



SOCIAL RESPONSIVENESS SCALE, SECOND EDITION (SRS-2)

The Social Responsiveness Scale, Second Edition (SRS-2) measures social ability of children from 2 years, 5 months to 18 years old. It is used primarily with individuals on the autism spectrum, family members of individuals on the autism spectrum, and others who have social impairments. It is used more frequently in research settings than clinical ones.

Related Articles:

- [Getting an Evaluation for Autism Spectrum Disorder](#)
- [Who is Able to Diagnose Autism Spectrum Disorder](#)
- [Elements of an Evaluation for Autism Spectrum Disorder](#)

Name of test	Social Responsiveness Scale (SRS)
Reference	Constantino JN, Gruber CP (2012). Social Responsiveness Scale, Second Edition (SRS-2). Torrance, CA: Western Psychological Services.

<p>Summary</p>	<p>The SRS-2 is distinct from other measures in that it provides a continuous measure of social ability (from impaired to above average) instead of a categorical yes/no identification of ASD impairments. High scores are associated with more severe social impairments.</p> <p>The authors of the questionnaire suggest that because scores along a continuum can be obtained, the SRS-2 can help clinicians identify and understand the group of individuals with ASD with milder impairments as well as individuals with non-ASD conditions who also show social impairments. The SRS-2 has been widely adopted in genetic research on ASD because it can measure social ability in all family members (those with an ASD diagnosis and those without).</p>
<p>Format</p>	<p>Parent or teacher questionnaire (65 items on a 4-point Likert scale)</p>
<p>Age Range</p>	<p>2 years, 5 months-18 years</p>
<p>Who Can Give</p>	<p>The questionnaire should be given and interpreted by someone who has sufficient expertise in the treatment of individuals with ASD and the use of psychological tests and assessments.</p>
<p>Who Can Rate</p>	<p>The questionnaire can be completed by a parent, caregiver, or teacher who knows the individual's abilities across a variety of social settings.</p>
<p>Scores Obtained</p>	<p>The Total Score is the most widely used and researched. It is calculated separately for males and females, as well as for parent vs. teacher ratings. It can be expressed as a raw score or a T-score. Raw scores may be helpful for researchers; T-scores may be more helpful for clinical applications. Five domain scores ("Treatment Subscales") can be helpful in identifying particular strengths and weaknesses for intervention planning. These are expressed as T-scores.</p>

<p>Development Procedures</p>	<p>Items were generated by the authors and put before a panel of professionals (number unknown). Normative data was collected through 5 studies: 3 epidemiological studies of twins studied for other purposes (only one twin was used for the norm sample) and 2 studies specifically for SRS norm data. The total norm sample was approximately 1600 children.</p>
<p>Peer-reviewed Research</p>	<p>The SRS-2 has been widely adopted in autism research, especially studies of the genetics of autism.</p>

The Center for Autism Research and The Children's Hospital of Philadelphia do not endorse or recommend any specific person or organization or form of treatment . The information included within the CAR Autism Roadmap & trade; and CAR Resource Directory & trade; should not be considered medical advice and should serve only as a guide to resources publicly and privately available . Choosing a treatment, course of action, and/or a resource is a personal decision, which should take into account each individual's and family's particular circumstances .