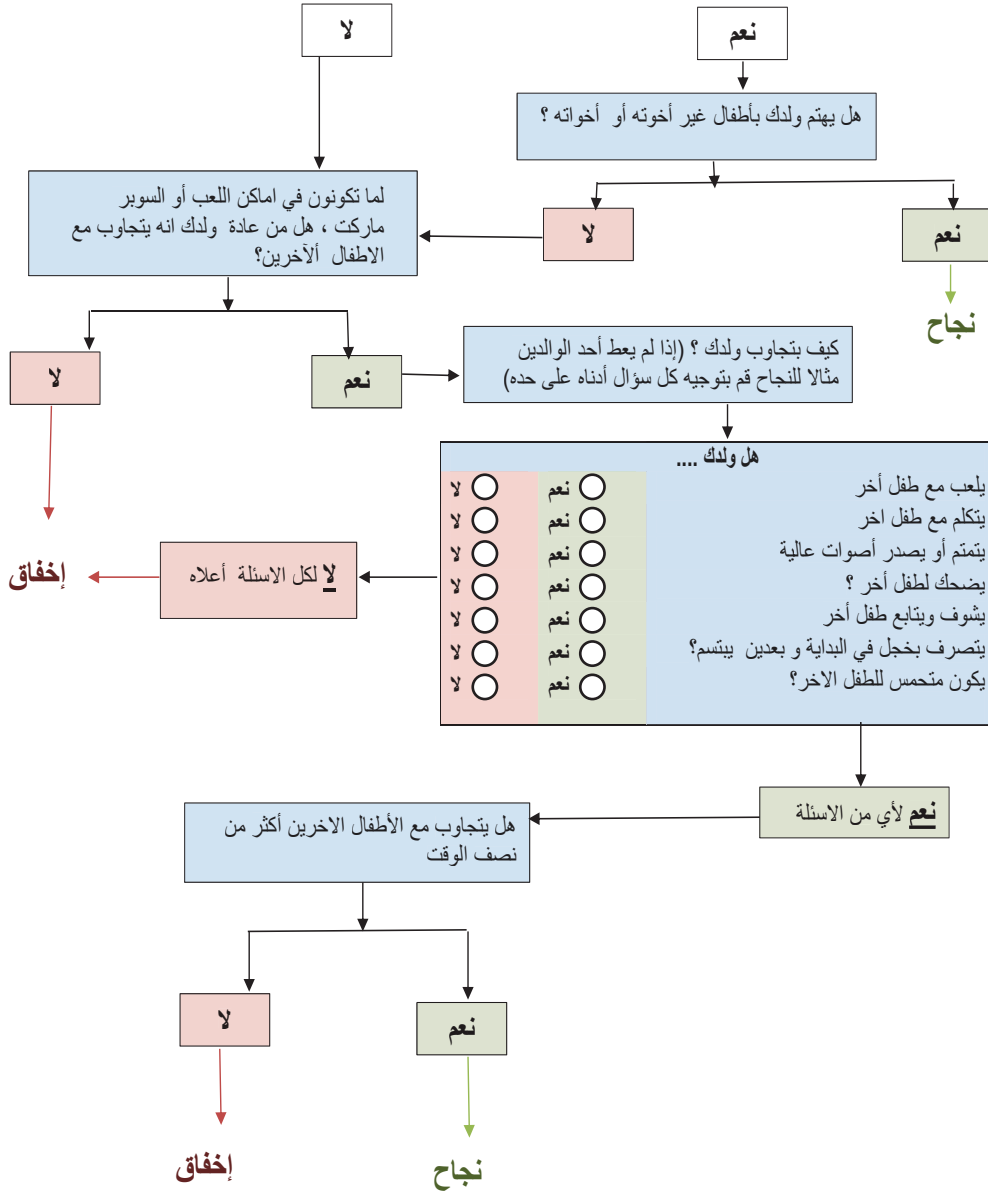
٦. هل يشير بإصبعه لطلب شيء أو لمساعدته ؟



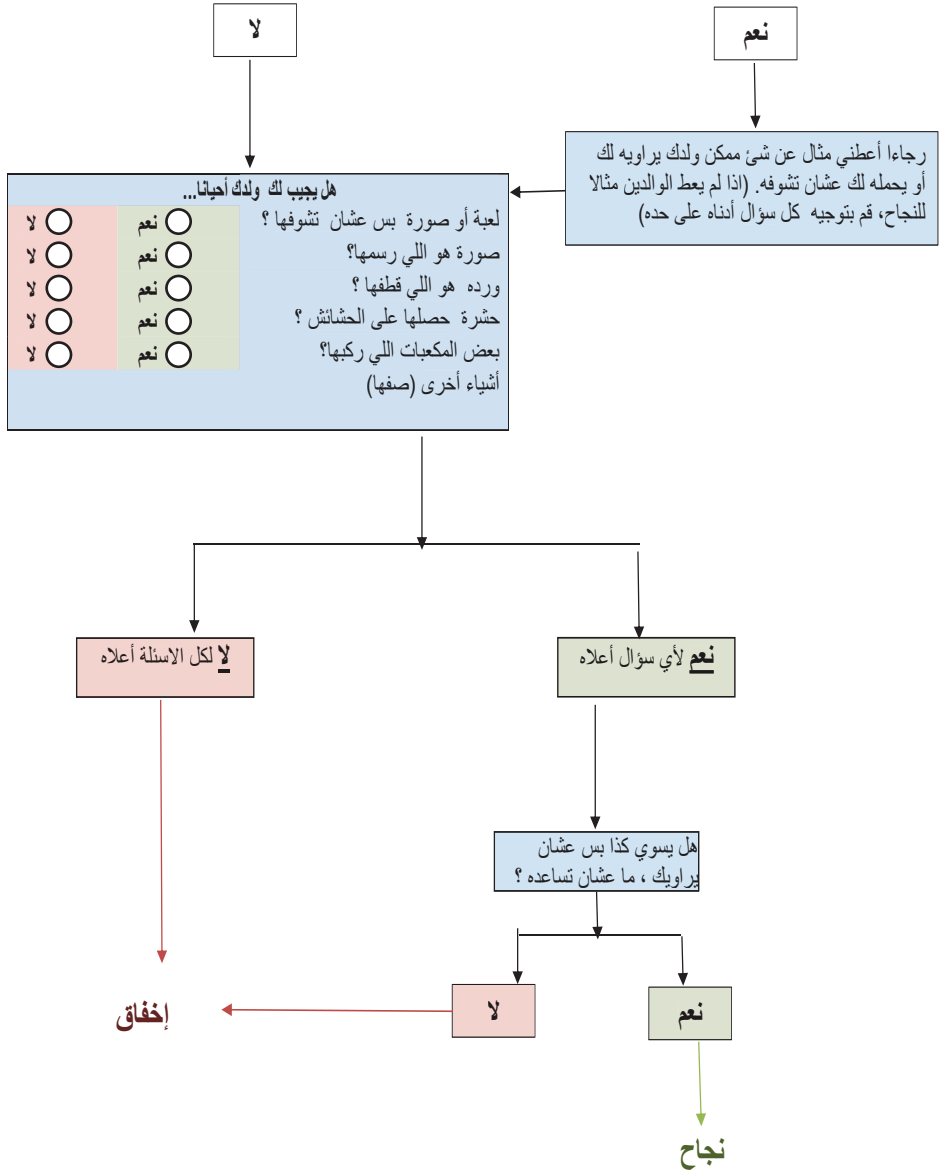
٧. اذا سأل مجري المقابلة لتوه السؤال رقم ٦ فليبدأ بهنا : لقد تكلمنا للتو عن الإشارة لطالب شيء ، (اسأل الجميع) هل يشير طفلك بإصبعه فقط عشان يرويك شيء مهم بالنسبة له ؟



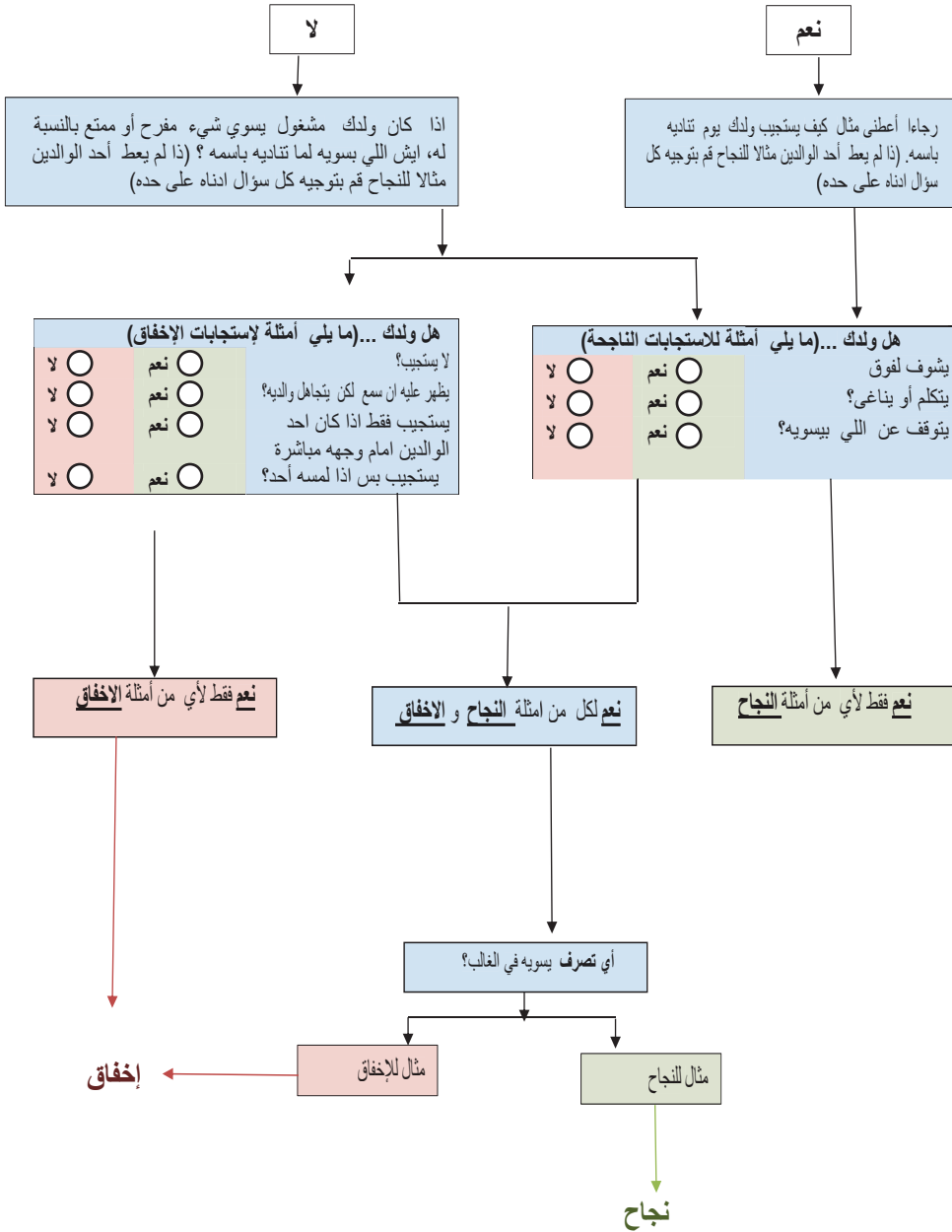
٨. هل يهتم.....بالأطفال الآخرين؟



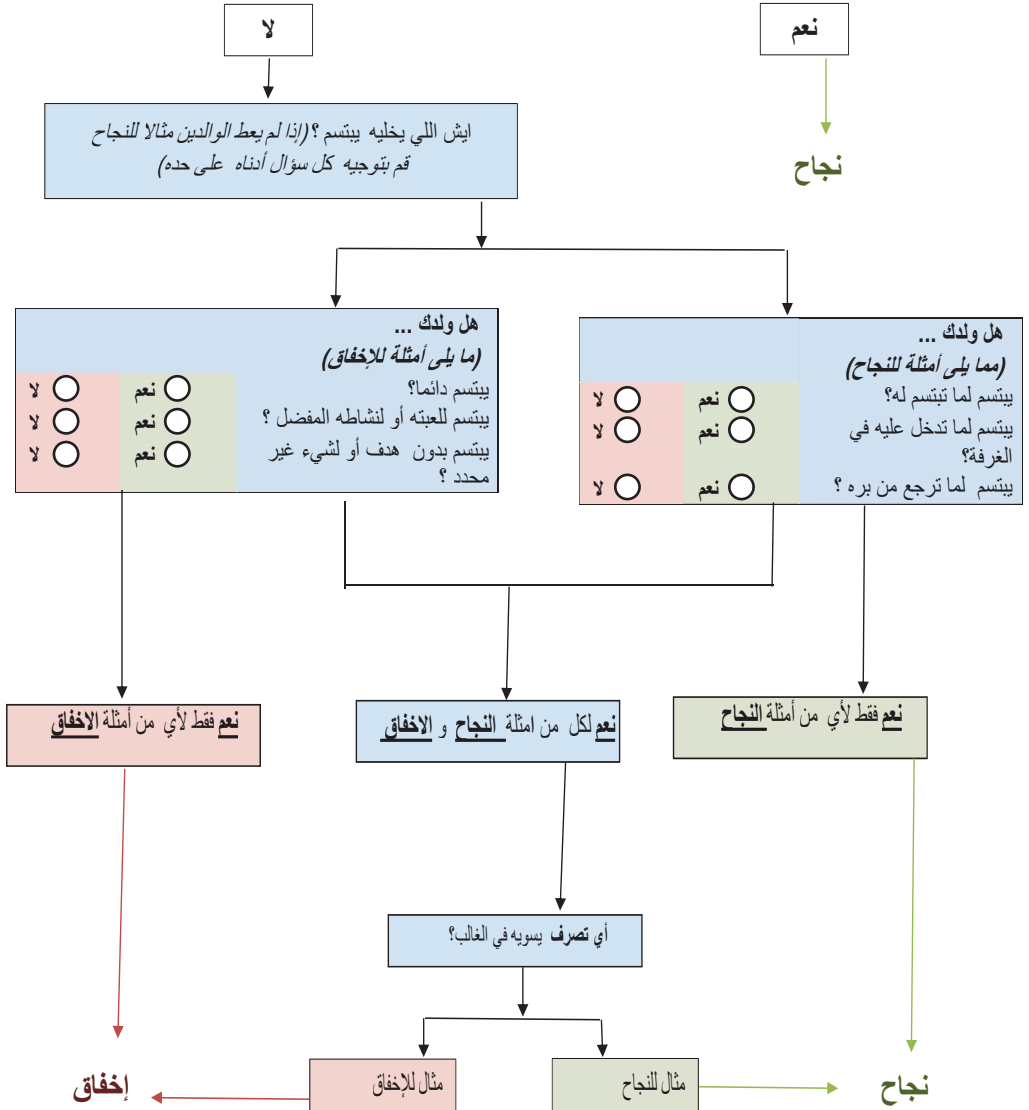
٩. هل يحاول يرويكَ الأشياء بأن يجيبها لك أو يحملها لك عشان تشوفها ؟ ما بس عشان تساعدك لكن عشان تشاركه الاهتمام ؟



