Clinician Support Series:

Using autism and ADHD screening questionnaires in eating disorder care



This guide is for clinicians using the AQ-10 or ASRS with someone in eating disorder care. It covers how to score each questionnaire, what the results mean and how to talk about them with the person.

1. When to screen and what a score means

Offer screening routinely at the start of eating disorder care. You can also offer it later, for example if you notice possible signs of neurodivergence or the person asks about it.

If someone already has an autism or ADHD diagnosis, you do not need to screen for it. You may still offer screening for the other, as autism and ADHD often occur together.

Screening questionnaires show whether someone reports traits that are common in autistic people or people with ADHD. They cannot diagnose autism or ADHD.

A score above the threshold suggests neurodivergence may be relevant to the person's care. A score below it does not rule anything out. Treat any result as a starting point for a conversation.

2. Scoring the AQ-10 for autism

The Autism Spectrum Quotient 10 (AQ-10) is a short questionnaire with 10 questions. It asks about areas such as attention to detail, switching between tasks, communication and social situations.

- Each question scores 0 or 1.
- Use the scoring key on the form. Some questions score a point for “agree” answers and others for “disagree” answers.
- A total of 6 or more suggests autistic traits may be relevant.

3. Scoring the ASRS for ADHD

The Adult ADHD Self-Report Scale (ASRS v1.1) has 18 questions in two parts. The questions look at inattention, hyperactivity and impulsivity.

- Part A is questions 1 to 6. This is the main screener.
- In Part A, each answer in a shaded box scores 1.
- A Part A total of 4 or more suggests ADHD traits may be relevant.
- Part B is questions 7 to 18. It has no threshold, but adds detail about the person’s experiences..



4. Talking about the results

Some people will want to know their score. Explain clearly what it does and does not mean.

Explain that having autistic or ADHD traits does not mean something is wrong with them. It means they may think and experience the world differently. Many things can be harder because the world is mostly designed for neurotypical people.

Use the results to start a conversation. You could ask about:

- How these traits affect their daily life
- How they might affect their eating, such as noticing hunger or fullness
- Anything that makes eating disorder treatment harder, such as getting to appointments or doing tasks between sessions
- What might help, such as shorter sessions, regular breaks or reminders

Ask how they would like you to talk about their neurodivergence. For example, some people prefer to say “I have ADHD” and others prefer “I am ADHD”.

5. What to do next

If neurodivergence seems relevant, you do not need to wait for a diagnosis before adapting care.

1. Explore how autism or ADHD may affect the persons eating disorder, using the [autism or ADHD assessment toolkit].
2. Agree practical changes together, complete person’s [PEACE Communication Passport]
3. Find out how your service refers people for an autism or ADHD diagnostic assessment. Talk through the options if the person wants one.

6. Signposting to support beyond your sessions

Support beyond your sessions can help the person make sense of their result and connect with others. Share information they can explore in their own time if they wish.

You could suggest:

- The National Autistic Society, which has information, local groups and online communities
  www.autism.org.uk
- ADHD UK is a national charity run by and for people with ADHD, offering information, support groups and research
  www.adhduk.co.uk

Families and carers may want support too. Many of these organisations offer information for them as well.