ADI-R Report Write-Up Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · July 2026

The ADI-R (Autism Diagnostic Interview-Revised, WPS, 2003) is a semi-structured caregiver interview of 93 items across three domains, for children and adults with a mental age above two years, taking 90–150 minutes with scoring. It yields a categorical result, not a score: report whether the developmental-history algorithm was consistent with autism, and keep interview questions and cutoff numbers out.

1 – Instrument, informant, administration who reported, and how well placed

Do: name the ADI-R (2003), the informant and their recall quality, who administered and coded it and their training, and that it was one part of the evaluation.

Pitfall: no informant identified, or the interview written up as if it produced the diagnosis.

2 – Developmental history, your words describe, do not transcribe

Do: describe early social development, language acquisition and any loss, and restricted or repetitive behavior, at the early-childhood window.

Pitfall: reproducing the interview questions or coding; that exposes protected content and erodes the instrument.

3 – Algorithm and classification the result, in words

Do: name the algorithm used, Diagnostic or Current Behavior, and state whether the diagnostic result was consistent with autism.

Pitfall: printing domain totals or cutoff values, or mixing the diagnostic and current-behavior algorithms.

4 – Integration with observation the interview is evidence

Do: place the history beside direct observation, records, and rating or cognitive data; state where they agree and diverge.

Pitfall: an ADI-R section that never connects to the ADOS-2 or leaves a disagreement unexplained.

5 – DSM-5-TR formulation the diagnosis is clinical judgment

Do: state the determination and the judgment behind it, naming the ADI-R as one input, and note its DSM-IV lineage.

Pitfall: a diagnosis resting on the classification alone; a result not consistent with autism does not rule it out.

6 – Limitations and informant recall what could shift the picture

Do: note recall confidence and retrospective bias, masking or camouflaging, and in-person versus remote administration.

Pitfall: silence on informant recall, the most common gap for adults and older adolescents.

7 – Recommendations linkage close the loop

Do: tie every recommendation, whether supports, services, or further assessment, to a specific finding.

Pitfall: recommendations that could follow any evaluation.

Before you sign

- ☐ Informant named, with recall quality
- ☐ History described, no items or cutoffs
- ☐ Classification reported, algorithm named
- ☐ Discordance reconciled, not averaged
- ☐ Diagnosis credited to DSM-5-TR, not the interview alone
- ☐ Each recommendation traces to a finding

Drafting with AI

Paste the developmental-history findings and the classification. Not the interview questions, not coding, not cutoff numbers.

> *"Draft an ADI-R section: mother as informant with strong recall; developmental-history Diagnostic Algorithm consistent with autism; early peer-relationship difficulty, on-time language with one-sided style, routines and sensory sensitivity; reconcile with a nearer-threshold ADOS-2 by camouflaging."*

Never paste client-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

300–600 words ADI-R section	**90–150 min** with scoring	**Mental age 2+** caregiver interview	**Autism teams · BC · parents** who reads it

ADI-R Results Section Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements.

Client (initials): | Age: | Interview date(s):

Informant: | Administered by: | Referral question:

Instrument, informant, and administration

Edition, informant and recall quality, administrator's ADI-R training, one part of the evaluation

Developmental-history findings

Early social development, language and any loss, restricted or repetitive behavior; your own words

Algorithm used and classification

Diagnostic or Current Behavior algorithm; whether consistent with autism; no totals or cutoffs

Integration with observation and measures

Direct observation, records, rating and cognitive data; where they converge or diverge

DSM-5-TR formulation

The determination and clinical judgment; the ADI-R is one input, its algorithm reflects DSM-IV

Limitations and informant recall

Recall confidence and retrospective bias, masking, in-person or remote administration

Recommendations linkage

Each recommendation tied to a finding

Discordant results addressed: | Re-evaluation considered:

Evaluator signature / credentials: | Date signed:

Supervisor signature, where required: | Date: