



**NEURODIVERSE SELF-
UNDERSTANDING
QUESTIONNAIRE**



Helping You Understand Yourself — So We Can Plan the Best Support Together

Name: _____

Age: _____

Date Completed: _____

Section 1: About Me

1. What describes how you see yourself? (Tick all that apply)

- Autistic / On the Spectrum
- ADHD / Attention Differences
- Sensory Issues
- Learning Differences
- LGBTQ+
- Unsure how to describe myself yet
- Other: _____

Section 2: My Likes & Dislikes

2. Things I Enjoy (Tick all that apply)

- Being outdoors
- Music
- Gaming
- Reading
- Drawing/Art
- Animals
- Talking to people
- Time alone
- Fixing/building things
- Other: _____

3. Things I Dislike or Find Hard (Tick all that apply)

- Loud noises
- Bright lights
- Busy places (shops, crowds)
- Sudden changes
- People interrupting me
- Making eye contact
- Being touched unexpectedly
- Talking on the phone
- Other: _____

Section 3: My Triggers & Challenges

4. Things That Can Make Me Feel Angry, Irritated, or Overwhelmed (Tick all that apply)

- People not understanding me
- Being rushed
- Not having enough quiet time
- Too much noise
- People saying mean things
- Being ignored
- Tasks feeling too hard
- Sensory overload (noise, lights, textures)
- Other: _____

Section 4: How do you feel about yourself, other people?

5. Things....that I find hard to cope with (Tick all that apply)

- Speaking to my parents about my feelings
- being unheard or misunderstood
- Knowing my mind but being forced to choose another pathway
- Describe how I really feel
- Angry, Undervalued when they dismiss my opinion

Section 5: What Motivates Me

6. Things That Help Me Try My Best or Feel Good (Tick all that apply)

- Praise and encouragement
- Clear instructions
- Knowing what's happening next
- Doing something I enjoy
- Getting a reward or treat
- Helping others
- Time to myself after tasks
- Other: _____

Section 6: How I See Myself

7. Things I LIKE About Myself (You can tick more than one)

- I'm creative
- I'm kind
- I have a good sense of humour
- I notice small details
- I'm loyal
- I think differently to others
- I'm determined
- Other: _____

8. Things I Sometimes STRUGGLE with About Myself (Tick all that apply)

- I get overwhelmed easily
- I find it hard to focus
- I don't always understand social rules
- I feel anxious
- I don't like change
- I get frustrated quickly
- I'm hard on myself
- Other: _____

Section 7: Health & Practical Info

9. Do You Have Any Allergies?

Yes — Please list: _____

No

10. Do You Have Any Medical or Sensory Needs We Should Know About?

Section 8: My Interests & Future Dreams

11. My Hobbies or Favourite Activities Are:

12. My Aspirations for the Future (tick all that apply):

Have a job I enjoy

Live independently

Make friends who accept me

Understand myself better

Help others

Feel less anxious

Other: _____

Section 9: My Fears & Worries

13. Right now, the thing I'm most worried or scared about is:

Section 10: The Magic Wand Questions

14. If I had a magic wand or 3 wishes, I would wish for:

About My Health:

About Understanding My Neurodiversity:

About My Life or Future:

Section 11: Anything Else You Want Me to Know?

Section 12: Panic Attacks & Flashbacks

15. Have you ever experienced:

- Panic attacks (feeling overwhelmed, breathless, racing heart)
- Flashbacks (sudden upsetting memories or images)
- None of these

16. If Yes, what tends to trigger them?

- Crowded places
- Loud noises
- Arguments or feeling judged
- Reminders of past bad experiences
- Other: _____

17. What helps you calm down after a panic attack or flashback?

Section 13: Relationships & Identity

18. Are relationships with others (friends, family, romantic) easy or hard for you?

- Easy
- Sometimes tricky
- Often difficult

19. Types of relationships you have or want (tick all that apply):

- Close friendships
- Romantic relationships
- LGBTQ+ relationships or partnerships
- Prefer to be alone most of the time
- Other: _____

20. How do you currently feel about your identity?

- I'm still figuring things out
- I feel confident about who I am
- I feel confused or uncertain
- I feel proud of my identity
- It depends on the day

Section 14: Self-Harm, Body Image & Wellbeing

21. Have you ever hurt yourself on purpose (e.g., cutting, scratching, burning)?

- Yes
- No
- Prefer not to say
- Have you ever tried any other forms of self-harm methods?
- Are you prepared to try other ways to help yourself?

21. How do you feel about your body?

- I like how I look
- I often feel unhappy with my body
- I worry a lot about how others see me
- I try not to think about my body
- Other: _____

22. What helps you feel more positive about yourself?

Section 15: Medication, Treatments & Coping Tools

23. Are you currently taking medication for ADHD, Autism, anxiety, or other conditions?

- Yes — Please list: _____
- No
- I'm not sure

24. Have you tried any of these treatments or tools? (Tick all that apply)

- Talking therapy/counselling
- CBT (Cognitive Behavioural Therapy)
- Mindfulness or meditation
- Occupational therapy
- Support groups
- Sensory tools (fidgets, ear defenders, etc.)
- None of these
- Other: _____

25. What treatments or tools have helped you the most?

Section 16: Communication & Social Interaction

26. Who do you find it easiest to talk to? (Tick all that apply)

- Parents/carers
- Friends
- Teachers
- Mental health worker/therapist
- No one — I struggle to talk about my feelings
- Other: _____

27. What makes it hard to talk to people sometimes?

- I feel misunderstood
- I get overwhelmed
- People interrupt or don't listen
- I can't find the words
- I worry people will judge me
- Other: _____

28. Would you like help with improving communication?

- Yes
 - Maybe
 - No
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Section 17: Hygiene, Food & Daily Routines

29. How do you feel about personal hygiene (washing, teeth, clothes, etc.)?

- I manage okay
- I sometimes struggle with it
- I struggle to find cleansing products which trigger me ie: smell or texture
- I find it very hard
- I need reminders or help

30. I sometimes struggle with my personal image because?

- I find choosing clothes makes me stressed
- I find it a struggle pick a colour which is not black
- I sometimes find it hard to feel joyful in any clothes I wear because (of the way I look)
- I struggle to find cleansing products which do not trigger me **(by smell or texture)**
- I don't like the way I look in some clothes
- I am not sure how to feel about my overall body image

30. Do you have any food issues? (Tick all that apply)

- Allergies — please list: _____
- Sensory issues with food textures
- I'm a fussy eater
- I forget to eat sometimes
- I overeat when stressed
- None

31. How is your general routine?

- I have a routine that works for me
 - I struggle with keeping routines
 - My routine changes all the time
 - Other: _____
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Section 18: Anything Else You Want Me to Know?

End of Questionnaire

Thank you for sharing — your answers will help us work together to understand your needs, reduce your struggles, and help you build a life that works for *you*.



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