ADULT ASPERGER ASSESSMENT (AAA)

PATIENT DETAILS

Name: John Airey
Sex: male
Date of birth: 20/09/1965
Appointment: 01/04/2010
Age (in years): 44.5

SCREENING INSTRUMENT SCORES

Autism-Spectrum Quotient (AQ) score: 38
Max = 50, and 80% of AS patients score 32 or more

Reference: Baron-Cohen, S., Wheelwright, S., et al (2001) The Autism-Spectrum Quotient: a new instrument for screening AS and HFA in adults of normal intelligence. *Journal of Autism and Developmental Disorders, **31**, 5-17*

Empathy Quotient (EQ) score: 26
Max = 80, and 80% of AS patients score 30 or less

Reference: Baron-Cohen, S. & Wheelwright, S. (2004) The Empathy Quotient (EQ). An investigation of adults with AS or HFA, and normal sex differences. Jour*nal of Autism and Developmenal Disorders, 34*, 163-175

Childhood Asperger Syndrome Test (CAST) score: 14
Max = 31, and 87.5% of patients with an autism spectrum condition score 15 or more

Reference: Scott, F., Baron-Cohen, S., Bolton, P., Brayne, C. (2002) The CAST (Childhood Asperger Syndrome Test): Preliminary development of a UK screen for mainstream primary-school age children. *Autism **6(1)**, 9-31*

AAA DIAGNOSTIC CRITERIA

In order to receive a diagnosis of AS, patients must have 3 or more symptoms in each of Sections A - C, at least 1 symptom from Section D and meet all 5 prerequisites in Sections E - I.

Section	Domain	No. of symptoms required	No. of symptoms observed
A (max = 5)	Social	3	5
B (max = 5)	Obsessions	3	3
C (max = 5)	Communication	3	5
D (max = 3)	Imagination	1	3
Total (max = 18)		10	16
E - I (max = 5)	Prerequisites	5	5

DIAGNOSIS

Asperger Syndrome

NOTES

This is a computer-generated clinical report, designed by Baron-Cohen et al (Baron-Cohen, S, Wheelwright, S, & Robinson, J, Woodbury-Smith, M, (2005) The Adult Asperger Assessment (AAA): A diagnostic method. *Journal of Autism and Developmental Disorders,* ***35,*** *807-819*). It links electronically with the AQ and EQ screening instruments (see above), showing which of the questionnaire items this patient has endorsed.

The AAA was developed in the CLASS (Cambridge Lifespan Asperger Syndrome Service) clinic, which primarily provides a diagnostic evaluation. During the clinical interview, we check for the presence of symptoms relevant to a diagnosis of Asperger Syndrome (AS) or High Functioning Autism (HFA), as well as exploring if AQ & EQ items were endorsed in a valid way.

Note that the above criteria are AAA criteria, which are more stringent than the internationally recommended guidelines in DSM-IV.

The DSM-IV criteria for AS is that patients need only have 2 or more symptoms from section A and 1 or more symptoms from section B, as well as meeting the prerequisite conditions in sections F - I.

Symptoms that the AAA has included but which are not part of DSM-IV are asterisked.

Note that because the AAA criteria in this diagnostic assessment are more stringent than DSM-IV, anyone who meets criteria for this assessment will also meet them for DSM-IV.

The symptoms in sections C and D are not required for an AS diagnosis in DSM-IV. However, unless asterisked, they are part of the DSM-IV autistic disorder diagnosis.

Examples of how each symptom is demonstrated by this patient are given in italics overleaf.

A. Qualitative impairment in social interaction

1. Marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction.

YES	NO
1	

from childhood onwards - difficulties with eye gaze
still some problems with gestures re regulation of social interaction

2. Failure to develop peer relationships appropriate to developmental level.

YES	NO
1	

prefers to do things on own rather than with others (AQ1)
finds it hard to make new friends (AQ22)

3. No interest in pleasing others; no interest in communicating his/her experience to others, including:- lack of spontaneous seeking to share enjoyment, interests or achievements with other people; lack of showing, bringing or pointing out objects of interest.

YES	NO
1	

no showing, pointing, sharing

4. Lack of social or emotional reciprocity (e.g. not knowing how to comfort someone; and/or lack of empathy).

YES	NO
1	

is not concerned if late when meeting a friend (EQ11)
finds it hard to see why some things upset people so much (EQ21)
makes decisions without being influenced by people's feelings (EQ39)
can't sense when intruding (EQ44)
stays emotionally detached when watching films (EQ50)
difficulty with tuning in to how others feel (EQ52)
does not get emotionally involved with friends' problems (EQ59)

*5. Difficulties in understanding social situations and other people's thoughts and feelings.

