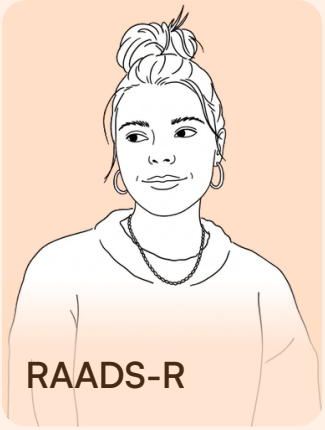


Ritvo Autism Asperger Diagnostic Scale (RAADS-R)

The RAADS-R is a screening scale designed to assist in the diagnosis of autism in adults, particularly in people with symptoms consistent with Asperger's syndrome or high-functioning autism spectrum disorder. It aims to identify difficulties in the areas of social interaction, communication, restricted interests and atypical sensory behaviors.

Number of questions	80 questions
Estimated duration	20 minutes
Language	English
Original name	Ritvo Autism Asperger Diagnostic Scale
Target audience	Adults
Authors	Riva Ariella Ritvo, Edward Ritvo, Thomas J. Guthrie, Irene S. Ritvo (2011)
Category	Autism spectrum

Preview of the 80 questions

I consider myself an empathetic person.

True now and when I was younger | True only now | True only before I was 16 | Never true

In conversation, I often use words or expressions I've picked up from movies, series, or TV.

True now and when I was younger | True only now | True only before I was 16 | Never true

I am often surprised when others tell me my behavior may have seemed rude.

True now and when I was younger | True only now | True only before I was 16 | Never true

I sometimes speak too loudly or too softly without realizing it.

True now and when I was younger | True only now | True only before I was 16 | Never true

I often find it hard to know how to behave in social settings.

True now and when I was younger | True only now | True only before I was 16 | Never true

Administer your questionnaires online

Send your patient a link: they answer from their phone or computer, and you receive the scored results by email.

View the questionnaire on mentaal.org ›

Scoring & interpretation

Scoring

Each item is scored from 0 to 3: "True now and when I was young" = 3, "True only now" = 2, "True only when I was younger than 16" = 1, "Never true" = 0. The 17 items worded in the direction of typical functioning (1, 6, 11, 18, 23, 26, 33, 37, 43, 47, 48, 53, 58, 62, 68, 72, 77) are reverse-scored.

The total score ranges from 0 to 240 and breaks down into four subscales:

- Social relatedness: 39 items, from 0 to 117
- Circumscribed interests: 14 items, from 0 to 42
- Language: 7 items, from 0 to 21
- Sensory-motor: 20 items, from 0 to 60

Interpretation of the total score

- Below 65: generally not consistent with autism
- 65 to 105: some autistic traits, without a level clearly consistent with autism
- 106 to 139: generally consistent with autism; in-depth diagnostic assessment indicated
- 140 and above: pronounced autistic traits; in-depth diagnostic assessment indicated

Origin of the cutoffs

- 65 is the cutoff from the original validation study (Ritvo et al., 2011: 201 autistic adults, 578 non-autistic adults).
- 106 and 140 come from the NovoPsych revision (Hegarty et al., 2025). They were obtained by ROC analysis on 37,620 people who completed the RAADS-R and the AQ, using the AQ cutoffs (26 and 36) as the criterion rather than a clinical diagnosis. This work is a technical report, not published in a peer-reviewed journal.
- The subscale cutoffs come from the same revision (consistent / pronounced): social relatedness 49 / 64, circumscribed interests 20 / 28, language 8 / 11, sensory-motor 26 / 38. They are aligned with the percentiles of the total score and have not been validated separately.
- All these cutoffs were established on the English version. None of them comes from a French-language validation.

Translation The version offered is a translation made from the original scale by Ritvo et al. (2011). It has not been validated.

Limitations The cutoff of 65 produces many false positives in clinical populations: 81.5% of the NovoPsych clinical sample exceeds it, the French validation (Picot et al., 2021) reports 55.6% false positives among adults with other psychiatric disorders, and a study of adults referred for suspected ASD (Jones et al., 2021) finds very low specificity. This is what motivated the higher NovoPsych cutoffs. A high score indicates that an in-depth diagnostic assessment is

relevant; it does not constitute a diagnosis. Conversely, a person who strongly compensates for or masks their traits may obtain a low score.

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