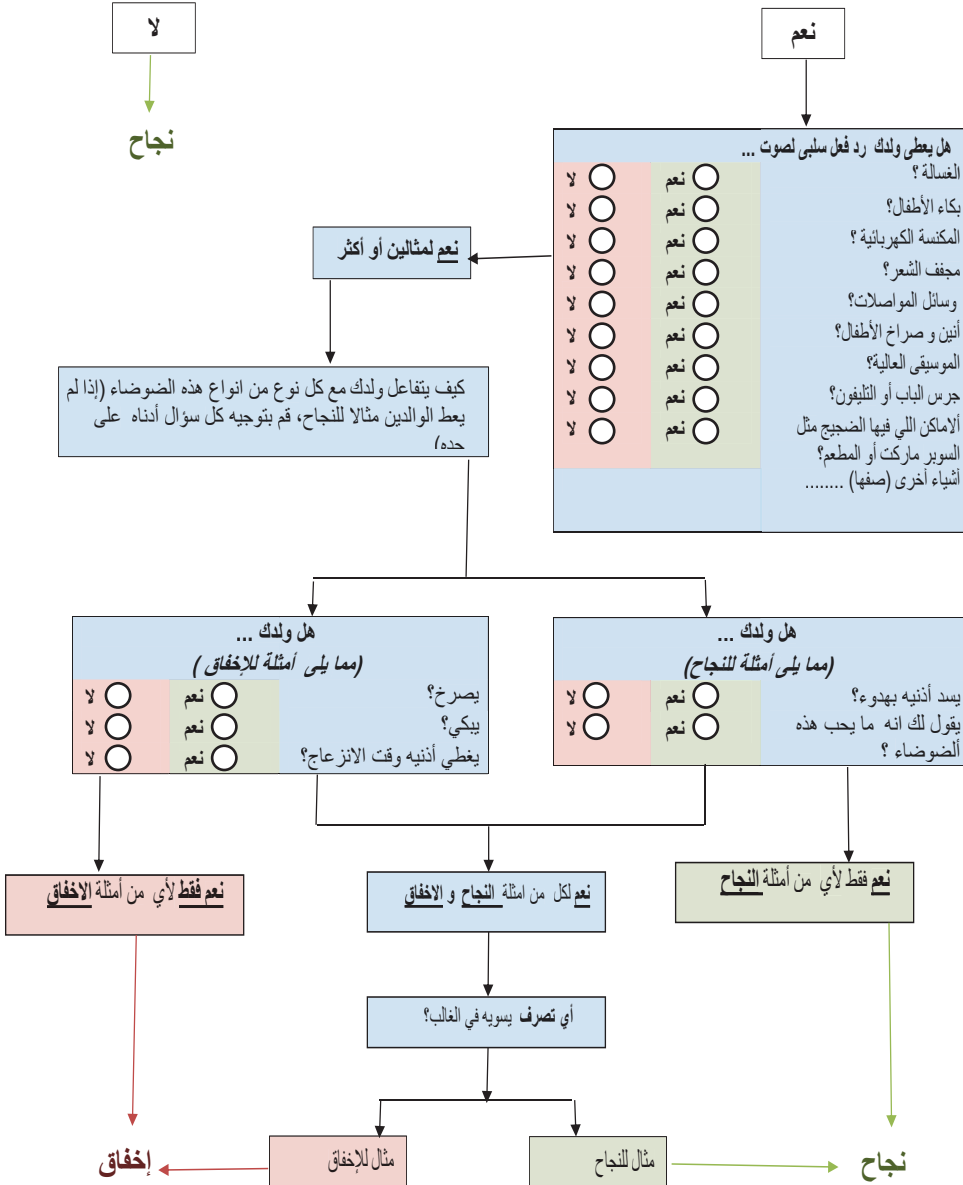
١٠. هل يستجيب لما تتاديه باسمه؟



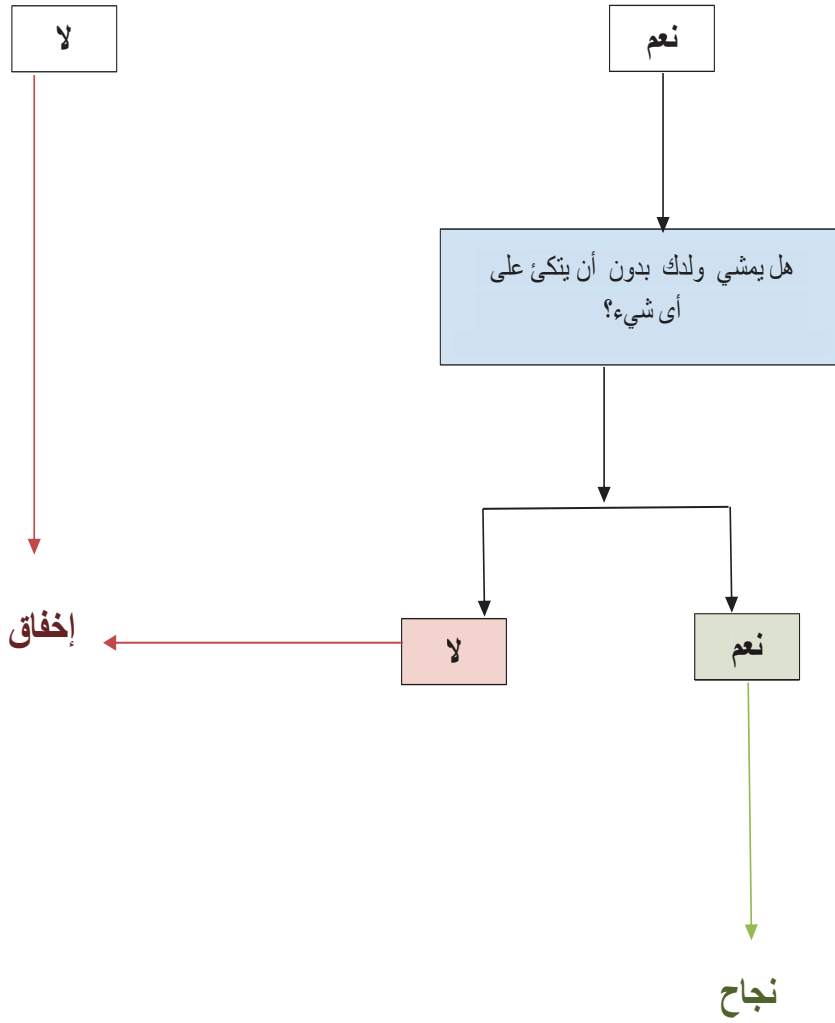
١١. لما تبتسم لـ.....، هل يرد لك الابتسامة؟



