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Clinical Assessment for the Diagnosis of Asperger Syndrome in adolescents and adults

Guidelines with a focus on the feminine profile

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Overview

Diagnosis of Asperger Syndrome (AS) has long been a challenging issue. As there is currently no established biological marker, 'gold standard' diagnosis is presently a best estimate clinical judgement based on the behavioral presentation of the individual. However, the variability in Asperger Syndrome symptoms and the considerable behavioral overlap with other developmental conditions means that diagnosis is not a straightforward clinical task. The correct appraisal of behaviors associated to AS is an inherently subjective task that relies heavily on clinician experience and skills.

This task of providing accurate AS diagnoses is complicated further by significant variability between males and females in the composition of the clinical diagnostic criteria.

The present guidelines were elaborated by a team composed of some of the best expert clinicians of Asperger Syndrome in the world. This team was set the task of developing guidelines that define an assessment process that is comprehensive in scope, acceptable to clients, feasible for clinicians to administer, and effective and efficient in delivering accurate diagnostic. The process conducted by the team in developing these guidelines comprised a detailed observation of Dr Isabelle Hénault and Prof. Tony Attwood's everyday clinical practices, and extensive consultations with them.

The guidelines outline a step-by-step process for conducting an AS assessment from the time of referral until the results are shared in a written report.

These guidelines were produced to support clinicians who undertake diagnostic assessments that may result in an AS diagnosis. The guidelines do not seek to reform or replace the AS behaviors outlined in the DSM or ICD diagnostic manuals, but rather provides a framework that enables an effective and efficient appraisal of these behaviors. The clinical presentation of AS is complex and varies between individuals. In some individuals, the behavioral features of AS are obvious and confirming a diagnosis is relatively straightforward. In other individuals, behavioral features can be more subtle and/or combined with additional clinical difficulties, making an accurate evaluation of those behaviors more difficult. Diagnostic guidelines must describe a process that is both

flexible enough to be tailored to an individual's behavioral presentation, but also ensure that a comprehensive assessment is conducted with all individuals to guide their future clinical management.

These guidelines have been developed to address the critical need for a consistent and comprehensive clinical protocol for AS diagnosis. To make best use of the guidelines, it is essential that clinicians familiarize themselves with the content enclosed in this document and ensure that the requisite professional training is achieved and maintained in order to competently deliver these clinical services. While it was necessary to describe an overarching diagnostic framework that could apply to the full range of individuals that undergo AS assessments, we reiterate the importance of tailoring the process to meet the needs of the person, including considering the broader neurodevelopmental features and environmental context of the individual.

Definition of Asperger Syndrome

Asperger Syndrome is an Autism Spectrum Disorder (ASD)¹. ASD is the collective term for a group of neurodevelopmental conditions characterized by impairments in social interactions, verbal and nonverbal communication and by repetitive patterns of behavior and restricted interests. The behavioral features that characterize ASD are often present before three years of age, but may also first become apparent during the school years or later in life. The developmental challenges and symptoms can vary widely in nature and severity between individuals, and also in the same individual over time, as well as being accompanied by mental and physical health problems.

Asperger Syndrome is characterized by deficits in social-emotional reasoning skills, a narrow range of interests or a 'one-track' mind and often by motor skill and sensory problems. Adults with Asperger's syndrome can experience discomfort in social situations, increased levels of anxiety and discomfort in certain environments. They often have a different way of problem-solving, a special interest and difficulties picking up on

¹ The name Asperger Syndrome has been removed from the re edition of the DSM V and ICD 10. However,here i suggest to use arguments from <https://www.verywellhealth.com/does-asperger-syndrome-still-exist-259944>

social cues. The attention to details and the pragmatic mind are other features of Asperger's syndrome.

Diagnostic evaluation

To ensure that the Diagnostic Evaluation is both accurate and efficient for the full range of AS presentations, the guidelines incorporate a degree of flexibility that enables the process to be tailored to the complexity of the individual's clinical presentation. The guideline recommends two sequential 'steps' for Diagnostic Evaluation. All individuals undergo a Step 1 Diagnostic Evaluation, which involves a collection of information process to determine if an AS diagnosis can be confirmed or ruled-out with certainty. Where an AS diagnosis cannot be confirmed or ruled-out with certainty at Step 1, an individual continues to a Step 2 Diagnostic Evaluation. This Step 2 Diagnostic Evaluation consists of a clinical semi-structured interview that allows a more in-depth assessment of the specific areas where there may be diagnostic uncertainty.

Step One : Collection of information

Information collected from a variety of evidence sources can greatly assist the development of a comprehensive clinical picture of an individual.

To obtain a comprehensive understanding of the individual being assessed, a first step must involve the collection of information on all of (but not limited to) the following topics:

- **Medical and health history:** Information from the antenatal, perinatal, neonatal, past and current periods in relation to hearing, visual, physical, intellectual and mental health conditions;

- **Family history:** Presence of medical, psychiatric, and neurodevelopmental disorders (including ASD) among nuclear or extended family members, as well as relevant social and environmental factors (e.g. family violence, substance abuse, neglect);

- **Developmental history:** How the individual has developed during his lifetime in terms of developmental milestones for communication, social, gross / fine motor and personal care skills, as well as the presence of any developmental regression;

- **AS specific symptoms:** Behaviors relating to social communication/interaction and restricted, repetitive patterns of behavior outlined in either the current DSM or ICD diagnostic criteria.

- **Other relevant behaviors and/or symptoms:** Information collected from a variety of evidence sources can also greatly assist the development of a comprehensive clinical picture of an individual. These include:

- Screening to determine if further investigations are required to explore if differential diagnosis should be considered or if a co-occurring condition is present (ex: ADHD, Depression, OCD, etc.).

- File review of existing assessment reports, early intervention / medical /psychological records, parent records of early development (e.g. baby books, home video footage), school records and evidence of any childhood traumatic experiences;
- Communication with a caregiver or a support person who knows the individual well;
- Medical evaluation of the individual being assessed for AS, consisting of neurological and physical history and examination to assess whether there are medical causes and/or associations with the behavioral presentation of the individual.

Questionnaires and Tests

The filling of a number of screening tests/questionnaires with the client (and/or with the parents in the case of children and young adolescents) before the clinical interview - to ensure a full comprehension of the items/questions - is a very strong source of information.

- SCREENING/PRE DIAGNOSTIC TESTS

These tests are suggested but a selection can be made to the judgement of the professional. For the complete bibliography of all tests mentioned in this section, see the *References* chapter.

