

Gilliam Asperger's Disorder Scale

Section I. Identifying Information

Name _____

Male Female

Address _____

Examiner's Title _____

Rater's Name _____

Parents'/Guardians' Names _____

Year _____ Month _____ Day _____

Date of GADS Rating _____

School _____

Subject's Date of Birth _____

Examiner's Name _____

Subject's Age _____

Section II. Score Summary

Subscales	Raw Score	SS	%ile Rank	SEM
Social Interaction	_____	_____	_____	1
Restricted Patterns of Behavior	_____	_____	_____	1
Cognitive Patterns	_____	_____	_____	1
Pragmatic Skills	_____	_____	_____	1
Sum of Standard Scores	_____	_____	_____	
Asperger's Disorder Quotient	_____	_____	_____	4

Section IV. Profile of Scores

Standard Scores	GADS Subscales					Other Tests				
	Social Interaction	Restricted Patterns	Cognitive Patterns	Pragmatic Skills	Asperger's Disorder Quotient	Quotients				Quotients
18						140				140
17						135				135
16						130				130
15						125				125
14						120				120
13						115				115
12						110				110
11						105				105
10						100				100
9						95				95
8						90				90
7						85				85
6						80				80
5						75				75
4						70				70
3						65				65
2						60				60
1						≤55				≤55

Section III. Interpretation Guide

Asperger's Disorder Quotient	Probability of Asperger's Disorder
≥80	High/Probable
70-79	Borderline
≤69	Low/Not Probable

Section V. Response Form

Social Interaction Subscale

DIRECTIONS: Rate each item according to the frequency of occurrence. Use the following guidelines for your ratings:

- 0 **Never Observed**—You have never seen the person behave in this manner.
- 1 **Seldom Observed**—Person behaves in this manner 1 to 2 times per 6-hour period.
- 2 **Sometimes Observed**—Person behaves in this manner 3 to 4 times per 6-hour period.
- 3 **Frequently Observed**—Person behaves in this manner at least 5 times per 6-hour period.

Using the 0 to 3 rating scale next to each item, rate your impression of the frequency with which the person demonstrates the behavior. Indicate your rating by circling the appropriate number. Base your ratings on your knowledge of and experience with the person as you have worked with him or her. Remember to rate every item. If you are uncertain about how to rate an item, delay the rating and observe the person for a 6-hour period to determine your rating.

The person	Never Observed	Seldom Observed	Sometimes Observed	Frequently Observed
1. is inattentive to social/environmental stimuli.....	0	1	2	3
2. has difficulty cooperating in a group.....	0	1	2	3
3. has difficulty playing with other children.....	0	1	2	3
4. seems unaware of social conventions or codes of conduct.....	0	1	2	3
5. lacks empathy (understanding of how others feel).....	0	1	2	3
6. needs an excessive amount of reassurance if things are changed or go wrong.....	0	1	2	3
7. lacks subtlety in expression of emotion (e.g., shows distress or affection out of proportion to the situation).....	0	1	2	3
8. requires specific instructions to begin tasks.....	0	1	2	3
9. expresses feelings of frustration and anger inappropriately.....	0	1	2	3
10. becomes frustrated quickly when unsure of what is required.....	0	1	2	3

	+		+		+		=
Column 1 Total		Column 2 Total		Column 3 Total		Column 4 Total	

Social Interaction Raw Score

Restricted Patterns of Behavior Subscale

DIRECTIONS: Rate each item according to the frequency of occurrence. Use the following guidelines for your ratings:

- 0 **Never Observed**—You have never seen the person behave in this manner.
- 1 **Seldom Observed**—Person behaves in this manner 1 to 2 times per 6-hour period.
- 2 **Sometimes Observed**—Person behaves in this manner 3 to 4 times per 6-hour period.
- 3 **Frequently Observed**—Person behaves in this manner at least 5 times per 6-hour period.

Using the 0 to 3 rating scale next to each item, rate your impression of the frequency with which the person demonstrates the behavior. Indicate your rating by circling the appropriate number. Base your ratings on your knowledge of and experience with the person as you have worked with him or her. Remember to rate every item. If you are uncertain about how to rate an item, delay the rating and observe the person for a 6-hour period to determine your rating.

The person	Never Observed	Seldom Observed	Sometimes Observed	Frequently Observed
11. stares or looks unhappy or unexcited when praised, humored, or entertained.....	0	1	2	3
12. is unaware of or insensitive to the needs of others.....	0	1	2	3
13. demonstrates eccentric forms of behavior.....	0	1	2	3
14. has preoccupation with specific subjects or objects that is abnormal in intensity or focus.....	0	1	2	3
15. requires extensive directions from others.....	0	1	2	3
16. expresses feelings of empathy inappropriately.....	0	1	2	3
17. displays clumsy and uncoordinated gross motor movements.....	0	1	2	3
18. exhibits unusual, uncoordinated movements when walking or running	0	1	2	3

<input style="width: 40px; height: 20px;" type="text"/>	+	<input style="width: 40px; height: 20px;" type="text"/>	+	<input style="width: 40px; height: 20px;" type="text"/>	+	<input style="width: 40px; height: 20px;" type="text"/>	=
Column 1 Total		Column 2 Total		Column 3 Total		Column 4 Total	

Restricted Patterns of Behavior Raw Score

Cognitive Patterns Subscale

DIRECTIONS: Rate each item according to the frequency of occurrence. Use the following guidelines for your ratings:

- 0 **Never Observed**—You have never seen the person behave in this manner.
- 1 **Seldom Observed**—Person behaves in this manner 1 to 2 times per 6-hour period.
- 2 **Sometimes Observed**—Person behaves in this manner 3 to 4 times per 6-hour period.
- 3 **Frequently Observed**—Person behaves in this manner at least 5 times per 6-hour period.