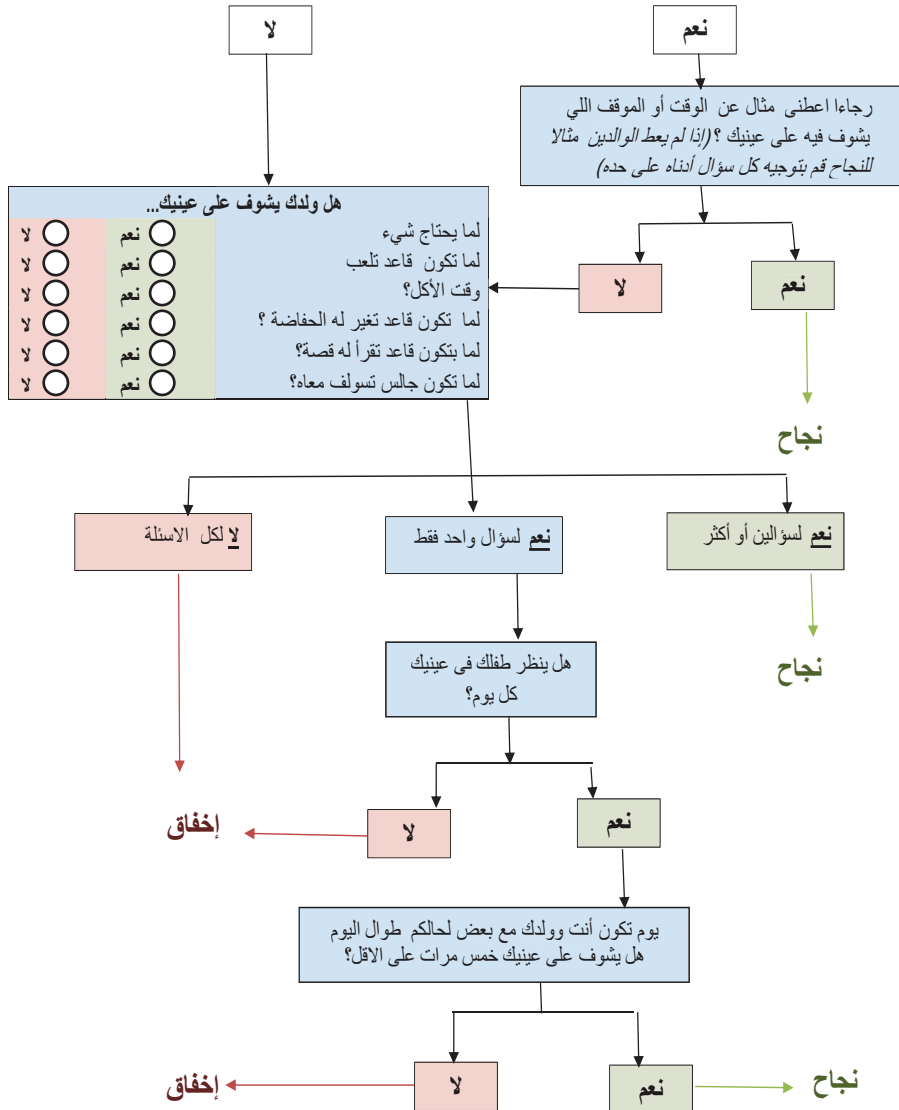
١٢. هل يزعج..... من الضوضاء اليومية؟



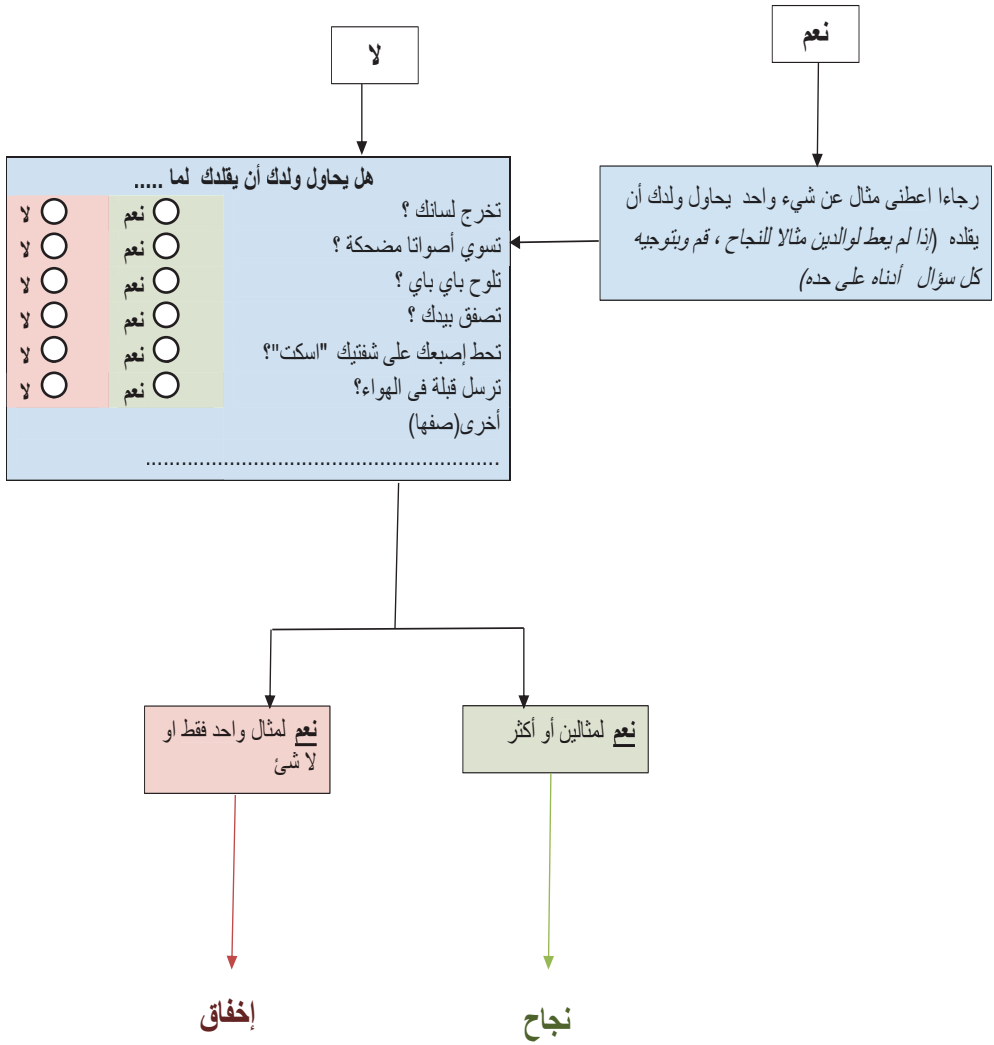
١٣. هل یمشي یمشي ؟



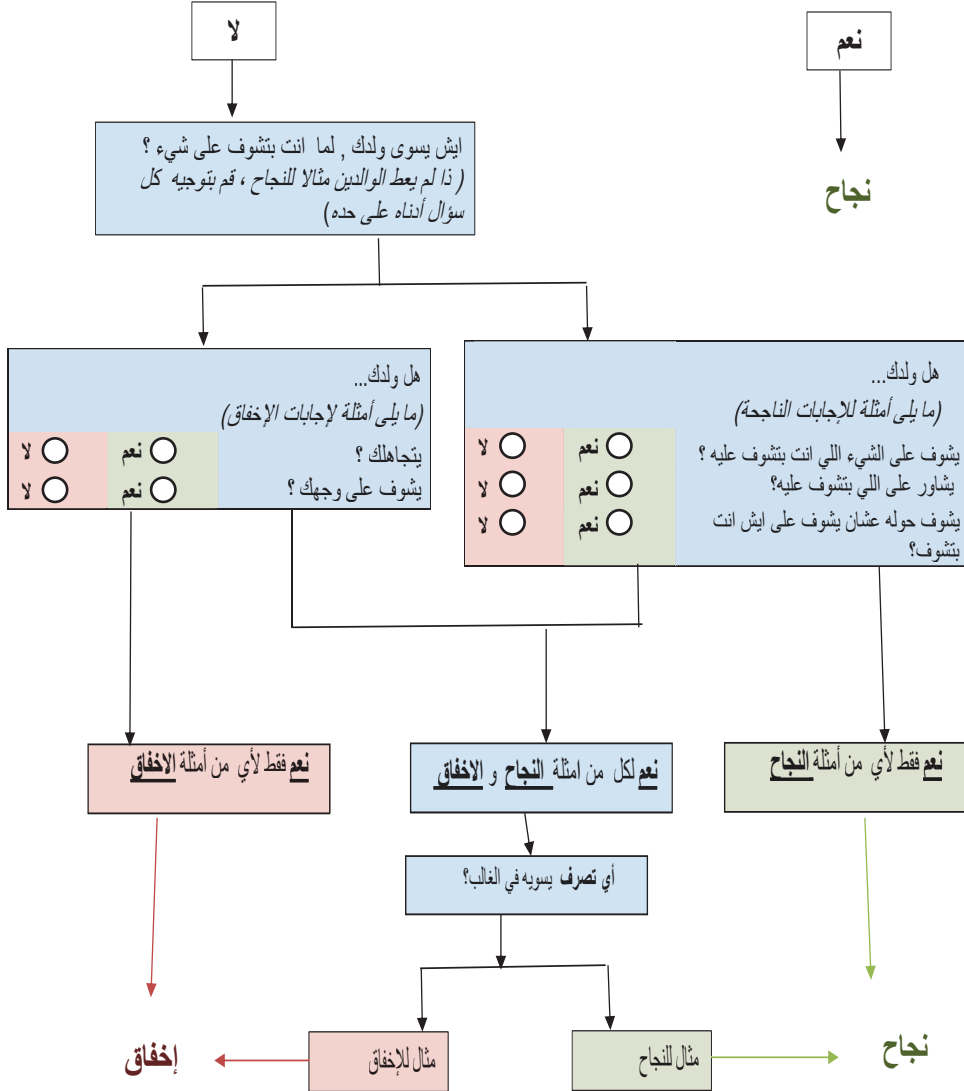
١٤ . هل يشوف..... على عينيك يوم تكلمه او تلعب معه أو تغير ملاپسه ؟