FOR CHILDREN AND ADOLESCENTS (FROM 5 TO 17 YEARS OLD)

- Autism Quotient (AQ) Child - *Auyeung, Baron-Cohen et al., 2008*
- Autism Quotient (AQ) for Adolescents - *Baron-Cohen et al., 2006*
- Empathy Quotient (EQ) Child and Systemizing Quotient (SQ) Child (55 items) - *Auyeung et al., 2009*
- Empathy Quotient (EQ) for Adolescents - *Auyeung et al., 2012*
- Systemizing Quotient (SQ) for Adolescents - *Auyeung et al., 2012*
- Face Test - *Baron-Cohen et al., 2004*
- Eye Test for Children - *Baron-Cohen et al., 2001*
- Faux-Pas for Children - *Baron-Cohen et al., 1999*
- Theory of Mind Test - *Happé and Frith, 1994*
- Emotion Cards - (ldlearning.com)

FOR ADULTS (FROM 18 YEARS OLD)

- Autism Quotient (AQ) - *Baron-Cohen et al., 2001b, 2008; Woodbury Smith et al., 2005*
- Empathy Quotient (EQ) for Adults - *Baron-Cohen et al., 2010*
- Friendship Questionnaire (FQ) - *Baron-Cohen and Wheelright, 2003*
- Systemizing Quotient - Revised (SQ-R) for Adults - *Wheelright, Baron-Cohen et al., 2006*
- Sensory Perception Quotient (SPQ) - *Tavassoli et al., 2014*
- Face Test - *Baron-Cohen et al., 2004*

See results chart for mean AS and NT scores

- Eye Test for Adults - *Baron-Cohen et al., 2001**

*Regarding this test, considering the raw score is not always sufficient. The clinician should ask the client if he gave his/her answer intuitively (NT style) or by deduction/by trial and error/by looking for the most probable answer among those provided (ND style). The clinician should also ask how long it took to complete the test (max 10-18 min = NT; from approximately 20 min to 1 hour = AS). Female usually obtain higher scores than males, see chart results.

- Faux-Pas for Adults - *Stone, Baron-Cohen, Knight, 1998*
- Social Stories Questionnaire - (www.autismresearchcenter.com)

• **DIAGNOSTIC ASSESSMENT TOOL**

- Ritvo Autism Asperger's Diagnostic Scale - Revised (RAADS-R) - *Ritvo et al., 2011*

SUPPLEMENTARY TEST FOR FEMALE

- Questionnaire for Girls with Asperger Syndrome (QGAS) - *Attwood and Garnett, 2013* (age 5 to 12 and 13 to 18 y.old)
- The Questionnaire for Autism Spectrum Conditions (Q-ASC).Ormond, Brownlow, Garnett, Rynkiewicz & Attwood, 2017
- The Autism Spectrum Screening Questionnaire -Revised Extended Version (ASSQ-REV)- *Kopp & Gillberg, 2011*

Personal notes

The client is asked to produce a written document of 3 to 4 pages with a description of his/her interests, routines, behaviors, sensory sensibilities, habits and any relevant information about his/her character and personality.

It is not unusual that the client will send many pages (much more than three or four!) because “it was too difficult to select and summarize all these information about myself”. This is in itself an important sign: it is true that AS people are very respectful of the rules, but they have also problems with thought’s organization and planning, and are also biased by the pleasure and the need for accuracy they put in describing their interests, routines and life experiences.

Notes from a reference person

The AS assessment process must follow an individual and family centered approach, by which assessment professionals collaborate with individuals and their families to identify the unique needs, strengths and contexts of the person undergoing assessment and their broader family unit.

A client’s reference person (a person that knows the client well - family members, close friend, partner, a colleague...) is asked to write a description of the salient characteristics that best describe the client, some memories about the client’s childhood and/or some salient anecdotes of her past/present life.

The point of view of a reference person is particularly important when the client arrives to a Diagnostic Assessment because of the worries of a family member (can be a parent, or the partner, or a caregiver) and not by him/herself. In these cases, the client is not aware of the difficulties he/she experiments in the daily life. If this is the case, the specialist should consider the option to ask the reference person to compile the diagnostic tests in order to produce a comparison between the client’s perception of his/her abilities and behavioral characteristics and the reference person’s ones.

Medical records

When possible, record a description of:

- previous medical/psychological diagnosis;
- past and present medications.

A common occurrence in AS is the presence of one or more previous medical/psychological diagnosis, especially in females. Almost all of them have been diagnosed in the past, typically with:

- depression
- borderline personality disorder
- bipolar disorder
- ADD/ADHD
- OCD
- anorexia or eating disorders
- anxiety and/or panic attack
- social phobia
- avoidant personality
- Tourette syndrome
- burnout

Unfortunately, it is very common for AS females to have a past of struggles and difficulties that have not been fully and deeply understood by health professionals, mostly because of the stereotypes and prejudices connected with the Autism Spectrum Disorders and the lack of knowledge about the female AS characteristics and profile.

When the client presents one or more of these previous diagnostics and she claims that she has never felt completely represented by it/any one of them, it is a warning signal that should be considered as a part of the diagnostic assessment.

CONCLUSION OF STEP ONE

Taking into account all information collected, Step One will result in one of the following outcomes:

- There is enough indication that the individual meets criteria for AS and should be further evaluated by a clinical interview to reach a final decision
- The individual does not meet criteria for AS when a majority of results in the screening tests do not meet the mean scores of AS. Also, if the self-description and reference person's description doesn't represent the AS clinical profile. In such case, it can be recommended to proceed for a differential diagnostic (High potential intelligence, personality disorder, OCD, etc.)

Step TWO

Clinical interview

After the clinical evaluation of the results of the tests/questionnaires, the pages of Personal notes and the Medical information, a detailed and extensive clinical interview (if appropriate based on age and communication abilities) with the individual being assessed for AS is required to complete the diagnostic assessment. During this interview, information is obtained by asking semi-structured open ended questions. As some typical aspects of the female profile can be missed, underestimated or not well pointed out, most of the themes previously investigated with the tests/questionnaires and the personal notes are reviewed and deepened.

Eight specific topics (*Self-recognition as a member of the Aspergirls; Childhood and years of school; Social interactions; Personal way to perceive the world; Relationships; Animals; Perception; Health*) will be explored, as described below. To get a complete clinical portrait, all questions of each topic should be asked. The sequence of question is flexible and should follow the spontaneous course of the conversation. However, the "A" topic (*Self-recognition as a member of the Aspergirls*) should be addressed first.

Two different versions of the *Questionnaire for the Diagnostic Assessment in Females (QDAF)* are presented in the Annexes section of this guide :

Protocol 1 is the list of questions divided into eight topics that the specialist will study in advance and use during the clinical interview in a spontaneous way. The questions can be addressed to the client following the natural conversation, in a flexible order.

Protocol 2, is the list of questions divided into eight topics, with the necessary space to write each answer given by the client. This version is thought for the specialist who wants to follow the given order of the questions.

