ASRS®

ADULT

AUTISM SPECTRUM RATING SCALES™ ADULT

From renowned authors, Sam Goldstein, Ph.D., and Jack A. Naglieri, Ph.D.

A new standard for understanding ASD in adults.

The Autism Spectrum Rating Scales™ Adult (ASRS® Adult) is a scientifically validated, adult-centered, multi-informant rating scale designed to assess symptoms and behaviors associated with Autism Spectrum Disorder (ASD) in individuals aged 18 years and older.

MHS
Beyond Assessments

About the ASRS® Adult

The Autism Spectrum Rating Scales™ Adult (ASRS® Adult) is built on the trusted foundation of the original ASRS and informed by current ASD research, supporting accurate diagnosis, treatment planning, and progress monitoring of ASD throughout adulthood.

Our scientifically validated and fair assessment offers a balanced, multi-informant model that pairs self-report insights with observer perspectives to identify ASD symptoms, behaviors, and associated features.

Quick Reference

Age
18 years and older

Raters
Self-Report
Observer

Form Types and Administration Time
ASRS Adult: 96-item form (15 minutes)
ASRS Adult–Short: 20-item form (3 minutes)

Formats
Administer and score online
Print paper forms and score online

Device Types
Computer
Laptop
Mobile devices
Tablet

Languages
English (North America)
Spanish (North America)
French (Canada)

Average Reading Levels
Self-Report: Grade 6
Observer: Grade 7

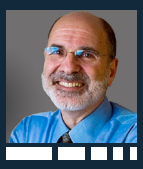
Qualification Level
B-level

FEATURES

- Norm-referenced scores based on large, nationally (U.S.) representative normative samples
- Easy administration, scoring, and results interpretation
- Psychometrically strong, with evidence of reliability, validity, and fairness
- Short version can be used for screening or treatment monitoring
- Spanish and French versions available
- Holistic approach to assessing ASD that factors in co-occurring conditions
- Items assess DSM and ICD symptom criteria for ASD

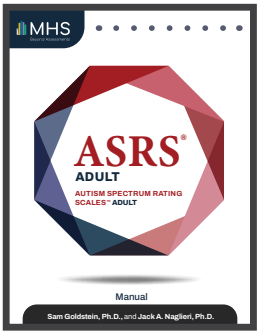
ABOUT THE AUTHORS

Dr. Sam Goldstein, Ph.D., is an Assistant Clinical Instructor in the Department of Psychiatry at the University of Utah School of Medicine, specializing in school psychology, child development, and neuropsychology. A Board-Certified pediatric neuropsychologist, he is listed with the National Register of Health Service Providers in Psychology. Dr. Goldstein is a founder and former Editor-in-Chief of the Journal of Attention Disorders and a Contributing Editor to Attention Magazine. He has authored, co-authored, or co-edited over 50 trade and science texts, 70 chapters and peer-reviewed scientific research studies, and 10 psychological tests.



Jack A. Naglieri, Ph.D., is a retired professor of school psychology formerly at George Mason University, The Ohio State University, and Northern Arizona University. His work has focused on theoretical and psychometric issues concerning intelligence, cognitive interventions, diagnosis of learning and emotional disorders, and theoretical and measurement issues pertaining to protective factors related to resilience. In 2024, he was recognized as one of the world's most cited scientists, highlighting the impact of his research across disciplines. Dr. Naglieri is the author or co-author of over 300 scholarly works and has developed 58 psychological tests and rating scales—including the Autism Spectrum Rating Scales and the Comprehensive Executive Function Inventory (both with Dr. Sam Goldstein).

The ASRS Adult is a specialized rating scale that supports the ongoing treatment and progress monitoring of ASD in adults. While many ASD assessments focus primarily on early childhood diagnosis, the ASRS Adult helps identify symptoms, behaviours, and associated features of ASD in individuals who may not have been assessed during childhood. This tool is particularly valuable for clinicians working with adults who are newly seeking evaluation or continued support. The ASRS Adult is part of a larger diagnostic story and the broader ASRS ecosystem—promoting a lifespan approach to ASD assessment that provides continuity from youth through adulthood.



AGE

18+

ADMIN TIME

15 min
Short Form: 3 min

RATERS

Self-Report and Observer

REPORTS

Single-Rater Reports and Datasets

As an adaptation of the original ASRS—capturing nuanced presentations like masking and late-emerging traits—the ASRS Adult is informed by the latest research, and offers a modern, adult-centered approach to ASD evaluation that is psychometrically strong and accessible in design, test content, and scores.

The ASRS Adult delivers a reliable, valid, and fair assessment of adult ASD experience, pairing **self-report insights** with **observer perspectives**. This rating scale integrates seamlessly into clinical workflows to support **diagnosis, treatment planning,** and **progress monitoring**.