YES	NO
1	

can't keep track of conversations in social group (AQ10)
finds social situations difficult (AQ11)
finds it difficult to work out characters' intentions when reading a story (AQ20)
finds it difficult to read between the lines when talking with others (AQ27)
finds it difficult to work out what someone is thinking/feeling from facial expression (AQ36)
finds it difficult to work out people's intentions (AQ45)
finds it hard to know what to do in social situations (EQ8)
can't pick up if someone says one thing but means another (EQ19)
finds it difficult to put self in someone else's shoes (EQ22)
not good at predicting how someone will feel (EQ25)
finds social situations confusing (EQ35)
not good at understanding how others are feeling or what they are thinking (EQ36)
difficulty with detecting whether someone is masking their true emotion (EQ55)
not good at predicting what someone else will do (EQ58)

B. Restricted repetitive and stereotyped patterns of behaviour, interests, and activities

1. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.

YES	NO
1	

gets so strongly absorbed in one thing that loses sight of other things (AQ4)
tends to have very strong interests which gets upset about if can't pursue (AQ16)
collects information about categories of things e.g. types of car (AQ41)

2. Apparently inflexible adherence to specific, nonfunctional routines or rituals.

YES	NO
1	

prefers to do things the same way over and over again (AQ2)
gets upset if daily routine is disturbed (AQ25)

3. Stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements).

YES	NO
	1

	YES	NO
4. Persistent preoccupation with parts of objects/systems.	1	

often notices small sounds that others do not (AQ5)
usually notices car number plates or similar strings of information (AQ6)
fascinated by dates (AQ9)
tends to notice details that others do not (AQ12)
fascinated by numbers (AQ19)
notices patterns in things all the time (AQ23)
usually concentrates on the small details rather than the whole picture (AQ28)
usually notices small changes in a situation or a person's appearance (AQ30)

	YES	NO
*5. Tendency to think of issues as being black and white (e.g. in politics or morality), rather than considering multiple perspectives in a flexible way.		1

unclear

C. Qualitative impairments in verbal or non-verbal communication

*1. Tendency to turn any conversation back on to self or own topic of interest.

YES	NO
1	

often told keeps going on and on about the same thing (AQ39)
in conversation, focuses more on own thoughts rather than listener's (EQ15)
tends to concentrate on talking about own experiences (EQ37)

*2. Marked impairment in the ability to initiate or sustain a conversation with others. Cannot see the point of superficial social contact, niceties, or passing time with others, unless there is a clear discussion point/debate or activity.

YES	NO
1	

is not good at social chit-chat (AQ38)
can't work out what other person might want to talk about (EQ54)

*3. Pedantic style of speaking, or inclusion of too little or too much detail.

YES	NO
1	

too much detail

	YES	NO
*4. Inability to recognise when the listener is interested or bored. Even if the person has been told not to talk about their particular obsessive topic for too long, this difficulty may be evident if other topics arise.	1	

doesn't know if listener is getting bored (AQ31)
can't easily tell if someone is interested or bored with what they are saying (EQ41)

	YES	NO
*5. Frequent tendency to say things without considering the emotional impact on the listener (faux pas).	1	

often told has been impolite even though they think they have been polite (AQ7)
often finds it difficult to judge if something is rude or polite (EQ14)
doesn't think it's their problem if they offend someone (EQ27)
if asked opinion about new haircut, would answer truthfully even if didn't like it (EQ28)
can't always see why someone should have felt offended by a remark (EQ29)
is very blunt without being intentionally rude (EQ34)

D. Impairments in imagination

	YES	NO
1. Lack of varied, spontaneous make believe play appropriate to developmental level.	1	

as a child, did not enjoy playing games which involved pretending with other children (AQ40)
finds it difficult to imagine what it would be like to be someone else (AQ42)
finds it difficult now to play games with children that involve pretending (AQ50)

	YES	NO
*2. Inability to tell, write or generate spontaneous, unscripted or unplagiarised fiction.	1	

finds making up stories difficult (AQ14)

	YES	NO
*3. Either lack of interest in fiction (written, or drama) appropriate to developmental level or interest in fiction is restricted to its possible basis in fact (e.g. science fiction, history, technical aspects of film).	1	

would rather go to a museum than the theatre (AQ24)

***E. Delays or abnormal functioning in each of A - D occur across development.**

	YES	NO
The problems noted above have all been present across the lifespan.	1	

F. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

	YES	NO
The problems noted above have interfered with the patient's life by causing depression, social isolation, difficulties at work and school, and an inability to attain life goals.	1	

G. There is no clinically significant general delay in language (e.g. single words used by age 2 years, communicative phrases used by age 3 years)

	YES	NO
The patient spoke on time.	1	

H. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour (other than in social interaction or skills linked to social awareness e.g. personal hygiene).

	YES	NO
There are no signs of any general learning disability.	1	

I. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.

	YES	NO
The patient does not show any psychotic features.	1	