We provide below the description of the typical answers for the 65 questions of the *Questionnaire for the Diagnostic Assessment in Females (QDAF)*, divided into eight specific topics. The expected answers reflect a common or typical profile, not so much of personality, but rather of the experience, the way to perceive the world. If the right questions are posed the feminine profile becomes clear and recognizable, no matter its variability across individuals.

Items of the QDAF

A) Self-recognition as a member of the Aspergirls:

1. When was the first time you have heard/read about Asperger Syndrome?

Clearly, the answers to this question can be very different from one person to the other. Some have read an article or watched a TV program about Autism and found some aspects in common with herself; some have a relative or family member with ASD and have started to realize to be in some way similar; some have discussed about Asperger Syndrome with a male colleague that has received his diagnosis and so have started to search information to better understand the profile, finding out that some characteristics fit well with her too.... but some others don't. So typically women seek help to understand their feeling of being different after months or even years of questionings and researches. As divulgative documents describing accurately the female profile of Asperger Syndrome are very rare, women often need more time than men to recognize themselves in the AS profile and take the decision to consult a specialist. However, screening tests on Internet (www.autismresearchcenter.com) can help identify some traits.

2. *Do you recognize yourself in some aspects of what you have heard/read? If yes, describe in what and why.*

It is interesting to know in which aspects of Asperger Syndrome the client recognize herself. Typically, women will recognize and describe with more confidence and openness than men the characteristic that belong to them.

3. *What is the first memory that you have as a child? Tell me about the very first memory that you can recollect.*

Many women will describe an episode/impression of their life that happened in the first 2 or 3 years of life.

4. *Have you ever felt the sensation to be different from the children of your age? If yes, when did you start to have this feeling?*

The typical answer is YES. They usually started to feel different from others when interacting socially and build social relationships become a central part of their daily life (around 6/10 years old). It is at that stage that their difficulty/inability to make friends becomes more evident. It is not uncommon to receive the answer "I've always been different from the other children of my age".

B) Childhood and years of school:

1. *Which kind of memories do you have about the primary school? And at the secondary?*

It's important to collect personal information starting from the primary school because the difficulties and difference in behaviors often emerge during this period. Usually AS women perform well at school, especially in math, science, biology - if they are more logical and structured - but also in language (English, French, ...) and art - if they used to create imaginary worlds and pass hours in fantasizing. Typically, during secondary school the differences between them and the other girls become more and more evident and the episodes of bullying and teasing are unfortunately a common factor.

2. *What kind of memories do you have about the years of college? And at University?*

The experiences here can be very different. There can be women that will continue to experience episodes of teasing and bullying and a great difficulty to express their talents and find their own way; other women will on the contrary focus all their energy

and time into their field(s) of interest, finding a way to realize themselves, even if not without difficulties.

3. *Was it difficult to make friends? And now?*

The typical answer is YES. It was and it is still a challenge to make new friends or maintain close relationships. However, the specific aspect of the feminine profile is the presence of one or two special friend(s), that usually accompany the client's life since she was a child/adolescent. The friendship relationships, when present, are usually selective but also very stable over the years.

4. *How many friends did you have? And now?*

Friendships for the AS females are usually limited to one or two people, even if it is not unusual to find women for whom the only reference person is a parent or the partner.

5. *Did you have an imaginary friend? And now?*

It is possible to find women who had or still have an imaginary friend. The role and function of this friend was/is to guide her actions, to be an individual other from herself to whom she can refer all the times she has a doubt about how to behave in a certain situations, or to whom can be referred in any moment. It is not a psychotic expression, even if the imaginary friend is still present when the woman is grown up. This kind of vivid imagination also serves as a way to "recharge the energy" and to escape from the day to day difficulties. It is also a strategy to compensate the lack of real friends in her actual life.

6. *Have you ever been victim of bullying and teasing?*

As described before, AS women have often experienced some episodes of bullying and teasing during their childhood and/or adolescence. These episodes have generally a deep impact in the subsequent development of their social abilities. It also affects their self-esteem and confidence.

7. *Do you remember to have been a child that preferred to observe the other children rather than to talk and interact with them?*

The typical answer is YES. A specific trait of the female profile is the feeling of isolation experienced in childhood, which is qualitatively different from avoiding social

behaviors that is usually associated with the autistic male children traits. Since AS females are more curious, have more pleasure in the observation and imitation of other people that they use as models of behaviors, they typically spend the childhood observing other children rather than interacting with them. It is a period of their life, during which they learn how to act, behave, react, be part of the complex social world around them.

8. *Did you like to see films or soap operas or TV series to observe and study the behaviors and interactions between the characters?*

The typical answer is YES. How AS women learn about social behaviors? Not only by observing friends and people around them, but also by seeing more and more times TV series, films, soap operas and studying the interactions between the characters.

9. *Did you have one or more people/characters that you used as models of behaviors?*

The typical answer is YES. It is not unusual that, after asking this question, the client explains how she has always mimicked a person (that could be the mother, the older sister, a teacher, etc.) or a character (from a film, a book or a TV series) that she considered as a model of good behaviors, an inspiration to better understand how the social and cultural environment is expecting a woman to be.

10. *Were you a child that preferred to stay alone and/or in your own imaginary world?*

The typical answer is YES. Most of AS women spend hours and hours imagining social interactions in their mind, on the basis of what they have seen or learnt. If it's so difficult to understand the social rules of the real world, to be appreciated and valued, why not escape into my own imaginary word? So, it is frequent that when they were young, they spent hours alone, thinking and imagining rather than interacting with the peers, or engaged in their special interest. This characteristic can remain and develop over time, up to become a central part of their lives: a lot of AS women become writers, artist and even actors.

11. *Did you try to interact with the girls of your age and become friends but always without success?*

The typical answer is YES. Some of the AS women remember having tried a lot of times to interact with the other girls and to make friends, but always with little or no

success. They were seen as odd or “different” and peers were not interested in becoming their friends. For many of them, the only relationships they had were with adults or pets.

12. Did you experience some episodes of selective mutism as a child or adolescent? And now?

It is not unusual to find AS women who experienced a period of selective mutism as a child and even as an adult. This selective mutism can be a symptom of anxiety/mi where the girl/woman choose to protect herself from the outside world. Some of them can still show episodes of selective mutism in specific occasions, especially social events where they are not at their ease, too much stimulated and with people that they don't know or don't like or when they are confused with demands or rules to follow.