When used in combination with a battery of standardized psychological assessments, in addition to qualified professional judgment, the ASRS Adult can support specific applications:

- Clinical diagnostics to evaluate suspected ASD in adults.
- Differential diagnosis to clarify whether symptoms, behaviors, and associated features stem from ASD or other conditions like depression, ADHD, or anxiety—ruling ASD in or out with confidence.
- Personalized treatment planning and progress monitoring that uses culturally sensitive, detailed score profiles to tailor interventions.
- Occupational and vocational settings to identify social-communication challenges and functional barriers that may impact performance and well-being.

The full-length ASRS Adult includes completion and validity indicators (e.g. Duration [online administration only], Omitted Items, Negative Impression Index, and Inconsistency Index); a Total Score, which is a composite of two ASRS Adult Scales representing the two main symptomatic areas of ASD; a DSM/ICD Scale representing ASD symptoms based on the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases (ICD)* criteria; and 10 Treatment Scales representing areas for intervention.

About the Ratings

- Duration (online administration only)
- Omitted Items
- Negative Impression Index
- Inconsistency Index

Total Score

ASRS Adult Scales

- Social/Communication
- Unusual Behaviors

DSM/ICD Scale

Treatment Scales

- Socialization
- Social/Emotional Reciprocity
- Atypical Language
- Stereotypy
- Behavioral Rigidity
- Sensory Sensitivity
- Self-Injurious Behaviors
- Camouflaging
- Attention
- Anxiety

What makes the ASRS Adult psychometrically strong

HIGHLY REPRESENTATIVE NORMATIVE SAMPLES

A total of 2,000 individuals were included in the Normative Samples (*N* = 1,000 each for Self-Report and Observer) and served as the comparison point for the ASRS Adult scores. The ASRS Adult Self-Report and Observer Normative Samples were collected to match the demographic characteristics of the U.S. population. The target demographic characteristics of the samples were based on the 2023 American Community Survey[1]. For each sample, the target demographic variables of age, gender, race/ethnicity, geographic region, education level, and clinical status (closely matching the prevalence rates in the DSM-5-TR) were collected using a stratified sampling plan to ensure that the Normative Sample represented the broader U.S. population[2]. The overall proportions of the demographic variables within the ASRS Adult Normative Samples differ from the actual proportions in the U.S. population by less than 2%.

RELIABILITY

The ASRS Adult Self-Report and Observer scale scores demonstrate excellent internal consistency (median coefficient alpha = .88 for Self-Report and .91 for Observer) and strong test-retest reliability (median *r* = .79 for Self-Report and .82 for Observer). Inter-rater reliability is moderate to strong (median *r* = .65 and .69, depending on the type of rater), which is expected due to the differing perspectives and levels of insight among raters. Standard error of measurement (*SEM*) is low for all ASRS Adult *T*-scores (median *SEM* = 3.53 for Self-Report and 3.08 for Observer), indicating very little error in the estimated true scores and high precision. Similarly strong evidence of reliability was found for the ASRS Adult–Short.

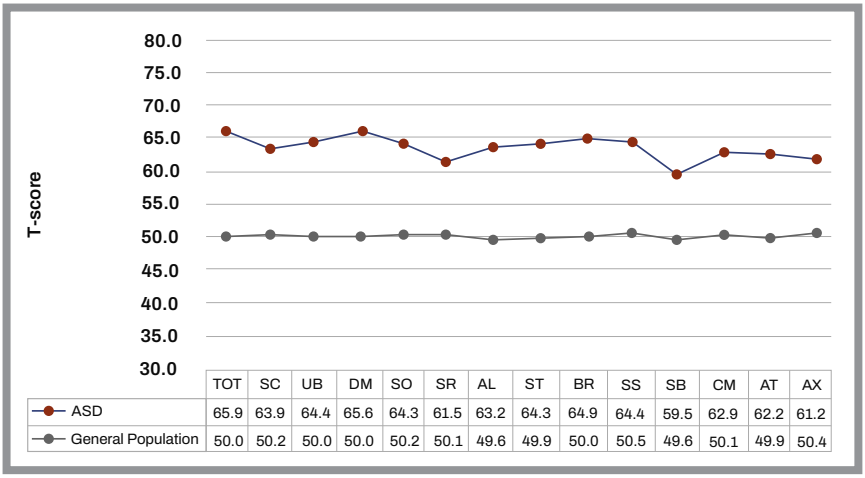
VALIDITY

Results from confirmatory factor analyses (CFA) provided evidence to support the internal structure of the ASRS Adult scales (2-factor model fit best; CFI ≥ .932, RMSEA ≤ .046). All factor loadings were positive and significant, with median values for Social/Communication and Unusual Behaviors of .587 and .719 for Self-Report, and .647 and .735 for Observer, respectively.

