Abstract

The Short-form of Autism Spectrum Quotient (AQ) was constructed and validated by Allison and colleagues (2012) as a brief instrument to assist healthcare professionals in deciding whether to refer clients with autism spectrum condition (ASD) for further diagnostic assessment. The current study aims to develop a 10-item, Chinese AQ short-form. The study involved a case sample of 223 participants with ASD (21 adults, 78 adolescents, and 124 children), and a control sample of 2092 participants (87 adults, 809 adolescents, and 1196 children) without ASD diagnosis. Adult control participants were selected via convenient sampling, while adult case participants were cases of a psychiatric clinic (Yaumatei Child Psychiatric Center (YMTCPC)) (Shu, 2011). For the Adolescent and Child samples, controls were recruited via stratified sampling from mainstream schools, whereas case participants were recruited via referrals from YMTCPC and government-funded Child Assessment Centers (Wong, 2010; Wai, 2011). Participants completed the full-form AQ. For each version, 10 items were chosen to create the AQ-10. Results showed that cut-point for AQ-Adult was 8.5 (0.86 sensitivity and 1.00 specificity), cut-point for AQ-Adolescent was 6.5 (.76 sensitivity and .90 specificity), and cut-point for AQ-Child was 5.5 (.77 sensitivity and .83 specificity). All three versions showed good and comparable predictive validity to Chinese full-form, but only poor to marginally acceptable internal consistency. Limitations were the small sample size and possibly sample-specific results. It was suggested that the Chinese AQ-10 be used as a supporting referral tool for individuals with ASD-related difficulties to aid healthcare professionals in making referral decisions.