13. Have you ever been interested in boys? If yes, when did you start?

Not all the AS women show an interest in love relationships, but when it happens it is usually a late interest (around their 20s - 30s). In some cases they have also lived early negative experiences due to a social immaturity and the inability to pose limits to sexual predators. Moreover, some AS female teenagers experienced relationships with groups of friends (mainly boys) having a “tomboy” look or attitude, that can bring to a wrong interpretation of their behaviors and desires. For them, it is hard to discriminate between friendship or intimate relationships and their look and/or attitude don't help the people around them to understand their intentions and send clear signal of interest (which, in any case, are very difficult to be decoded and understood by an AS girl/woman). Another important aspect to consider is the possibility that some AS women use their sexuality to attract attention or relationships. Since the social rules and the physical limits are not always clear or present in the AS girls/women, they can learn that their sexuality can be a way to obtain a connection with other people, a connection that they were not able to obtain before in other ways. Hypersexuality can also occur when a girl/women has difficulties setting up limits and boundaries or when exploring sexuality by mere curiosity.

14. What kind of hobbies did you have when you were a child? And now?

This is an interesting question to find out about her spheres of interest, her talents, the ways she has managed to cope with stressful situations (hobbies and special interests are often means of decreasing anxiety).

15. *As a child or in your actual life, do you experience fine (eg using scissors, tying shoe laces, writing with a pencil, etc...) or gross motor skills difficulties or motor coordination (cycling, playing ping pong, running, ...etc.) ?*

The usual answer is YES. Very rarely, an adolescent or adult may have a special talent in sports.

C) Social interactions :

1. *Is it difficult for you to participate to activities with many people (group activities, meetings, events, hanging out with friends, etc.)?*

The typical answer is YES. This is a specific characteristic of many people on the Spectrum. This difficulty in being part of social situations, doesn't mean that AS women are isolated and don't have a social life, especially when they are married and have child. It means that, even if they are able to participate to family reunions or work meetings, after the event they feel very exhausted and physically proved. This reaction can be caused by the overload of sensorial stimuli and social interactions, that for AS women (but also men) require at least twice the energy and the effort that is required to neurotypical people. As an AS client perfectly explained, AS people in social events are like an Espresso's cup, while NT people are like a barrel: the first become full much more quickly than the second. Environmental stimuli and the social interactions fill the Espresso's cup really fast, while the barrel is still empty, and able to receive a lot more.

2. *Do you feel exhausted, mentally and physically tired after a day/some hours surrounded by many people?*

The typical answer is YES. This question aims at getting a description of the physical and psychological symptoms.

3. *After a day/some hours surrounded by many people, do you feel the need to stay alone and do your favorite activity?*

Same idea of the previous question. Women often report that staying alone for a while is a way to recharge their energy (battery).

4. *Do you experience some difficulties to follow a conversation with two or more people?*

The typical answer is YES. This is a specific characteristic of many people on the Spectrum, and is not unusual even in AS women. They find difficult to follow a conversation with more than one interlocutor.

5. *Is it difficult for you to understand the emotions and the reactions of the others? Does it happen sometimes that you do not understand correctly a social situation or a relational context?*

The typical answer is YES. It is well known that is caused by their difficulty in Theory of Mind and in understanding the emotions expressed by the faces. We should find a correlation between this answer and the Eye-Test.

6. *Do people close to you (family, friends, partner, etc.) sometimes tell you that you have a too weak/too strong reaction to a particular situation?*

The typical answer is YES. This is due to a difficulty in modulating the intensity and quality of their facial expression and/or in choosing the affective reaction most appropriate to the context. It doesn't mean that they are not able to feel the right emotion in a particular situation, but they have a different way to express it. Usually they need a training to learn how to react to social situations in the most proper way.

7. *Is it very difficult for you to have a superficial conversation (chat-chat) or to talk about general topics (the weather, politics, sport, gossip, etc.)?*

The typical answer is YES. For many AS people, such conversation are considered boring or a waste of time. It is thus extremely difficult - if not impossible - for AS people to talk about superficial or general topics. As it is often the starting point of a conversation with an unknown or not well known person, it explains why AS people experience difficulties in making new friends or acquaintances.

8. *Do you feel like you are practicing the social rules and conventions in an unnatural, not spontaneous way?*

The typical answer is YES. AS females have the feelings to act in social contexts as if they were playing a role, or as if they are following a learnt script.

9. *Is it a problem for you to understand when and/or how to stop a conversation?*

For many AS people it is difficult to respect the social rules that drive a conversation. AS females, even if they are usually more sociable and have more skills than men in this field, can nevertheless present this difficulty.

10. *Do you find difficult to talk by phone, when you cannot see the other person and his/her reactions?*

This is a typical characteristic of many people on the Spectrum, and is not unusual in AS women. A phone conversation is often felt as very demanding, unclear or ambiguous. AS individuals often prefer written conversations since the visual code is easier to elaborate and remember than the oral one. This difficulty is worsened by the lack of indicators normally communicated by facial expressions and body gestures.

In both cases, written and oral, communication is a place of misinterpretation for AS people and this aspect must be taken into consideration during the assessment because some questions may be misinterpreted.

11. *Is it difficult for you to take notes during a conversation at the phone?*

The typical answer is YES, since the double task of listening and writing adds difficulty to the impairment described in the previous question.

D) Personal way to perceive the world:

1. *Do you experience emotions in a intense and extreme way?*

The typical answer is YES. The client is usually able to recall multiple memories about this. The AS way to perceive the world and to react to emotional events is very deep, intense, subjective and “extreme”. AS women are very sensitive and sensible, but their way to express their feelings is different compared to neurotypicals. It is not unusual to hear that they were **pointed out** by the family members because they didn’t cry at parent’s funeral, while mourning and depressing for months after the death of their pet. This atypical way to express emotions is not linked to a lack of empathy or compassion or

emotional proximity to the dramatic events that concern the other people. It is a different way to express the same feelings. Note that this unconventional way to express emotions is one of the causes of the misdiagnosis of bipolar disorder that is very common in AS women.

2. *For you, is everything “black or white”?*

The typical answer is YES. It is a logical consequence of the answer to the previous question. Here, more emphasis is put on the “extreme” way to live and perceive events, emotional or not. AS women tend to express this “all or nothing” way-to-be in various fields: emotions (bipolar-type emotions); relationships (best friend or no relationships); opinions and ideas (no “grey zone”).

It should be noted that some AS women will not understand this question because of the use of an absolute term (‘Nothing can be ALWAYS the same, so why are you asking if EVERYTHING is “black or white”?’ - they can say) and/or because of the use of a metaphor (they could understand “black and white” in a literal way and be confused by the question).

3. *Are you a perfectionist? Are you able to find errors where other people can’t?*

The typical answer is YES. This is a typical characteristic of many people on the Spectrum, and is not unusual even in AS women.

4. *Do you feel the need to live and work in an organized and structured environment?
Do you feel anxious if your order is changed by someone?*

The typical answer is YES. This is a typical characteristic of many people on the Spectrum, and is not unusual even in AS women.