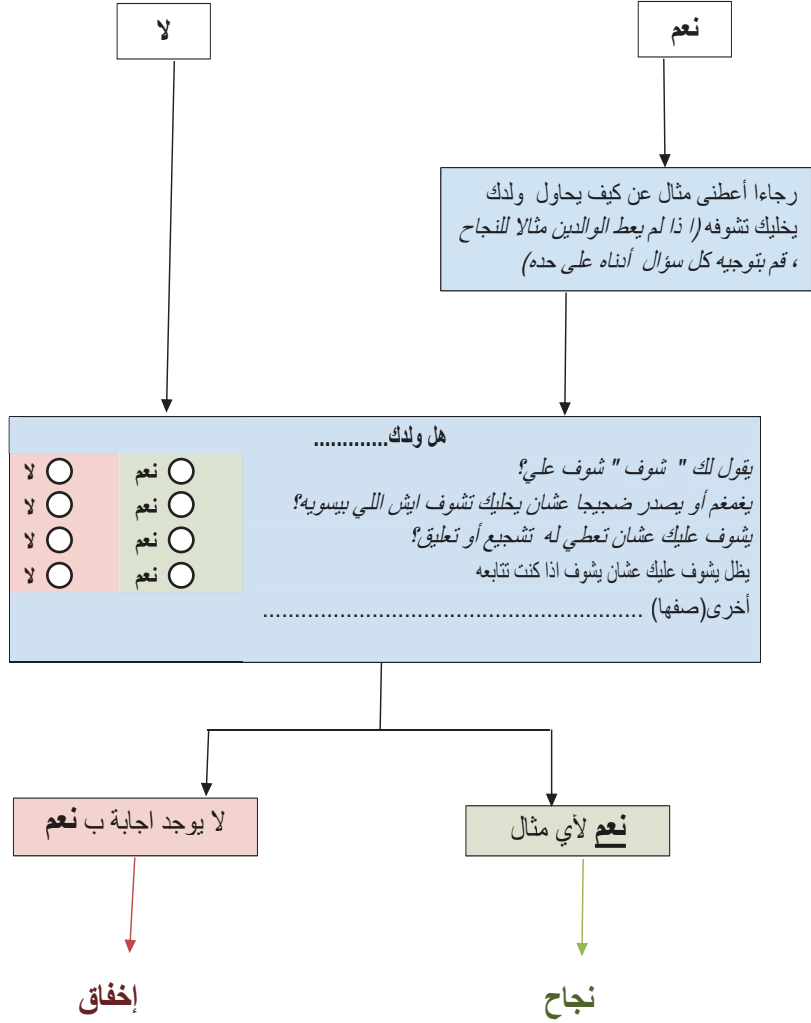
١٥ . هل يحاول..... أنه يقلد الشيء اللي انت تسويه ؟



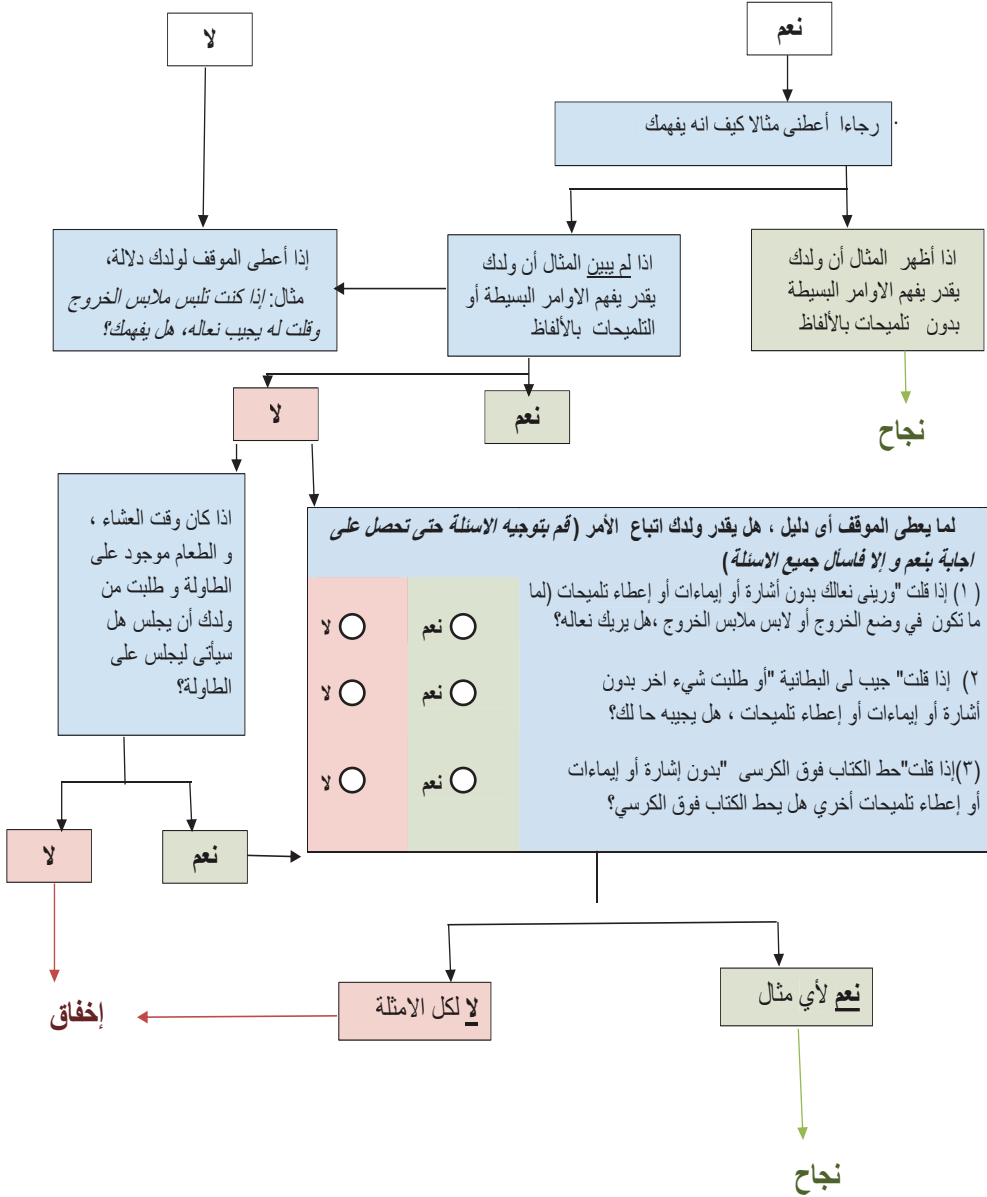
١٦. إذا أدركت رأسك عشان تشوف على شيء، هل..... يتلفت حوله عشان يشوف إيش اللي بتشوف عليه؟



