

Autism in Girls Checklist

Checklist · 47 items · 7 sections

Autism often presents differently in girls and women than the classic male profile, which is why so many are missed, dismissed, or diagnosed only in adulthood. This checklist gathers the patterns clinicians and autistic women themselves describe most often, so you can decide whether a formal assessment is worth pursuing. It is awareness and recognition material, not a diagnostic tool.

Open the editable version online:

<https://genechecklist.com/checklist/autism-in-girls-checklist>

HOW AUTISM PRESENTS DIFFERENTLY IN GIRLS

- Masking or camouflaging autistic traits by copying peers, scripting conversations, and rehearsing expressions

HIGH

Can delay diagnosis by years or decades.

- Special interests are often socially acceptable topics (animals, horses, books, fiction, celebrities, fashion, anime, K-pop, psychology, a specific person)

HIGH

Often dismissed as 'just a hobby' or 'being a fangirl.'

- Internalizing presentations (anxiety, depression, eating disorders, OCD, selective mutism) often get diagnosed first

HIGH

Underlying autism stays hidden.

- Many autistic girls appear 'shy,' 'quiet,' 'sensitive,' 'mature for her age,' or 'a perfectionist' rather than visibly different

HIGH

- Holds it together at school but falls apart at home (meltdowns, shutdowns, exhaustion)

Known as 'after-school restraint collapse.'

- The 'good girl' mask: high effort to please adults, follow rules, avoid being noticed as different

- Autistic traits often become more visible during puberty, early adulthood, after leaving home, after having children, or in perimenopause

Masking capacity drops, traits surface.

SOCIAL PATTERNS

- One or two intense friendships at a time, often with same-interest peers, older/younger people, or other neurodivergent people

HIGH

- Friendships can feel scripted or surface-level; she may consciously study how others interact and copy it

HIGH

- Exhausted, irritable, or shut down after social events even ones she enjoyed
May need a full day or more to recover.
- Group settings (parties, group chats, lunch tables, open-plan offices) are much harder than 1-on-1
- Strong sense of justice and fairness, often distressed by social politics, gossip, cliques, or hierarchy
- Difficulty reading subtext, sarcasm, flirting, or unspoken social rules (but able to mask by waiting and copying)
- Tendency to overshare, info-dump on a special interest, or go quiet when she can't find a script
- Prefers structured social situations (clubs, classes, fandoms, online communities) over unstructured hangouts

SENSORY AND BEHAVIORAL TRAITS

- Sensory sensitivities tolerated quietly rather than expressed as visible meltdowns

HIGH

Itchy clothes, loud cafeterias, fluorescent lights, strong smells, certain food textures.

- Strong food preferences, often texture-based, with a narrow range of 'safe foods'
- Clothes-sensitive: tags cut out, seamless socks, specific fabrics only, refusal to wear certain items, same outfit on repeat
- Subtle stims that look acceptable: hair twirling, skin picking, nail biting, leg bouncing, rocking when alone, finger movements under a desk
- Strong reactions to changes in plans, routine, or environment, even when not shown outwardly
- Sleep difficulties: trouble falling asleep, racing thoughts, sensitivity to light or noise, delayed sleep phase
- Animals and fiction often feel safer and more predictable than people

EMOTIONAL REGULATION AND MENTAL HEALTH

- Internalized meltdowns: crying alone, dissociation, going non-verbal, or shutting down rather than outward aggression

HIGH

- Long-running anxiety, low mood, or burnout that does not fully resolve with standard treatment

HIGH

- Autistic burnout in adolescence or adulthood when masking can no longer be sustained

HIGH

Often mistaken for depression.

- Perfectionism, rumination, and harsh self-criticism, especially about social performance
- Rejection sensitivity and intense reactions to perceived criticism or social exclusion
- History of being 'the sensitive one,' 'the worrier,' or 'too much' within the family

COMMUNICATION AND LANGUAGE

- Verbal abilities can hide autistic traits: large vocabulary, articulate speech, reading early, scripting from books and TV
- Conversations on a special interest are easy and detailed; small talk feels exhausting or pointless
- Difficulty with phone calls, video calls, or unscripted spoken interaction even when written communication is strong
- Tone, volume, or pacing may sound slightly 'off,' more formal, or more childlike than peers expect
- Often a strong inner monologue, rich imagination, and elaborate internal worlds

CO-OCCURRING CONDITIONS

- ADHD co-occurs in a large share of autistic people (commonly estimated 30-80%) and is frequently diagnosed first in girls and women
HIGH
- Anxiety disorders, depression, OCD, and eating disorders (especially ARFID and restrictive patterns) occur at higher rates
HIGH
- PMDD and cycle-linked flares of sensory overload, anxiety, and burnout are commonly reported but under-researched
HIGH
- Gender diversity is more common in autistic populations than in the general population
Many autistic people identify as non-binary, trans, or otherwise gender-diverse.
- Hypermobility, EDS, POTS, chronic pain, and GI issues are reported more often than expected
- Higher rates of trauma and adverse experiences, partly due to vulnerability in social situations
Can complicate diagnosis.

WHEN TO SEEK ASSESSMENT

- If multiple patterns above resonate strongly and have been present since childhood, it is reasonable to ask for an autism assessment
HIGH
- Adults: ask your GP for a referral to a psychologist or psychiatrist experienced in adult autism and the female phenotype
HIGH
- Children and teens: developmental pediatrician, child psychiatrist, or pediatric neuropsychologist familiar with female presentation
HIGH

- Screening tools more sensitive to female presentation: RAADS-R and CAT-Q
- Formal assessment may include ADOS-2 (Module 3 or 4), ADI-R, developmental history, screening for ADHD and co-occurring conditions
- Bring concrete examples from childhood: school reports, old diaries, parent recollections, baby photos and videos
Clinicians rely heavily on developmental history.
- If a clinician dismisses the question because she 'makes eye contact' or 'has friends,' seek a second opinion
Find someone trained in the female autism phenotype.
- Peer community (autistic-led groups, books, podcasts) is often as validating as formal diagnosis
Especially for adults who can't easily access assessment.