5. *Are you an honest but also naïve person?*

The typical answer is YES. This is a characteristic of many people on the Spectrum, and is not unusual even in AS women. They typically struggle a lot with this characteristic, especially towards relationships. This characteristic brings many AS women to be victims of predators, who use the naïve, genuine side of the AS woman’s personality and their low self-esteem to psychologically or/and physically abuse them. They also usually don’t have friends to whom they can ask if a person is good (trustable) or not, which makes them

very vulnerable to people who attempt to take advantages from them. There is however also a positive aspect about this characteristic: they are usually very caring, attentive to the needs of others, very good with children (with whom they share the honesty and naïvety), very compassionate to others and all these characteristics can become a profession: many AS women are nurses, teachers, or health professionals.

6. *Do you feel like your mind is always working, even during the night?*

The typical answer is YES. This is a typical characteristic, also called “train of thoughts”, of many people on the Spectrum, and is not unusual even in AS women. It can be correlated with sleeping problems and high levels of anxiety.

7. *Is it difficult for you to read through the lines in a conversation?*

The typical answer is YES. This is a typical characteristic of many people on the Spectrum, and is not unusual even in AS women.

8. *Do you understand what people say in a literal way?*

The typical answer is YES. This is a typical characteristic of many people on the Spectrum, and is not unusual even in AS women.

9. *Is it very difficult for you to say lies, even if they are “white lies”?*

The typical answer is YES. This is a typical characteristic of many people on the Spectrum, and is not unusual even in AS women.

10. *Do you think in images? Are you a visual thinker ?*

The typical answer is YES. This is a typical characteristic of many people on the Spectrum, and is not unusual even in AS women.

11. *Do you feel to have your mind always full of thoughts or images? Is it difficult for you to translate them into words? Or on the contrary, do you have the need to put them into written words, to clean your head?*

The typical answer is YES. This is a typical characteristic of many people on the Spectrum, and is not unusual even in AS women.

12. *Do you have a good long-term memory, especially for information that are interesting for you?*

The typical answer is YES. This is a typical characteristic of many people on the Spectrum, and is not unusual even in AS women.

13. *Is it difficult for you to remember verbal orders/oral instructions?*

The typical answer is YES. This is a typical characteristic of many people on the Spectrum, and is not unusual even in AS women. It is very important to take into consideration this characteristic as it may lead to difficulties on the workplace/ at school.

14. *Does it happen sometimes that you see or notice some particulars, little details that the others can't see or notice?*

The typical answer is YES. This is a typical characteristic of many people on the Spectrum, and is not unusual even in AS women.

15. *Do you have some routines? What does happen if something or someone make your routine change?*

The typical answer is YES. This is a typical characteristic of many people on the Spectrum, and is not unusual even in AS women. If the routine changes, the person usually feels an increase of anxiety and an urge to re-establish the order. The impact on daily life can be very deep and create some perturbations that can interfere with his personal and working life.

16. *Do you like to deeply understand all the new things, to precisely understand how things work, to always learn new things and explore them till the moment you feel to have totally understood them?*

The typical answer is YES. This attitude is extremely common in AS females. When they find a topic or an activity that captures their interest, they can spend hours, days, years in studying, deepening, becoming expert in it. They can even forget to eat during a day dedicated to their passions. When they run out a given topic or an activity, they usually switch to another.

They can also have many special interests and a lot of abilities in different fields, but not being able to focus on some of them in order to fully accomplish them, possibly making a

choice between the various alternatives that can be spendable in the daily life. At the basis of that, there is a difficulty in the Neuropsychological abilities called Executive Functions (planning, organisation, problem solving, etc.), typical characteristic of many people on the Spectrum.

E) Relationships:

1. *Do you use different masks or characters in different situations of the everyday life?*

The typical answer is YES. AS women often develop a special interest in observing other women (or people in general) since childhood, because they appear as behavioral models. They can develop over time different roles or masks to be used in different contexts or situations. So a woman can behave as “wife and mother” at home, as a “professional” with her chief and colleagues, as a “friendly and fun person” with the group of friends or relatives. This way to behave as a “chameleon” is used as a strategy to adapt themselves to social situations where the rules are learned and not spontaneous, in order to reduce the doubts about the correct and proper behaviors to have in this specific social situation and thus decrease anxiety. This attitude can be called “*camouflaging*” or “*masking*”. It can be considered adaptive because it’s a natural strategy to navigate in daily life, but many women arrive at the point to feel confused about their authentic identity. Social camouflaging is also a result of learned social rules and conventions.

2. *Is it difficult for you to read the emotions of the people near you (family, friends, partner, etc.)?*

The typical answer is YES, but sometimes AS women develop over time the ability to understand well the members of their family, like the partner or the child, especially when they share the Aspie characteristics.

3. *Does it happen that the people near you (family, friends, partner, etc.) say that you are too direct and without filters, while instead, according to your perspective, you are just telling the truth?*

The typical answer is YES. This characteristic is linked to the well-known difficulty in Theory of Mind. Even if an AS woman can have a high level of autonomy and

independence, she will typically show difficulties in the subtle comprehension of conversation's rules, ending up to be perceived as too blunt or even rude and impolite.

4. *In your general experiences, are you attracted by people with a strong personality?*

The typical answer is YES. People with strong personality are seen as good social guide to navigate the social world.

5. *In your relationships, are you attracted to a persona rather than his/her gender?*

This question is very important to estimate the profile of many AS woman and relates to a recent field of research where a new conception of AS gender identity and sexual preferences has emerged. More and more AS people, men and women, describe themselves as "gender neutral" and/or attracted to a *persona* (so to a set of characteristics of personality, to his/her character, his/her personality, his/her qualities and interests), not to a predetermined sex. It is also possible that the woman is unsure about the attraction until she gets experiences, which are typically delayed in AS people. So they might say: "I don't know which my preference is because I've never been in a relationship yet. So how can I know what I prefer, if I've never try neither one nor the other?".

F) Animals:

1. *Do you like animals? Which one is your favorite?*

The typical answer is YES. AS women often love animals in a unique way (see next question). Dogs, horses, and cats are the animals that are mentioned most often.

2. *Do you feel a special connection with animals? Do you have the impression to be understood by them?*

The typical answer is YES. The relationship that connects an AS woman with her favorite(s) animal(s) is often very unique and deep. They all describe this connection at a spiritual level, they feel to be understood better than animals than by men, and to perceive the emotions expressed by animals better than other people can do. Some women will describe this as a 'sixth sense'.

3. *Do you understand better the animals than the humans?*

The other aspect of this special connection with animals is that AS women say to understand better an emotion expressed by the favorite animal than the same emotion expressed by a person. This special bond can explain the deep reaction of pain and grief that AS women experience after the death of an animal. An eminent example of this special and unique connection between an AS woman and animals, is Temple Grandin.

