DSM-5 Autism Criteria Checklist

Checklist · 29 items · 7 sections

A faithful reproduction of the DSM-5-TR diagnostic criteria for Autism Spectrum Disorder, used by clinicians to evaluate ASD. This is reference material for parents, adults seeking assessment, and providers, not a self-diagnosis tool. Only a qualified clinician can diagnose autism.

Open the editable version online:
https://genechecklist.com/checklist/dsm-5-autism-criteria-checklist

HOW THIS REFERENCE WORKS

- [ ] These are the DSM-5-TR diagnostic criteria for Autism Spectrum Disorder (ASD), American Psychiatric Association 2022
  HIGH
- [ ] This is reference material: only a qualified clinician (developmental pediatrician, neuropsychologist, psychiatrist, or licensed psychologist) can diagnose autism
  HIGH
- [ ] All of Criterion A (3 items), at least 2 of Criterion B (4 items), and Criteria C, D, and E must all be met for a diagnosis
  HIGH
- [ ] Recognizing patterns is a starting point for professional evaluation, not a diagnosis

CRITERION A - SOCIAL COMMUNICATION DEFICITS (ALL 3 REQUIRED)

- [ ] A1: Deficits in social-emotional reciprocity
  HIGH
  Abnormal social approach, failure of back-and-forth conversation, reduced sharing of interests/emotions, failure to initiate or respond to social interactions.
- [ ] A2: Deficits in nonverbal communicative behaviors used for social interaction
  HIGH
  Poorly integrated verbal/nonverbal communication, abnormalities in eye contact and body language, deficits in understanding gestures, lack of facial expressions.
- [ ] A3: Deficits in developing, maintaining, and understanding relationships
  HIGH
  Difficulties adjusting behavior to social contexts, sharing imaginative play or making friends, absence of interest in peers.

CRITERION B - RESTRICTED/REPETITIVE BEHAVIORS (AT LEAST 2 OF 4)

- [ ] B1: Stereotyped or repetitive motor movements, use of objects, or speech

  HIGH

  Simple motor stereotypies, lining up toys, flipping objects, echolalia, idiosyncratic phrases.

- [ ] B2: Insistence on sameness, inflexible adherence to routines, or ritualized patterns of behavior

  HIGH

  Extreme distress at small changes, difficulty with transitions, rigid thinking, greeting rituals, need to take the same route or eat the same food.

- [ ] B3: Highly restricted, fixated interests that are abnormal in intensity or focus

  HIGH

  Strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests.

- [ ] B4: Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment

  HIGH

  Apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling/touching, visual fascination with lights or movement.

CRITERION C, D, E (ALL REQUIRED)

- [ ] C: Symptoms must be present in the early developmental period

  HIGH

  May not fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life.

- [ ] D: Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning

  HIGH

- [ ] E: Disturbances not better explained by intellectual developmental disorder or global developmental delay

  HIGH

  Intellectual disability and ASD frequently co-occur. To make a co-diagnosis, social communication should be below that expected for general developmental level.

SEVERITY LEVELS

- [ ] Level 1 (Requiring support): Noticeable impairments without supports, difficulty initiating social interactions, inflexibility causes interference in one or more contexts
- [ ] Level 2 (Requiring substantial support): Marked deficits visible even with supports, limited initiation, reduced or abnormal responses, frequent inflexibility
- [ ] Level 3 (Requiring very substantial support): Severe deficits causing severe impairment, very limited initiation, minimal response, extreme inflexibility

- [ ] Severity is rated separately for Criterion A (social communication) and Criterion B (restricted/ repetitive behaviors)

SPECIFIERS

- [ ] With or without accompanying intellectual impairment
- [ ] With or without accompanying language impairment
- [ ] Associated with a known medical or genetic condition or environmental factor
  E.g., Fragile X, Rett syndrome, tuberous sclerosis, prenatal valproate exposure.
- [ ] Associated with another neurodevelopmental, mental, or behavioral disorder
  E.g., ADHD, anxiety, depression.
- [ ] With catatonia (separate code used to document presence of comorbid catatonia)

IF YOU RECOGNIZE THESE PATTERNS

- [ ] Ask your primary care doctor or pediatrician for a referral to an autism-experienced specialist
  HIGH
  Developmental pediatrician, neuropsychologist, child psychiatrist, or licensed clinical psychologist.
- [ ] Children under 3: contact your state's Early Intervention program (IDEA Part C) directly
  HIGH
  No doctor referral required.
- [ ] Children 3+: request a special education evaluation from your local public school district in writing
  HIGH
- [ ] Bring documentation: developmental milestones, school reports and IEPs, pediatric records, video clips, family observations
- [ ] Adult assessments often include ADOS-2, ADI-R, RAADS-R, or AQ-50
  Ask the provider which validated assessments they use and whether they have experience with adult or female presentations.
- [ ] If cost is a barrier: university training clinics and teaching hospitals often offer sliding-scale evaluations