

Here is a free resource; the world's first screener for the female presentation of autism spectrum conditions, published in the Journal of Autism and Developmental Disorders, February 2018.

The Q-ASC

The Questionnaire for Autism Spectrum Conditions (Q-ASC) was developed by Attwood, Garnett, and Rynkiewicz (2011) to identify behaviours and abilities consistent with the female presentation of autism to support positive psychosocial outcomes and prognosis for girls into adulthood.

[GQ-ASC 5-12 years Questionnaire](#)

[GQ-ASC 13-19 years Questionnaire](#)

Please note: The Q-ASC is in a pilot stage of development and is not diagnostic but provides very useful qualitative information for a diagnostician. The Q-ASC yields descriptive information that will be helpful to take along to GP, Psychologist or Psychiatrist – to date, there are no clinical cut-offs/quantitative scoring template available. The measure should be used in conjunction with validated screeners, e.g., The Autism-Spectrum Quotient (AQ; Baron-Cohen et al. 2001) to determine if a referral is warranted. For helpful autism assessment tools, please see: [Autism Research Centre](#)

The Q-ASC response format

- Questions 1 - 57 (1 = Definitely Disagree, 2 = Slightly Disagree, 3 = Slightly Agree, 4 = Definitely Agree)
- Questions 58 - 61 (Yes or No)

Where higher scores are generally associated with a female ASD presentation*

** To capture answers from both boys and girls, the questionnaire was grammatically amended for research purposes, therefore, all gendered behaviour items (e.g., Does or did s/he prefer to play with boys' toys?) may need to be considered/reversed depending on gender.*

The Q-ASC Research

In 2018, research piloted the Q-ASC with parents of 238 children with a clinical diagnosis of ASD-Level 1 (without intellectual or language impairment). The aim of this study was to conduct an exploratory investigation of presenting autism characteristics within a clinical setting, with a focus on refining a preliminary profile for female children and adolescents with autism. Data analysis from the first statistical investigation revealed 8 interpretable and reliable components of the Q-ASC using Principle components analysis (See article: page 396):

1. Gendered Behaviour
2. Sensory Sensitivity
3. Compliant Behaviour
4. Friendships & Play
5. Social Masking
6. Imagination
7. Imitation
8. Talents and Interests

Comparisons across age and gender groups found statistically significant mean differences in parent-reported characteristics. Parents reported a greater degree of behaviours and abilities in girls with ASD, compared to boys with ASD, across the following Q-ASC components:

- Gendered Behaviour issues
- Sensory Sensitivity
- Social Masking
- Use of Imagination and Imitation characteristics, and;
- Appeal of certain Talents and Interests

The findings from this study aim to identify improvements in the Q-ASC towards the future assessment of the sensitivity and diversity of presentations of autism among female children and adolescents.

In 2018-2019, further preliminary psychometric evaluation is underway looking at the predictive utility of the Q-ASC using clinical (ASD) and community (neurotypical) samples.

Please [click here](#) for the full article.

Ormond, S., Brownlow, C., Garnett, M. S., Rynkiewicz, A., & Attwood, T. (2018). Profiling autism symptomatology: An exploration of the Q-ASC parental report scale in capturing sex differences in autism. Journal of autism and developmental disorders, 48(2), 389-403.

Please note: The Q-ASC is a measure is in the first stages of psychometric evaluation and should be considered as a qualitative guide for behaviours and abilities consistent with the female presentation as clinical research is now indicating (Ormond et al., 2018). The clinician/diagnostician should use this measure to guide their judgment in exploring a potential ASD diagnosis for girls, using validated screeners. Scoring methods, as well as cut off scores will be established following the next round of data collection and research.