G) Sensory aspects and Perception:

1. *Do you have difficulty to stand some kind of tissue on your skin (rough fabric, jeans, labels, seams on the T-shirt or on the socks, etc.)? When did this difficulty start?*

The typical answer is YES. It is often present since childhood. Some of them can have developed a greater ability to stand these problems of tactile perception, while others struggle with them every day.

2. *Is it difficult for you to be caressed, to receive light touch, in particular by people that you don't know? Do you prefer a deep touch and a strong hug? When did this difficulty start?*

The typical answer is YES. It is often present since childhood. Some of them have developed a lower sensitivity towards some people with whom they are intimate, like a partner or the children. In general, AS women don't stand to be touched or caressed, but they can appreciate a deep massage or hug.

3. *Do you have difficulty to eat some foods because of their texture? What? When did this difficulty start?*

The typical answer is YES. It is often present since childhood. Some of them can't eat them or look at people eating them or even thinking about a particular food, like tomatoes or meat. It is known that AS people are selective with food, but sometimes the sensorial aspect of this selectivity is underestimated.

This aspect must be seriously taken into consideration and deeply explored when the client presents previous diagnosis of eating disorders.

4. *Do you perceive the odors in an intense way? More intense than other people seem to perceive it? When did you start to perceive in this way?*

The typical answer is YES. It is often present since childhood. Some of them are able to perceive the odors of a specific restaurants hundreds of meters before, others can recognize one or many perfumes in a big perfumery or if a person is wearing the same as always or not, even after years.

5. *Is it difficult for you to stay in a room with neon lights? Do you perceive the light in an intense way? More intense than other people seem to perceive it? When did you start to perceive in this way?*

The typical answer is YES. It is often present since childhood. Some of them struggle a lot with the visual stimuli, in particular with neon lights, cold lights, the direct light of the sun, etc. Some of them can even see black spots or shadows daily. It is an important aspect to explore and define, because it can have big effects on the life's quality of the person.

6. *Do you perceive the noises in an intense way? More intense than other people seem to perceive it? Is it difficult for you to stay in a noisy environment? When did this difficulty start?*

The typical answer is YES. It is often present since childhood. Some of them can perceive the high frequency noise of neon lights or ventilation, or can distinctly perceive all the conversations happening at school/the office or in public places. It is very important to explore and take into consideration this perceptual aspect, to adapt everyday life with efficient changes and interventions (school, workplace, home, social life). Some individuals with AS will report having a perfect pitch.

7. *Do you like listening to music? Do you like it very loud? Which aspect do you like most in your preferred music?*

The typical answer is YES. Unlike environmental noises, music is not a perceptual problem for AS women. Listening to their preferred music very loudly is a way to relax, to relieve from the tensions accumulated during the day. Some women have also the ability to precisely distinguish every kind of sound/voice in a symphonic or choral music.

8. *Do you have the impression to perceive and feel the sounds coming from your internal body?*

The typical answer is YES. Many women describe an hypersensitivity to proprioceptive information such as heart beats, blood circulation, working brain or respiration. This hypersensitivity can be found also in some male Aspies.

9. *Do you have difficulty to do manual works? Is it difficult for you to use your fine motor skill? When did this difficult start?*

The typical answer is YES. AS women can share with AS man a certain level of motor clumsiness, especially at the level of fine motor skills. It is a characteristic that they present since childhood, but some of them can develop a more sophisticated dexterity over time.

H) Cognitive profile

1. *Do you think in pictures?*

The usual answer is yes. They often report being able to see, images or ‘movie type’ scenarios in explicit ways, as opposed to abstract thinking.

2. *Do you tend to see patterns?*

Many AS adults will see definite patterns/shapes in the environment. This is connected to their ability to focus on details rather than the big picture (they see the three but not the forest; weak central coherence).

3. *Do you have long term memory with details or information that attracts your attention (or connected to your special interest?)*

Many will report the ability to stock data in their long-term memory (like a hard disk on a computer). On the other hand, short term memory abilities (working memory) is more limited. This is why they often use lists and written sequences of tasks.

4. *Do you think all the time?*

Yes, and other people too? This is an interesting question as many will take for granted that everyone has a constant flow of thoughts, in such an intensive way.

Complementary Information - part 1

A) Health:

1. *Do you have or have ever had sleeping problems sleep problems?*

The typical answer is YES. It is often present since childhood. Sleep issues are frequently associated with ASD and is a condition that many AS women share. (references) Tony?

2. *Do you have or have you ever had gastrointestinal problems?*

The typical answer is YES. It is often present since childhood. (references Tony?

3. *Did you or do you make use of drugs?*

Some of the AS women have experienced drugs during their adolescence. AS people have a tendency to develop addiction (references from Tony?) from substances and dependences of various kinds.

4. *Did you or do you suffer from hormonal problems and/or autoimmune conditions?*

The typical answer is YES. It is often present since childhood. It is important to get a detailed description of all these problems. (references) Tony?

B) General cues and indices from the interview

The clinician should pay close attention to details of the general presentation of the person that can reveal even a slight difference/oddness: dressing, hand flapping or tics movements during the interview, unusual gaze behavior (women often keep a better eye contact than man but there can be unusual intensity/fixations. They can strongly react to sudden noises (telephone, cars in the street). In many cases, it is difficult to stay on the topic or they will lose track of the discussion or add comments that are not related the context of the ongoing conversation.

Complementary Information - part 2

If during the interview, the client expresses any information related to one of the following issues, it should be acknowledged and potentially further explored by a sexologist/psychologist with a strong knowledge of sexuality and ASD.

Sexuality

1. *Delay in exploratory behaviors*
2. *Questioning sexual orientation*
3. *History of abuse*
4. *Boundaries issues/limits*
5. *Sexual promiscuity, numerous experiences and explorations*
6. *Gender flexibility, neutrality or conflict*

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Annexes

Questionnaire for the Diagnostic Assessment in Females (QDAF) - Protocol 1 pag.

Questionnaire for the Diagnostic Assessment in Females (QDAF) - Protocol 2 pag.

List of questionnaires for the Diagnostic Assessment of Asperger Syndrome in Males and Females - children and adolescents (from 5 to 17 years old) pag.

List of questionnaires for the Diagnostic Assessment of Asperger Syndrome in Males and Females - adults (from 18 years old) pag.