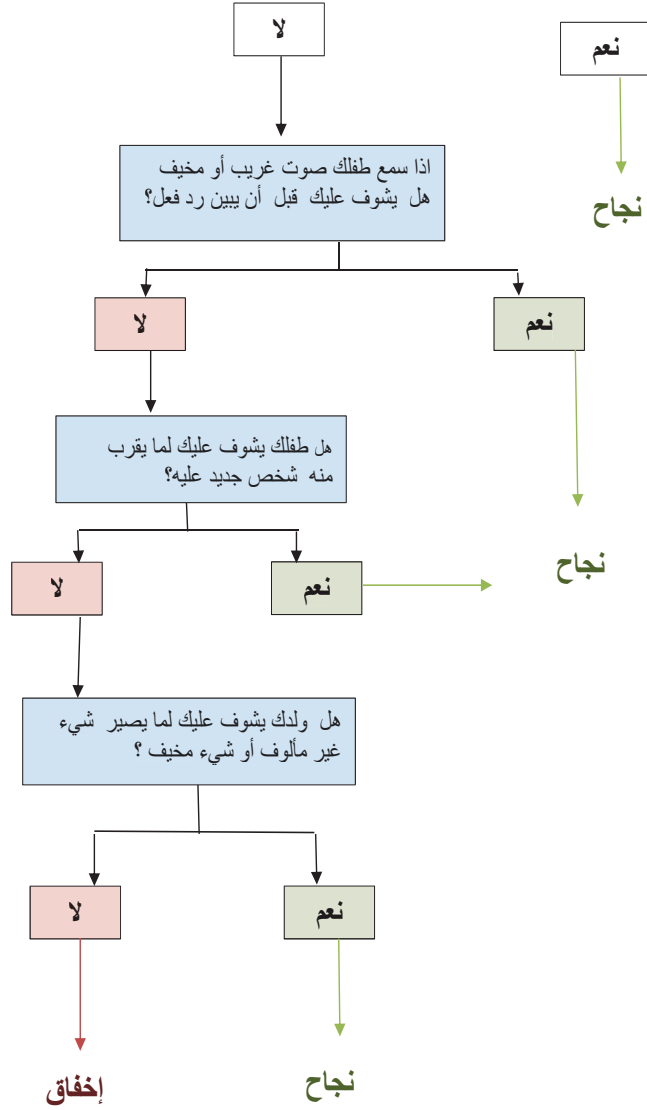
١٧. هل يحاول..... أن يخليك تشوفه؟



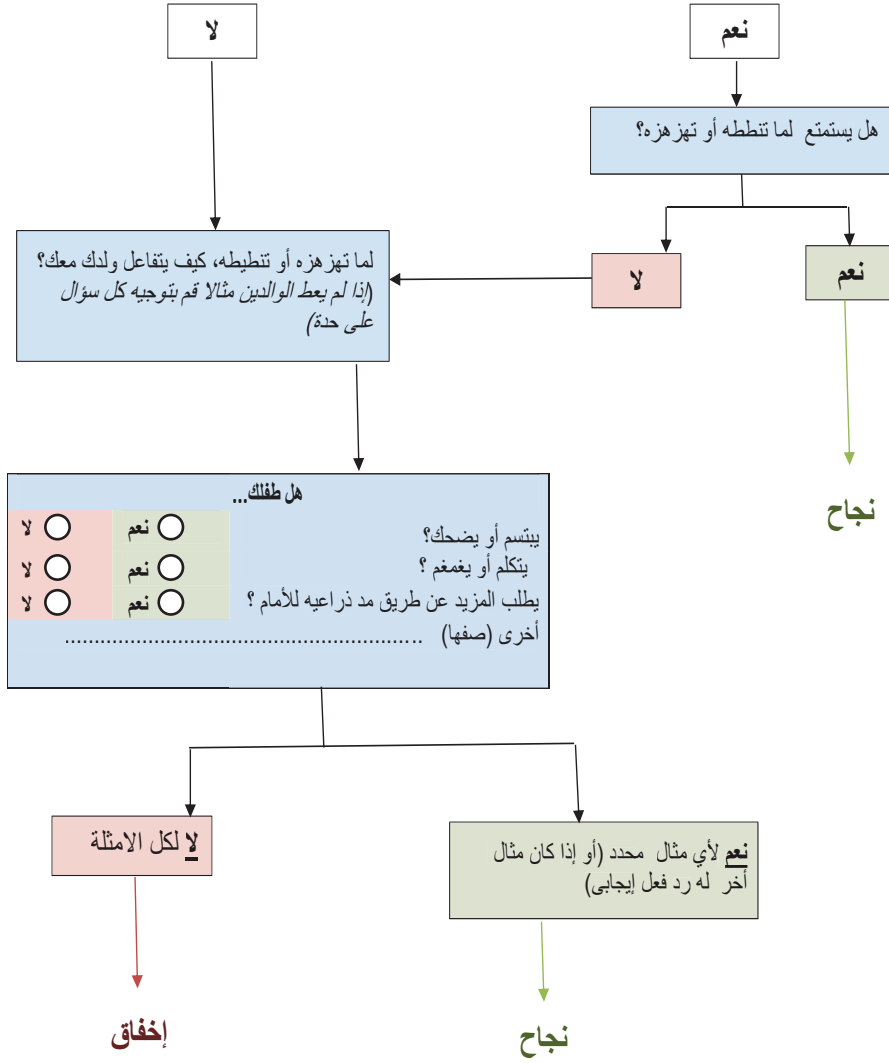
١٨. هل يفهمك.....لما تطلب منه يسوي شيء؟



١٩. إذا صار شيء جديد هل يشوف على وجهك عشان يعرف ايش شعورك؟



٢٠. هل يحب الحركات النشطة؟



Annex 3: Distribution list of health facilities per each diagnostic center.

Governorates	Wialyat	Specialized diagnostic centers		
		SQUH	Royal H	AL-Masarra H
Muscat	AL-Seeb	1- Seeb HC 2- Shadi HC 3- Mawaleh HC 4- Al Khod HC 5- Mabela HC 6- S Mabela HC 7- Al Hail HC 8- N. Mawaleh HC 9- Seeb Polyclinic		
	Boushar		1. Azaiba HC 2. Ghobra HC 3. Ansab HC 4. North Al Khuwair 5. Al Khuwair 6. Boushar Polyclinic	
	Matrah		1. Muttrah HC 2. Ruwi HC 3. Wattaya HC 4. Wadi Kabir HC 5. Hay AlMina HC	
	Muscat		1. Muscat HC 2. Yeti HC 3. Seefa HC	
	Ameerat			1- Amerat HC 2- Al nadha HC 3- Al Hajar HC
	Qrayat			1. Quriat Hospital 2. Qryat Polyclinic 3. Bama HC 4. Mazara HC 5. Wadi Arbeen 6. Siya HC

N.Shriqiya	Ibra	1- Ibra HC 2- Ibra Polyclinic		
	Midhaibi	1. Samad Hospital 2. Midhaibi HC 3. Wadi Endam HC 4. Al Ayoun HC 5. Al Jizza HC 6. Al Afalaj HC 7. Sinaw. Hospital		
	Bidiya	1. Bidya HC 2. Bidya Polyclinic		
	Dima Wa Tayeen	1. Wadi Tayeen HC 2. Ismaiyah HC 3. Dima HC 4. Miss HC		
	Wadi Bani Khalid	Wadi Bani Khalid HC		
	Al Qabil	1. Al Qabil HC 2. W Naam HC		
S Shaqiya	Masirah		1. Masirah.Hospital	
	Sur			1. Sur HC 2. Al Ayja HC 3. Tiwi HC 4. Ras Al Hadd HC 5. Wadi Bani Jaber HC 6. Wadi Al Minqul HC 7. Sur Polyclinic
	Al Kamil			1. Al Kamil HC 2. Wafi HC 3. Tahwa HC 4. Sayq & Sabt HC
	Jaalan Bani Bu Ali			1. Jaalan Bani Bu Ali Hosp. 2. Ar Ruways HC 3. Al Ashkharah HC 4. As Siwayh HC

				5. Asilah HC 6. Khuwaymah HC 7. Jaalan Bani Ali Polyclinic
	Jaalan Bani Bu Hasan			1. Jaalan B Bu Hassan Hosp. 2. Al Ghaynah HC 3. Falaj HC 4. Al Mashayikh HC
Dofar	Salalah		1. Hejayf HC 2. Qayun Hayriti 3. Titam HC 4. As Saadah HC 5. Awqad HC 6. Al Jadidah HC 7. Al Dahareez HC 8. Al Gharbiah HC	
	Sadah		1. Sadah Hospital 2. Hasik HC 3. Hadbin HC 4. Soab HC	
	Dalkut		1. Dalkut HC 2. Khadrafi HC	
	Shalim Wa Juzur Hallaniyat		1. Shalim HC 2. Al Halolaniyat HC 3. Al Shuwaymiyah HC 4. Sharbthat HC 5. Dimit HC 6. Kubut HC	
	Taqah	1. Madinat Al Haqq.HC 2. Taqah HC 3. Jibjat HC		
	Rakhyut	1. Rakhyut Hosp 2. Shahb Asayb		
	Al Mazyunah	1. Al Mazyunah HC 2. Mitam HC 3. Harwib HC 4. Jajwal HC 5. Andat HC 6. Tosnat HC		

	Mirbat			1. Tawi Ataya Hospital 2. Mirbat.Hospital
	Thumrayt			1. Thumrayt HC 2. Mudayy HC 3. bethnah HC 4. Dhahbun HC 5. Al Hashman HC
	Muqshin			1. Muqshin
Dhahiya	Ibri	1. Ibri Polyclinic 2. Tanam HC 3. Hijarmat HC 4. Maqniyat HC 5. Al Mamur HC 6. Wadi Al Ayn HC 7. Kahnat HC 8. Bilad Ash Shuhum HC 9. Hamra Ad Duru HC 10. Al Ainin HC 11. Al Akhder HC		
	Yanqul	1. Yanqul.Hospital 2. Yanqul HC 3. Al Wuqbah HC		
	Dank	1. Dank HC 2. Wadi Fida HC 3. Qumayra HC		
S.Bathina	Rustaq		1. Wadi Bani Ghafir Hosp. 2. Wadi Al Haymli Hosp. 3. Al Hoqain HC 4. Wadi As Sahtan HC 5. Al Razi HC 6. Wadi Bani Auf HC 7. Rustaq Polyclinic 8. Rustaq HC	