Using the 0 to 3 rating scale next to each item, rate your impression of the frequency with which the person demonstrates the behavior. Indicate your rating by circling the appropriate number. Base your ratings on your knowledge of and experience with the person as you have worked with him or her. Remember to rate every item. If you are uncertain about how to rate an item, delay the rating and observe the person for a 6-hour period to determine your rating.

The person	Never Observed	Seldom Observed	Sometimes Observed	Frequently Observed
19. talks about a single subject excessively.....	0	1	2	3
20. displays superior knowledge or skill in specific subjects or activities.....	0	1	2	3
21. uses exceptionally precise or pedantic speech.....	0	1	2	3
22. attaches very concrete meanings to words.....	0	1	2	3
23. has difficulty understanding jokes or humor.....	0	1	2	3
24. shows excellent memory.....	0	1	2	3
25. shows an intense, obsessive interest in certain intellectual subjects.....	0	1	2	3

<input style="width: 40px; height: 20px;" type="text"/>	+	<input style="width: 40px; height: 20px;" type="text"/>	+	<input style="width: 40px; height: 20px;" type="text"/>	+	<input style="width: 40px; height: 20px;" type="text"/>	=
Column 1 Total		Column 2 Total		Column 3 Total		Column 4 Total	

Cognitive Patterns Raw Score

Pragmatic Skills Subscale

DIRECTIONS: Rate each item according to the frequency of occurrence. Use the following guidelines for your ratings:

- 0 **Never Observed**—You have never seen the person behave in this manner.
- 1 **Seldom Observed**—Person behaves in this manner 1 to 2 times per 6-hour period.
- 2 **Sometimes Observed**—Person behaves in this manner 3 to 4 times per 6-hour period.
- 3 **Frequently Observed**—Person behaves in this manner at least 5 times per 6-hour period.

Using the 0 to 3 rating scale next to each item, rate your impression of the frequency with which the person demonstrates the behavior. Indicate your rating by circling the appropriate number. Base your ratings on your knowledge of and experience with the person as you have worked with him or her. Remember to rate every item. If you are uncertain about how to rate an item, delay the rating and observe the person for a 6-hour period to determine your rating.

The person	Never Observed	Seldom Observed	Sometimes Observed	Frequently Observed
26. has difficulty understanding slang expressions.....	0	1	2	3
27. has difficulty identifying when someone is teasing.....	0	1	2	3
28. has difficulty understanding when he or she is being ridiculed, put down, or made fun of.....	0	1	2	3
29. has difficulty understanding what causes people to dislike him or her....	0	1	2	3
30. fails to predict probable consequences in social events.....	0	1	2	3
31. has difficulty making believe or pretending.....	0	1	2	3
32. when confused, doesn't ask for clarification but switches to a familiar topic.....	0	1	2	3

□	+	□	+	□	+	□	=
Column 1 Total		Column 2 Total		Column 3 Total		Column 4 Total	

Pragmatic Skills Raw Score □

Section VI. Parent Interview Form

DIRECTIONS: This section should be completed by parents or other caregivers who have direct, sustained contact with the child. Parent and caregiver interviews are acceptable. Answer each question by recording either *yes* or *no*. Complete every item.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 33. Was the child diagnosed as having any developmental delays?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Language Development | | |
| a. Did the child use single words by age 2?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Did the child use communicative phrases by age 3?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the child have a receptive vocabulary appropriate for his or her age?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the child have an expressive vocabulary appropriate for his or her age?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the child appear to have normal hearing?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Cognitive Development | | |
| a. Does the child demonstrate average memory skills?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the child learn facts and skills like average children?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the child seem to have average intellectual skills (i.e., seems to think, problem-solve, and understand basic concepts like average children)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the child make generalizations like average children?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the child try to solve puzzles or figure out tasks or problems?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Self-Help Skills | | |
| a. Does the child dress him- or herself appropriately for his or her age?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the child feed him- or herself appropriately for his or her age?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the child brush his or her teeth independently for his or her age?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the child wash and clean him- or herself independently for his or her age?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the child use appropriate toileting skills for his or her age?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Adaptive Behavior | | |
| a. Does the child have average motor skills for his or her age?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the child engage in the usual leisure time activities of other children of the same age and gender?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the child move about the community as independently as other children of the same age and gender?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the child know his or her phone number and address?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the child take responsibility for things such as completing chores, putting things away, and so on?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Curiosity About the Environment | | |
| a. Does the child appear curious about things in the environment (e.g., ask "why" questions to determine why things are the way they are)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the child read to gain information?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the child read for leisure?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the child try to figure out (or ask about) how things work?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the child ask questions to learn new facts about things in the environment (e.g., ask "what, when, where, how" questions)?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Section VII. Key Questions

1. What specific behaviors seem the most indicative of Asperger's Disorder?

2. Do the behaviors occur only in certain situations or activities, or do they occur in all settings?

3. Does the person display the behaviors regardless of who is present?

4. Could the behaviors be the result of another handicapping condition?

5. Have any evaluations been done to rule out the other condition, such as Pervasive Developmental Disorder or other mental disorders?

What evaluations?

6. Who has evaluated the person and what were the results?

7. Are problems noted in both social interaction and restricted, repetitive, and stereotyped patterns of behavior, interests, and activities?

8. Of these two problem areas, which one (social interaction or repetitive patterns) is most affected?

What are the problems?

9. How severe are these problems?

10. How do these problems interfere with normal functioning?

11. What information needs to be collected?

12. Who can supply the information?