**QUESTIONNAIRE for the DIAGNOSTIC ASSESSMENT in
FEMALES
PROTOCOL 1**

T. Attwood, I. Hénault, V. Pasin

NAME: _____

SURNAME: _____

DATE OF BIRTH: ____/____/____

TODAY'S DATE: ____/____/____

Previous diagnosis:

- depression
- borderline personality
- bipolar disorder
- anorexia or eating disorders
- anxiety and/or panic attack
- social phobia
- avoidant personality
- burnout
- other(s): _____

Past medications:

Present medications:

Health:

- sleeping problems
- gastrointestinal problems
- hormonal problems
- autoimmune conditions
- drugs

A	<u>Self-recognition as a member of the Aspergirls</u>
A.1	When was the first time you have heard/read about the Asperger Syndrome?
A.2	Do you recognize yourself in some aspects of what you have heard/read? If yes, describe in what and why.
A.3	Which is the first memory that you have as a child? Tell me about the very first memory that you can recollect.
A.4	Have you ever feel the sensation to be different from the children of your age? If yes, when did you start to have this feeling?
B	<u>Childhood and years of school</u>
B.1	Which kind of memories do you have about the primary school? And the secondary?
B.2	Which kind of memories do you have about the years of college? And university?
B.3	Was it difficult to make friends? And now?

B.4	How many friends did you have? And now?
B.5	Did you have an imaginary friend? And now?
B.6	Have you ever been victim of bullying and teasing?
B.7	Do you remember to have been a child that preferred to observe the other children rather than to talk and interact with them?
B.8	Did you like to see films or soap operas or tv series to observe and study the behaviors and interactions between the characters?
B.9	Did you have one or more people/characters that you used as models of behaviors?
B.10	Was you a child that preferred to stay alone in her own imaginary world?
B.11	Did you try to interact with the girls of your age and become friends but always without success?
B.12	Did you have experienced some episodes of selective mutism as a child or adolescent? And now?
B.13	Have you ever been interested in boys? If yes, when did you start?
B.14	Which kind of hobbies did you have when you was a child? And now?
B.15	Which kind of memories do you have about the primary school? And the secondary?
B.16	Which kind of memories do you have about the college? And the university?
B.17	Was it difficult to make friends? And now?
B.18	How many friends did you have? And now?
B.19	Did you have an imaginary friend? And now?
B.20	Have you ever been victim of bullying and teasing?
B.21	Do you remember to have been a child that preferred to observe the other children rather than to talk and interact with them?
C	<u>Social interactions</u>
C.1	Is it difficult for you to participate at activities with many people (group activities, meetings, events, hanging out with friends, etc.)?
C.2	Do you feel exhausted, mentally and physically tired after a day/some hours surrounded by many people?

C.3	After a day/some hours surrounded by many people, do you feel the need to stay alone and do your favorite activity?
C.4	Do you have difficulty to follow a conversation with two or more people?
C.5	Is it difficult for you to understand the emotions and the reactions of the others? Does it happen sometimes to not understand correctly a social situation or a relational context?
C.6	Does it happen sometimes that the people near you (family, friends, partner, etc.) say that you have a too weak/too strong reaction to a particular situation?
C.7	Is it very difficult for you to have a superficial conversation (cheat-chat) or to talk about general topics (the weather, politics, sport, gossip, etc.)?
C.8	Do you feel like you are practicing the social rules and conventions in an unnatural, not spontaneous way?
C.9	Is it a problem for you to understand when and/or how to stop a conversation?
C.10	Do you find difficult to talk at the phone, when you can not see the other person and his/her reactions?
C.11	Is it difficult for you to take notes during a conversation at the phone?
D	<u>Personal way to perceive the world</u>
D.1	Do you live the emotions in a very intense and extreme way?
D.2	For you, is everything "black or white"?
D.3	Are you a perfectionist? Are you able to find errors where other people can't?
D.4	Do you feel the need to live and work in an organized and structured environment? Do you feel anxious if your order is changed by someone?
D.5	Are you an honest but also naïve person?
D.6	Do you feel like your mind is always working, even during the night?
D.7	Is it difficult for you to read through the lines in a conversation?
D.8	Do you understand what the people say in a literal way?
D.9	Is it very difficult for you to say lies, even if they are "white lies"?
D.10	Do you think in images? Are you a visual person?

D.11	Do you feel to have your mind always full of thoughts or images? Is it difficult for you to translate them into words? Or on the contrary, do you have the need to put them into written words, to clean your head?
D.12	Do you have a good long-term memory, especially for information that are interesting for you?
D.13	Is it difficult for you to remember verbal orders/oral instructions?
D.14	Does it happen sometimes that you see or notice some particulars, little details that the others can't see or notice?
D.15	Do you have some routines? What does happen if something or someone make your routine change?
D.16	Do you like to deeply understand all the new things, to deeply understand how the things work, to always learn new things and explore them till the moment you feel to have totally understand them?
E	<u>Relationships</u>
E.1	Do you use different masks or characters in different situations of the everyday life?
E.2	Is it difficult for you to read the emotions of the people near you (family, friends, partner, etc.)?
E.3	Does it happen that the people near you (family, friends, partner, etc.) say that you are too direct and without filters, while instead, according to your perspective, you are just telling the truth?
E.4	In your relationships, are you generally attracted by people with a strong personality?
E.5	In your relationships, are you attracted to a <i>persona</i> rather than to his/her sex?
F	<u>Animals</u>
F.1	Do you like the animals? Which one is your favorite?
F.2	Do you feel a special connection with the animals? Do you have the the impression to be understood by them?
F.3	Do you understand better the animals than the humans?
G	<u>Sensory aspects and Perception</u>

G.1	Do you have difficulty to stand some kind of tissue on your skin (rough fabric, jeans, labels, seams on the T-shirt or on the socks, etc.)? When did this difficulty start?
G.2	Is it difficult for you to be caressed, to receive light touch, in particular by people that you don't know? Do you prefer a deep touch and a strong hug? When did this difficulty start?
G.3	Do you have difficulty to eat some foods because of their texture? What? When did this difficult start?
G.4	Do you perceive the odors in an intense way? More intense that other people seem to perceive it? When did you start to perceive in this way?
G.5	Is it difficult for you to stay in a room with neon lights? Do you perceive the light in an intense way? More intense that other people seem to perceive it? When did you start to perceive in this way?
G.6	Do you perceive the noises in an intense way? More intense that other people seem to perceive it? Is it difficult for you to stay in a noisy environment? When did this difficult start?
G.7	Do you like to listen to the music? Are you able to listen loudly the music that you like? Which aspect do you like most in your preferred music?
G.8	Do you have the perception to feel the sounds of your internal body?
G.9	Do you have difficulty to do manual works? Is it difficult for you to use your fine motor skill? When did this difficult start?
H	<u>Health</u>
H.1	Do you have sleeping problems? Have you ever had sleeping problems or they started in a specific moment of your life?
H.2	Do you have gastrointestinal problems? Have you ever had these problems or they started in a specific moment of you life?
H.3	Did you or do you make use of drugs?
H.4	Did you or do you suffer from hormonal problems and/or autoimmune conditions?