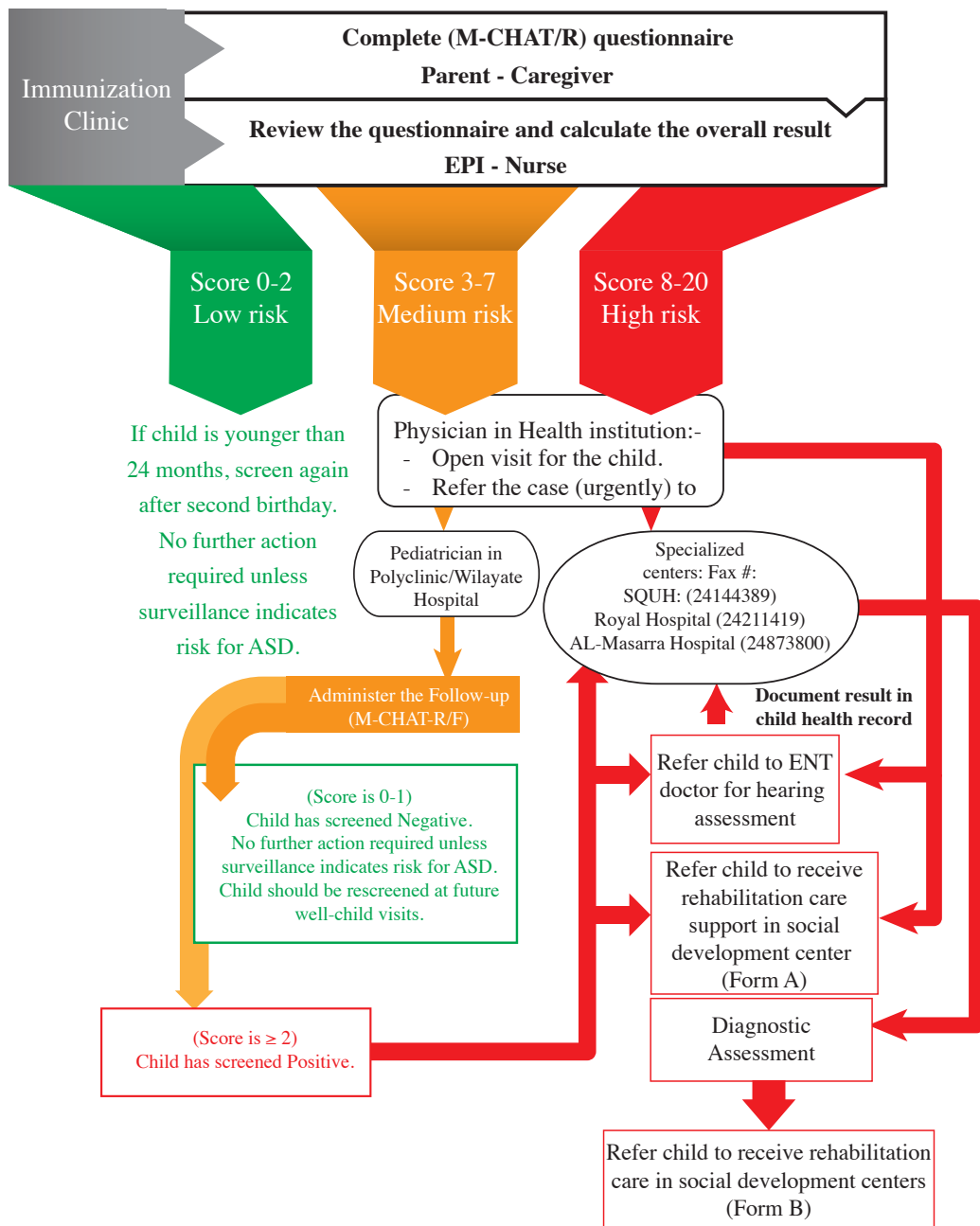
	Al Awabi		1. Wadi Bani Kharus Hospital 2. Al Awabi HC	
	Nakhal		1. Wadi Mistal HC 2. Nakhal HC 3. Al Abyad HC	
	Wadi Al Maawil		1. Wadi Al Maawil HC	
	Barka		1. Barka Polyclinic 2. Barka HC 3. As Sawadi HC 4. Naseem HC	
	Musannah		1. Musannah Polyclinic 2. Musannah HC 3. Wudam HC	
N.Bathina	Sohar	1. Wadi Hibi.Hosp. 2. Wadi Ahin HC 3. Al Multaqa HC 4. Al Uwinat Alfalaj HC 5. Sohar Polyclinic 6. Al Tarif HC		
	Shinas	1. Shinas Polyclinic 2. Abu baqrah HC		
	Liwa	1. Liwa HC 2. Nabr HC 3. Rahab HC		
	Saham	1. Saham. Hospital 2. Wadi Bani 3. Umar HC 4. Saham Polyclinic 5. Hafit HC 6. Al Ghuwaisah HC		
	Al Khaburah	1. Wadi Al Sarami Hosp. 2. Wadi Al Hawasinah Hosp. 3. Khaburah Polyclinic 4. Wadi Shafan HC 5. Qasabiya HC		

	Suwaiq	1. Mishayiq HC 2. Suwaiq Polyclinic 3. Wadi Al Jahawir HC 4. Bidiya HC 5. Khadra HC 6. Shereesa HC 7. Al Thamrad HC		
Musandum	Khasab	1. Lima HC 2. Kumzar HC 3. Khasab Polyclinic		
	Dibba	1. Dibba. Hospital		
	Bukha	1. Bukha. Hospital		
	Madha	1. Madha		
AL-Wasta	Mahoot		1. Mahoot HC 2. Khaluf HC 3. Sarab HC 4. Najdah HC	
	Hyma		1. Al Ajaiz HC	
	Duqum		1. Duqum Hospital 2. Wadi Haitam HC 3. Rasmadrika HC	
	Al Jazir		1. Al Jazir Hospital 2. Al Liqbi HC 3. Rima (Gobra North)HC 4. Ghobra South HC	
Dakhliya	Nizwa			1. Jabal Akhdar Hospital 2. Birkat Al Mawz HC 3. Nizwa Polyclinic 4. Tanuf HC 5. Firq HC
	Bahla			1. Bahla Hospital 2. Bahla Polyclinic
	Al Ghafat			1. Bisya HC 2. Jabal Al Kaur HC 3. Uwayfiyah HC 4. Mamur HC

	Manah			1. Manah HC
	Al Hamra			1. Al Hamra HC
	Adam			1- Adam Hospital 2- Al Zahia HC 3- Al Ghabah HC
	Izki			1- Izki.Hospital 2- Izki Polyclinic 3- Al Qaryatayn HC 4- Buldan Al Awamir HC 5- Sayma & maqazzah HC
	Sumail			1- Sumail Hospital 2- Sumail Poyclinic 3- Wadi Bani Rawahah HC 4- Wadi Mahram HC 5- Lizugh HC 6- Somra HC
	Bidbid			1- Fanja HC 2- Bidbid HC
	Burimi		1. Wadi Jizzi Hospital 2. Al Fayyad HC 3. Hafit HC 4. Buraimi Polyclinic	
	Mahadah		1. Mahadah HC 2. Roudah HC 3. Wadi Al Hyool HC	
	Sunainah		1. Sunainah HC	
Grand Total		93	76	68

Annex 4:Figure 2: Management Algorithm

Early screening of Autism Spectrum Disorder in children



Annex 5: Form A

سلطنة عمان
وزارة الصحة
المديرية العامة للرعاية الصحية الأولية

التاريخ:

الموافق:

إستمارة التحويل (أ) إلى من يهمله الأمر

الاسم:

رقم الملف الطبي:

نود الإفادة بأن الطفل/الطفلة المذكور أعلاه متابع من قبلنا في المؤسسة الصحية-----
-----وقد تبين باستخدام الفحص المبدئي أن نتيجة فحص الطفل إيجابية
باستخدام :

نتيجة M-CHAT/R/(score) =-----

نتيجة M-CHAT-R/F(score) =-----

لذا فإن هذا الطفل/الطفلة بحاجة لرعاية وتأهيل خاص لتطور مهاراته/مهاراتها وذلك بأحد
المراكز التأهيلية المتخصصة للأطفال, علما بأنه قد تم تحويل الطفل/الطفلة لمستشفى -----
-----لإجراء الفحوصات التشخيصية بالعيادة التخصصية .

لذا نأمل التكرم بتقديم خدمات الرعاية التأهيلية المساندة حسب المتبع لديكم, وسيتم موافاتكم
بالنتائج لاحقاً.

شاكرين لكم تعاونكم مع الطفل وأسرته .

