

Adult Autism and ADHD Comprehensive Assessment

Personal Information

Name: _____

Date: _____

Age: _____

Gender: _____

Introduction

This assessment tool is designed to evaluate traits associated with Autism Spectrum Disorder (ASD) and Attention-Deficit/Hyperactivity Disorder (ADHD) in adults. The questions reflect diagnostic criteria from current clinical standards and research. Your responses will help identify patterns that may warrant further professional evaluation.

Instructions: Please read each statement carefully and mark the response that best describes your experiences. Consider how you typically function in everyday life, focusing on long-term patterns rather than temporary states.

SECTION 1: SOCIAL COMMUNICATION AND INTERACTION

1A. Social-Emotional Reciprocity

Rate how well each statement describes your experience: (0 = Not at all, 1 = Slightly, 2 = Moderately, 3 = Very much, 4 = Extremely)

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4 I find it difficult to initiate or sustain conversations that aren't related to my specific interests

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I struggle to understand unwritten social rules that others seem to know intuitively
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I have difficulty recognizing when someone is uncomfortable, bored, or wants to end a conversation
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I've been told that I talk too much about topics I'm interested in without noticing others' reactions
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I find it challenging to join ongoing conversations or group activities naturally
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I've been told my facial expressions don't match what I'm saying or feeling
-

- ☐ 0
- ☐ 1

- ☐ 2
- ☐ 3
- ☐ 4 I struggle with the appropriate timing of taking turns in conversations

1B. Nonverbal Communication

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I find it difficult to maintain appropriate eye contact during conversations
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I've been told that my body language is unusual, stiff, or doesn't match what I'm saying
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I find it challenging to interpret others' facial expressions, body language, or tone of voice
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I've been told that my tone of voice is flat, unusual, or doesn't vary much with my emotions
-

- ☐ 0
- ☐ 1

- ☐ 2
 - ☐ 3
 - ☐ 4 I struggle to understand sarcasm, jokes, or figurative language without explicit explanation
-

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 I tend to interpret language literally and miss implied meanings

1C. Relationships and Social Understanding

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I find it difficult to develop and maintain friendships appropriate to my age
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I prefer to do things the same way each time and struggle with unexpected changes to plans
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I struggle to understand others' perspectives or points of view
-

- ☐ 0
- ☐ 1
- ☐ 2

- ☐ 3
 - ☐ 4 I find it challenging to adjust my behavior to suit different social contexts
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I prefer spending time alone rather than with others
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I find small talk confusing, pointless, or difficult to engage in
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I struggle to understand unspoken social expectations in different situations
-

SECTION 2: RESTRICTED, REPETITIVE PATTERNS OF BEHAVIOR, INTERESTS, OR ACTIVITIES

2A. Repetitive Movements or Speech

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I engage in repetitive movements (e.g., rocking, flapping hands, spinning) when excited, stressed, or overwhelmed
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I tend to repeat certain words, phrases, or sounds, especially when stressed
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I find myself arranging objects in specific patterns or sequences
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I feel compelled to complete certain routines in the exact same way every time
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 When stressed or overwhelmed, I engage in self-stimulatory behaviors that help me calm down
-

2B. Insistence on Sameness, Routines, or Ritualized Patterns

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I become unusually distressed when my routines are disrupted or plans change unexpectedly
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I have specific routines or rituals that I feel compelled to follow
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I prefer to eat the same foods regularly and may be sensitive to food textures, temperatures, or tastes
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I notice when objects have been moved or rearranged in my environment
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I prefer to take the same route when traveling to familiar places
-

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 I become anxious or irritated when I can't follow my established routines

2C. Restricted, Fixed Interests

- ☐ 0
- ☐ 1

- ☐ 2
 - ☐ 3
 - ☐ 4 I have intense, focused interests that I spend significant time pursuing
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 My interests tend to be unusual in intensity or focus compared to others
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I collect detailed information or items related to specific topics of interest
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I can focus on my interests for hours without noticing time passing
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I tend to learn everything possible about my special interests
-

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 I find it difficult to shift attention away from my interests to focus on other tasks

-
- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I often incorporate my special interests into conversations, even when not directly relevant

2D. Sensory Processing Differences

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I am unusually sensitive to certain sounds (e.g., background noise others don't notice)
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I am more sensitive to light than others seem to be
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I am bothered by certain textures of clothing, tags, or seams
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I am sensitive to certain smells that others don't seem to notice
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I seek out certain sensory experiences (e.g., specific textures, sounds, visual patterns)
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I feel overwhelmed in environments with lots of sensory stimulation (crowds, busy stores)
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I have a higher or lower pain threshold than others seem to have
-

SECTION 3: ATTENTION SYMPTOMS (ADHD - INATTENTIVE PRESENTATION)

Rate how frequently you've experienced these symptoms over the past 6 months: (0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Very Often)

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I make careless mistakes in work, studies, or other activities despite trying to be careful
-