NAME: _____

**QUESTIONNAIRE for the DIAGNOSTIC ASSESSMENT in
FEMALES**

PROTOCOL 2

T. Attwood, I. Hénault, V. Pasin

SURNAME: _____

DATE OF BIRTH: ____/____/____

TODAY'S DATE: ____/____/____

Previous diagnosis:

- depression
- borderline personality
- bipolar disorder
- anorexia or eating disorders
- anxiety and/or panic attack
- social phobia
- avoidant personality
- burnout
- other(s): _____

Past medications:

Present medications:

Health:

- sleeping problems
- gastrointestinal problems
- hormonal problems
- autoimmune conditions

- drugs

A Self-recognition as a member of the Aspergirls:

1. When was the first time you have heard/read about the Asperger Syndrome?
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2. Do you recognize yourself in some aspects of what you have heard/read? If yes, describe in what and why.
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3. Which is the first memory that you have as a child? Tell me about the very first memory that you can recollect.
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.....
.....
4. Have you ever feel the sensation to be different from the children of your age? If yes, when did you start to have this feeling?
.....
.....
.....

B Childhood and years of school:

1. Which kind of memories do you have about the primary school? And the secondary?
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2. Which kind of memories do you have about the years of college? And university?
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.....
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3. Was it difficult to make friends? And now?
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4. How many friends did you have? And now?
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.....

 5. Did you have an imaginary friend? And now?

.....

 6. Have you ever been victim of bullying and teasing?

.....

 7. Do you remember to have been a child that preferred to observe the other children rather than to talk and interact with them?

.....

 8. Did you like to see films or soap operas or tv series to observe and study the behaviors and interactions between the characters?

.....

 9. Did you have one or more people/characters that you used as models of behaviors?

.....

 10. Was you a child that preferred to stay alone in her own imaginary world?

.....

 11. Did you try to interact with the girls of your age and become friends but always without success?

.....

 12. Did you have experienced some episodes of selective mutism as a child or adolescent? And now?

.....

 13. Have you ever been interested in boys? If yes, when did you start?

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-
14. Which kind of hobbies did you have when you was a child? And now?
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C Social interactions:

1. Is it difficult for you to participate at activities with many people (group activities, meetings, events, hanging out with friends, etc.)?
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15. Do you feel exhausted, mentally and physically tired after a day/some hours surrounded by many people?
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16. After a day/some hours surrounded by many people, do you feel the need to stay alone and do your favorite activity?
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17. Do you have difficulty to follow a conversation with two or more people?
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-
-
18. Is it difficult for you to understand the emotions and the reactions of the others? Does it happen sometimes to not understand correctly a social situation or a relational context?
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19. Does it happen sometimes that the people near you (family, friends, partner, etc.) say that you have a too weak/too strong reaction to a particular situation?
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20. Is it very difficult for you to have a superficial conversation (cheat-chat) or to talk about general topics (the weather, politics, sport, gossip, etc.)?
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.....

 21. Do you feel like you are practicing the social rules and conventions in an unnatural, not spontaneous way?

.....

 22. Is it a problem for you to understand when and/or how to stop a conversation?

.....

 23. Do you find difficult to talk at the phone, when you can not see the other person and his/her reactions?

.....

 24. Is it difficult for you to take notes during a conversation at the phone?

D Personal way to perceive the world:

1. Do you live the emotions in a very intense and extreme way?

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 25. For you, is everything "black or white"?

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 26. Are you a perfectionist? Are you able to find errors where other people can't?

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 27. Do you feel the need to live and work in an organized and structured environment?

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 28. Do you feel anxious if your order is changed by someone?

29. Are you an honest but also naïve person?

30. Do you feel like your mind is always working, even during the night?

31. Is it difficult for you to read through the lines in a conversation?

32. Do you understand what the people say in a literal way?

33. Is it very difficult for you to say lies, even if they are “white lies”?

34. Do you think in images? Are you a visual person?

35. Do you feel to have your mind always full of thoughts or images? Is it difficult for you to translate them into words? Or on the contrary, do you have the need to put them into written words, to clean your head?

36. Do you have a good long-term memory, especially for information that are interesting for you?

37. Is it difficult for you to remember verbal orders/oral instructions?

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 38. Does it happen sometimes that you see or notice some particulars, little details that the others can't see or notice?

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 39. Do you have some routines? What does happen if something or someone make your routine change?

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 40. Do you like to deeply understand all the new things, to deeply understand how the things work, to always learn new things and explore them till the moment you feel to have totally understand them?

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E Relationships:

1. Do you use different masks or characters in different situations of the everyday life?

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41. Is it difficult for you to read the emotions of the people near you (family, friends, partner, etc.)?

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42. Does it happen that the people near you (family, friends, partner, etc.) say that you are too direct and without filters, while instead, according to your perspective, you are just telling the truth?

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43. In your relationships, are you generally attracted by people with a strong personality?

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44. In your relationships, are you attracted to a *persona* rather than to his/her sex?

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F Animals:

1. Do you like the animals? Which one is your favorite?

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45. Do you feel a special connection with the animals? Do you have the impression to be understood by them?

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46. Do you understand better the animals than the humans?

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G Sensory aspects and Perception:

1. Do you have difficulty to stand some kind of tissue on your skin (rough fabric, jeans, labels, seams on the T-shirt or on the socks, etc.)? When did this difficulty start?

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2. Is it difficult for you to be caressed, to receive light touch, in particular by people that you don't know? Do you prefer a deep touch and a strong hug? When did this difficulty start?

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3. Do you have difficulty to eat some foods because of their texture? What? When did this difficult start?

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4. Do you perceive the odors in an intense way? More intense that other people seem to perceive it? When did you start to perceive in this way?

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5. Is it difficult for you to stay in a room with neon lights? Do you perceive the light in an intense way? More intense than other people seem to perceive it? When did you start to perceive in this way?

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6. Do you perceive the noises in an intense way? More intense than other people seem to perceive it? Is it difficult for you to stay in a noisy environment? When did this difficult start?

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7. Do you like to listen to the music? Are you able to listen loudly the music that you like? Which aspect do you like most in your preferred music?

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8. Do you have the perception to feel the sounds of your internal body?

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9. Do you have difficulty to do manual works? Is it difficult for you to use your fine motor skill? When did this difficult start?

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H Health:

1. Do you have sleeping problems? Have you ever had sleeping problems or they started in a specific moment of your life?

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2. Do you have gastrointestinal problems? Have you ever had these problems or they started in a specific moment of you life?

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3. Did you or do you make use of drugs?

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4.
Did you or do you suffer from hormonal problems and/or autoimmune conditions?
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