ختم المؤسسة الصحية

إسم الطبيب-----

التوقيع-----

الملحق ٤ : مراكز التأهيل

١. المراكز الخاصة

م	اسم المركز	العنوان		اسم المشرف	رقم الهاتف	الهاتف	
		المحافظة	الولاية / الحي			هاتف ٢	البريد الإلكتروني
١	مسقط للتوحد	مسقط	الطبية	مشار	٩٨٥٩٤٥٨٦		info@mac-me.com
٢	الابتكار للتأهيل جميع الإعاقات بما فيهم التوحد	مسقط	الطبية	بشري	٩٥٣٠٧٣٤٤	٩٥٥٠٨٧٢٧	Cccoman2@gmail.com
٣	رواء للتأهيل جميع الإعاقات بما فيهم التوحد	مسقط	الغرض	زيعة	٩٧٨٨٧٤٥٥		rawarhabitationcenter@gmail.com
٤	همس الأثير جميع الإعاقات بما فيهم التوحد	مسقط	الغرض ٦	شنتال	٩٣٣٢٠٧٧٩		abichebelchantai@yahoo.com
٥	التخصصي للتوحد	مسقط	بوشر	أحلام	٩٩٦٢٢٥١٢		autismmct@gmail.com
٦	التمثيل للتوحد	مسقط	الخوير	هي	٩٥٩٣٤٦١٢	٩٥٣٤١٠٠٧	maymibrhim@gmail.com
٧	التدخل المبكر للأطفال ذوي الإعاقات جميع الإعاقات بما فيهم التوحد	مسقط	الطبية		٩٩٣٣٧٧٩٢		
٨	نبراس الأثير للتوحد	الباطنة شمال	صحف	مريم	٩٥٣٣٨٥٨٩	٩٢٢٢٨٨٥٩	Nebras-ather@outlook.sa
٩	الأبداء البيضاء للتأهيل جميع الإعاقات بما فيهم التوحد	مسقط	المراتب	عائدة	٩٩٤٩٤٦٨٥		fsgcdcoman@gmail.com
١٠	الأجيال المشرقة للتوحد	الباطنة شمال	صحف	عبدالله	٩٦٤٢٩٥٥٥		aliabsohar@gmail.com
١١	المنير للتوحد	مسقط	المراتب	سميرة	٩٩٤٤٩٤٦٦		Al-manayer-mac@hotmail.com
١٢	الحلج للتأهيل جميع الإعاقات بما عدا التوحد	مسقط	الوطية	زهير	٩٩٧٨٨٢٩١		Int.rehab.center@gmail.com
١٣	العودة للتوحد	ظفار	صلاة	علاء	٩٣٨٢٩٢٩٥		Autism.a.c@hotmail.com
١٤	ظفر التوحد	ظفار	صلاة	علي	٩٣٨٣٤١٦٦		Alizaaere1972@yahoo.com
١٥	الائق للتوحد	مسقط	الغرض	محمد	٩٧١٢٩٥٠٩		Horizon.autism@gmail.com
١٦	تواصل للتوحد	الداخلية	نزوى	رائد	٩٦٥٩٩٥١٥		Alasmi66@hotmail.com
١٨	الملا للتأهيل جميع الإعاقات بما عدا التوحد والإعاقات الحركية	مسقط	العميلة	صبرة	٩٤٣٢١٠٨٤١	٩٩٨٠٨٠٥٦	
١٩	مركز جلال للتوحد	الشرقية شمال	جلال بني بو علي		٩٩٤٤٥٠١٣		Almasroor30@hotmail.com
٢٠	المركز العربي للتوحد	مسقط	مدينة الإعلام		٩٩٣١١٥٩١		wildan@arabautismcenter.com
٢١	مركز الأوائل الدولي للإعاقات العقلية والسمعية قطف	ظفار	صلاة	محمود	٩٣٣٢٩٥٩٧		Alawael.center20@gmail.com
٢٢	مركز ديرة الشرق التخصصي للتوحد	الباطنة جنوب	الرساتق	عيسى	٩٥٩٩٥٠٥٩	هاتف ٩٦٢١٦٧٣٧	Dauc2016@gmail.com

Annex 6: Rehabilitation centers

٢. المراكز الحكومية

م	اسم المركز	المحافظة	البلدية / الحي	اسم المشرف	رقم الهاتف	رقم الهاتف	البريد الإلكتروني
١	العمارات	مسقط	العمارات	حسينة البلوشية	٩١٣٢٤٤٢		alwafaamrat@gmail.com hassalnaw@gmail.com
٢	صحار	الباطنة شمال	صحار	مريم البلوشية	٩٥٣٠٧٣٤٤		
٣	شناص	الباطنة شمال	شناص	خولة الزعاعية	٩٩٤٢١٠٥٤		
٤	لوي	الباطنة شمال	لوي	ثريا	٩٩٥٨٣٤١		Fuflfament.shinas@gmail.com
٥	الخورزة	الباطنة شمال	الخورزة	شمسة الحوسنية	٩٥٥٠٠٩٩٥		
٦	السويق	الباطنة شمال	السويق	اسماء البلوشية	٩٢١٦١٥٩		Alwafa.khb@hotmail.com
٧	الرساتق	الباطنة جنوب	الرساتق	نظام	٩٤٤٢٢٥٠		
٨	نزوى	الداخلية	نزوى	سلمية الزكوانية	٩٢٢٠٩٠٩١		
٩	بهاء	الداخلية	بهاء	سلامة الرياحية	٩٥٤٢٢٠٣		Alrivarini87@hotmail.com
١٠	بند	الداخلية	بند	فحمة الزعاجلية	٩٢١٠٦٤٨٣		Zidiay555@hotmail.com
١١	الجبيل الأخضر	الداخلية	الجبيل الأخضر	سلمية الزكوانية	٩٢٢٠٩٠٩١		Wafaa_mosd@hotmail.com
١٢	ازكي	الداخلية	ازكي	صفية العنبرية	٩٢١٤٥١٢		alwafaizki@gmail.com
١٣	صور	الشرقية جنوب	صور	أمينة المريية	٩٩٣١٢٠٨٠		
١٤	مصيرة	الشرقية جنوب	مصيرة	زينب	٩٤٠٣٣٢٢٥		zeenabka@mosd.gov.om
١٥	ابراء	الشرقية شمال	ابراء	سلامة	٩٤٥٧٩٤٢		
١٦	المصينبي	الشرقية شمال	المصينبي	خولة الحارثية	٩٣٨٥٠٩٩٧		wafamudhibi@hotmail.com
١٧	دماء والطائيين	الشرقية شمال	دماء والطائيين	ثريا	٩١٣٢٢٢١٥		Aljory.fi@gmail.com
١٨	بنية	الشرقية شمال	بنية	رحمة الحجري	٩١٩٩٨٨٤٩ ٩٣٨٤٥٤٤٥		
١٩	صلالة	ظفار	صلالة	نور	٩٨٩٨٥٦٣٦		Amk302@hotmail.com
٢٠	طاقة	ظفار	طاقة	مريم	٢٣٥٥٨٤٧١		Mar-6688@hotmail.com
٢١	مرباط	ظفار	مرباط	هدى	٩٠٩١٩١٤		Salam5030@gmail.com
٢٢	ععري	الظاهرة	ععري	عاشمة	٩٥٢١٣٢١٦		Rawya.alhina@gmail.com
٢٣	البريم	البريم	البريم	فطمة	٩٥٧٢٣٣٩		a.alshamsi22@hotmail.com
٢٤	حصب	مستنم	حصب	مريم الشحية	٩٢١٣٧٢١		Someone2222@hotmail.com
٢٥	بناء	مستنم	بناء	مريم الشحية	٩٢١٣٧٢٦		Someone2222@hotmail.com
٢٦	دار الامان - وحدة الوقاء	مسقط	الخوض	نورة البوسعيدية	٩٨٨٢١٢٨٨		
٢٧	دار الامان - وحدة الامان	مسقط	الخوض	نورة البوسعيدية	٩٨٨٢١٢٨٨		
٢٨	مركز التقييم والتأهيل المهني	مسقط	الخوض	علي الجابري	٩٩٢١١٢٥٥		Omani100hope@gmail.com

Annex 7: Form B

سلطنة عمان
وزارة الصحة
المديرية العامة للرعاية الصحية الأولية

التاريخ:

الموافق:

إستمارة التحويل (ب)
إلى من يهمله الأمر

الاسم:

رقم الملف الطبي:

نود الإفادة بأن الطفل/الطفلة المذكور أعلاه متابع من قبلنا في مستشفى -----
بعيادة-----.

وتم تشخيصه ب-----
لهذا فإن هذا الطفل/الطفلة بحاجة لخدمات وتأهيل بأحد المراكز التأهيلية المتخصصة
للأطفال. لذا نامل تعاونكم في تقديم الخدمات الإجتماعية له/لها حسب المتبع لديكم.
شاكرين لكم تعاونكم مع الطفل وأسرته .

ختم المستشفى

إسم الطبيب الإختصاصي -----

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