- ☐ 0

- ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I have difficulty sustaining attention during tasks or activities unrelated to my special interests
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I seem to not listen when spoken to directly (mind wanders even without distractions)
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I struggle to follow through on instructions and fail to finish tasks (not due to oppositional behavior)
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I have difficulty organizing tasks and activities without external support
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I avoid or dislike tasks requiring sustained mental effort (unrelated to my interests)
-

- ☐ 0
- ☐ 1
- ☐ 2

- ☐ 3
 - ☐ 4 I lose things necessary for tasks or activities (e.g., keys, wallet, phone, paperwork)
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I am easily distracted by external stimuli or unrelated thoughts
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I am forgetful in daily activities (appointments, chores, responsibilities)
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I struggle to manage time effectively and frequently run late
-

SECTION 4: HYPERACTIVITY/IMPULSIVITY SYMPTOMS (ADHD - HYPERACTIVE/IMPULSIVE PRESENTATION)

Rate how frequently you've experienced these symptoms over the past 6 months: (0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Very Often)

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I fidget with or tap hands/feet or squirm in seat
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I have difficulty remaining seated when expected to (e.g., meetings, movies)
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I feel restless or need to move constantly
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I have difficulty engaging in leisure activities quietly
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I often feel "on the go" or driven by a motor that won't stop
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I talk excessively or struggle to regulate my speaking volume
-

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3

☐ 4 I blurt out answers before questions have been completed

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4 I have difficulty waiting my turn in conversations or activities

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4 I interrupt or intrude on others' conversations or activities

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4 I make impulsive decisions without considering consequences

SECTION 5: EXECUTIVE FUNCTIONING CHALLENGES

Rate the frequency with which you experience these challenges: (0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Very Often)

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4 I struggle to break down complex tasks into manageable steps

☐ 0

☐ 1

- ☐ 2
 - ☐ 3
 - ☐ 4 I have difficulty initiating tasks even when I know they're important
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I experience "analysis paralysis" when making decisions
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I struggle with working memory (holding information in mind while using it)
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I have trouble transitioning between tasks or activities
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I find it difficult to estimate how long tasks will take
-

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 I procrastinate until deadlines create enough pressure to overcome inertia

-
- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 My productivity fluctuates significantly depending on interest or urgency

-
- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I have difficulty monitoring and regulating my emotional responses

-
- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I use complex systems, lists, or reminders to manage what others handle intuitively

SECTION 6: EMOTIONAL REGULATION AND MOOD

Rate how frequently you experience these patterns: (0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Very Often)

-
- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I experience intense emotions that seem disproportionate to the situation

-
- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3

☐ 4 I have difficulty identifying what emotion I'm feeling

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4 I experience sudden mood shifts without clear external triggers

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4 I feel emotionally exhausted after socializing

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4 I struggle to calm myself down once upset

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4 I experience anxiety in social situations or when routines change

☐ 0

☐ 1

☐ 2

☐ 3

☐ 4 I experience rejection sensitivity (intense reaction to perceived rejection)

☐ 0

- ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I mask or camouflage my natural responses to fit in socially
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I experience emotional burnout from maintaining social expectations
-

SECTION 7: ADAPTIVE FUNCTIONING AND COPING STRATEGIES

Rate how well each statement describes your experience: (0 = Not at all, 1 = Slightly, 2 = Moderately, 3 = Very much, 4 = Extremely)

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I've developed specific strategies to navigate social situations
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I create structured systems to manage daily responsibilities
-

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 I need more recovery time after social interactions than others seem to

-
- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I've learned to mimic others' social behaviors to fit in

-
- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I experience periods of high functioning followed by burnout/shutdown

-
- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I use special interests as a way to regulate emotions or stress

-
- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I've developed compensation strategies that mask my natural difficulties

-
- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I've become skilled at certain tasks through intense practice or focus

-
- ☐ 0
 - ☐ 1

- ☐ 2
 - ☐ 3
 - ☐ 4 I experience difficulties with life skills (cooking, cleaning, self-care)
-

SECTION 8: DEVELOPMENTAL HISTORY

Please mark any items that applied to you as a child:

Early Development

- ☐ Delayed language development
- ☐ Advanced vocabulary or "adult-like" speech
- ☐ Difficulty making friends with same-age peers
- ☐ Strong attachment to particular objects or toys
- ☐ Intense interests unusual for age or duration
- ☐ Preference for solitary play or parallel play
- ☐ Unusual sensory sensitivities or preferences
- ☐ Difficulty with changes in routine or transitions
- ☐ Motor skill delays or coordination difficulties
- ☐ Unusual reactions to sensory experiences

School Experiences

- ☐ Academic performance inconsistent with perceived abilities
- ☐ Described as "daydreamer" or "in own world"
- ☐ Difficulty with group work or unstructured activities
- ☐ Struggled with organization and homework completion
- ☐ Excelled in subjects aligned with special interests
- ☐ Described as "not working to potential"
- ☐ Disciplined for behaviors you didn't understand
- ☐ Sensory challenges in classroom environment
- ☐ Difficulty with social aspects of school
- ☐ Bullied or socially excluded