Evidence for the relationships with other measures supported the convergence of the content measured by the ASRS Adult (correlations with other measures of ASD ranged from *r* = .58 to .87).

The ASRS Adult demonstrates a high degree of criterion-related validity, as evidenced in the distinct score profiles between individuals in the general population and those with ASD diagnoses. For example, very large median effect sizes were observed: median Cohen's d = 1.49 for Self-Report (see Figure 1) and median Cohen's d = 1.27 for Observer. Additionally, ASRS Adult scores were able to correctly classify individuals into their respective groups—general population vs. ASD—with overall classification accuracy ranging from 75.4% to 82.8% across forms.

Figure 1. Differences in ASRS Adult Self-Report Scores: ASD vs. General Population



	TOT	SC	UB	DM	SO	SR	AL	ST	BR	SS	SB	CM	AT	AX
ASD	65.9	63.9	64.4	65.6	64.3	61.5	63.2	64.3	64.9	64.4	59.5	62.9	62.2	61.2
General Population	50.0	50.2	50.0	50.0	50.2	50.1	49.6	49.9	50.0	50.5	49.6	50.1	49.9	50.4

Note. TOT = Total Score, SC = Social/Communication, UB = Unusual Behaviors, DM = DSM/ICD Scale, SO = Socialization, SR = Social/Emotional Reciprocity, AL = Atypical Language, ST = Stereotypy, BR = Behavioral Rigidity, SS = Sensory Sensitivity, SB = Self-Injurious Behaviors, CM = Camouflaging, AT = Attention, AX = Anxiety.

FAIRNESS

There is strong evidence that the ASRS Adult meets or exceeds the fairness requirements outlined in the *Standards for Educational and Psychological Testing*[3]. When investigating differences by gender, race/ethnicity, and education levels, there was no evidence of meaningful differential test functioning between groups, and negligible to small differences in average observed scores between groups (median Cohen's *d* = |0.10| across raters and all group comparisons). The absence of statistical bias and the lack of meaningful group differences provides evidence for the generalizable and fair use and interpretation of the ASRS Adult scores.

[1]U.S. Census Bureau. (2024). *American Community Survey 5-Year Estimates: Comparison Profiles*, 2023. https://data.census.gov/

[2]American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

[3]American Educational Research Association (AERA), American Psychological Association (APA), & National Council on Measurement in Education (NCME). (2014). *Standards for educational and psychological testing*. American Educational Research Association.

A continuity of care throughout the lifespan

As the recognition and rate of ASD diagnosis in adults increases, it also signals a need for expanded healthcare and research into sociodemographic challenges affecting the growing adult population[4].

Why it matters

ASD affects 1 in 160 children globally[5]; in the U.S alone, over 50,000 youth enter adulthood every year[5].

Did you know...

the shift from pediatric- to adult-stage healthcare is often challenging for individuals with ASD?

Without a continuity of care, many lose access to familiar clinicians and services[3], and experience worsening of symptoms[5].

In addition, multiple studies have found a shortage of adult care clinicians with specialized knowledge of the medical, behavioral, and social needs of individuals with ASD during their transition to adulthood[5].

With increasing rates of ASD diagnoses, there is an urgency to improve the continuity of care for children transitioning to adulthood[6].

The ASRS Adult fills a critical gap as the conversation around adult ASD shifts from general awareness to tangible measurement. As an easy-to-use rating scale that reflects the unique presentation of ASD in adulthood, the ASRS Adult recognizes ASD is a lifelong condition—capturing how it can manifest at each life stage beyond childhood.

[4] Grosvenor, L. P., Croen, L. A., Lynch, F. L., Marafino, B. J., Maye, M., Penfold, R. B., Simon, G. E., & Ames, J. L. (2024). Autism diagnosis among US children and adults, 2011–2022. *JAMA Network Open*, 7(10), e2442218. https://doi.org/10.1001/jamanetworkopen.2024.42218

[5] Malik-Soni, N., Shaker, A., Luck, H., Mullin, A. E., Wiley, R. E., Lewis, M. E. S., Fuentes, J., & Frazier, T. W. (2022). Tackling healthcare access barriers for individuals with autism from diagnosis to adulthood. *Pediatric Research, 91*, 1028–1035. https://doi.org/10.1038/s41390-021-01465-y

[6] Enner, S., Ahmad, S., Morse, A. M., & Kothare, S. V. (2020). Autism: Considerations for transitions of care into adulthood. *Current Opinion in Pediatrics, 32*(3), 446–452. https://doi.org/10.1097/MOP.0000000000000882

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Get More From Your Assessments!

- **Simplify assessment workflows** on MHS Online Assessment Center+ (MAC+) or inside your EHR/CRM with the MHS Insights APP; use our Universal REST API when you need a purpose-built integration.
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