Additional History

- ☐ Family members diagnosed with autism or ADHD
- ☐ Childhood diagnosis of other conditions
- ☐ Required specific accommodations to function in school
- ☐ Feedback about being "too sensitive" or "overreacting"
- ☐ Struggled with changes or transitions more than peers
- ☐ Early obsessive interest in categorizing or collecting
- ☐ History of selective mutism or not speaking in certain situations

- ☐ History of "shutdowns" or "meltdowns" when overwhelmed
-

SECTION 9: FEMALE-SPECIFIC PRESENTATION PATTERNS

Rate how well each statement describes your experience: (0 = Not at all, 1 = Slightly, 2 = Moderately, 3 = Very much, 4 = Extremely)

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4 I've worked hard to observe and imitate others' social behaviors
-

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4 I mask difficulties by preparing scripts or rehearsing for social interactions
-

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4 I experience significant exhaustion from maintaining a neurotypical appearance
-

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4 My symptoms become more apparent when I'm stressed or tired
-

- ☐ 0
☐ 1

- ☐ 2
 - ☐ 3
 - ☐ 4 I've developed one or more close relationships that help me navigate social situations
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I'm able to maintain eye contact but find it draining or uncomfortable
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 My special interests have evolved to seem more socially acceptable (e.g., fiction, psychology)
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 I've experienced periods of burnout after prolonged masking
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 My symptoms were attributed to anxiety, depression, or personality traits rather than autism/ADHD
-

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3

- ☐ 4 I tend to internalize difficulties rather than display behavioral problems
-

SECTION 10: IMPACT ON DAILY FUNCTIONING

Rate the degree to which these patterns cause distress or impairment in your life: (0 = None, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Extreme)

Work/Academic Impact

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4 Difficulty meeting deadlines or completing assignments
-

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4 Challenges working in teams or collaborative environments
-

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4 Struggling with organizational aspects of work/school
-

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4 Sensory aspects of work/academic environment cause distress
-

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 Social aspects of workplace/school cause significant anxiety

Social Impact

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 Difficulty maintaining friendships or relationships
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 Social anxiety or avoidance of social situations
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 Miscommunications or conflicts due to different communication style
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 Feeling misunderstood by others
-

- ☐ 0
- ☐ 1
- ☐ 2

- ☐ 3
- ☐ 4 Exhaustion from social masking or camouflaging

Personal Well-being

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 Anxiety, stress, or overwhelm from daily challenges
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 Difficulty managing self-care routines consistently
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 Executive functioning challenges impact quality of life
-

- ☐ 0
 - ☐ 1
 - ☐ 2
 - ☐ 3
 - ☐ 4 Burnout from trying to meet neurotypical expectations
-

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 Sensory sensitivities impact daily functioning

Additional Information

Please describe any other relevant experiences, patterns, or challenges not covered in the questions above:

[Space for written response]

Scoring Guide (for clinician use)

Autism Spectrum Traits

- Section 1 (Social Communication): Score of 42+ indicates significant difficulties
- Section 2 (Restricted/Repetitive Behaviors): Score of 42+ indicates significant patterns
- Female-specific patterns (Section 9): Scores of 30+ may indicate significant masking

ADHD Traits

- Section 3 (Inattention): Score of 24+ suggests clinically significant inattention
- Section 4 (Hyperactivity/Impulsivity): Score of 24+ suggests clinically significant hyperactivity/impulsivity
- Section 5 (Executive Functioning): Score of 24+ indicates significant executive function challenges

Interpretation Notes

- High scores in both autism and ADHD sections suggest possible co-occurrence
 - Consider developmental history and current functional impact
 - Female presentation often involves significant masking and may differ from traditional diagnostic criteria
 - Executive function challenges often overlap between conditions
-

Clinical Impressions (for clinician use)

Primary Pattern(s):

- ☐ Autism Spectrum traits predominant
- ☐ ADHD traits predominant
- ☐ Combined presentation with significant features of both
- ☐ Subclinical traits with specific areas of difficulty
- ☐ Other considerations: _____

Recommendations:

- ☐ Comprehensive neuropsychological evaluation recommended
- ☐ Trial of accommodations/supports
- ☐ Skills training (specify area): _____
- ☐ Therapeutic intervention (specify type): _____
- ☐ Medical consultation regarding medication options
- ☐ Additional assessment needed (specify): _____
- ☐ Other: _____

Notes:

[Space for clinician notes]

Important Disclaimer

This assessment tool is not a diagnostic instrument and does not replace professional clinical evaluation. It is designed to identify patterns that may warrant further investigation by qualified healthcare professionals. A formal diagnosis requires comprehensive evaluation by a licensed clinician with expertise in neurodevelopmental conditions.

Autism and ADHD exist on spectrums, with traits varying widely in presentation and intensity. Many adults develop coping strategies that mask underlying challenges. This self-assessment is meant to facilitate discussion with healthcare providers and inform next steps in the diagnostic process.