Mind Map · Self-Assessment :

How Does Your Mind Really Work?
A Neurodiversity Self-Assessment

— ASSESSMENT COMPLETE

Your *neurodivergent* profile

Your profile shows notable indicators in **Emotional Regulation**, **Sensory Experience**, **Attention & Focus** and 3 other areas. Read the detailed advisory notes below — neurodivergent profiles frequently overlap and co-occur.

Attention & Focus
ADHD / Attention Differences
71%
17/24 pts
ELEVATED

Social & Patterns
Autism Spectrum Condition
63%
15/24 pts
ELEVATED

Reading & Writing
Dyslexia / Processing Differences
63%
15/24 pts
ELEVATED

Coordination
DCD / Dyspraxia
42%
10/24 pts
MODERATE

Sensory Experience
Sensory Processing Differences
79%
19/24 pts
HIGH

Emotional Regulation
Wellbeing, Anxiety & Masking
92%
22/24 pts
HIGH

Detailed advisory notes

Select a domain to read your personalised guidance

ATTENTION & FOCUS | SOCIAL & PATTERNS | READING & WRITING | COORDINATION | SENSORY EXPERIENCE | EMOTIONAL REGULAT

ADHD / Attention Differences

Attention & Focus · Evidence: ASRS-v1.1

71%
17 of 24 pts
ELEVATED

Your responses suggest a significant cluster of traits associated with ADHD — including sustained attention difficulties, impulsivity, internal restlessness, and working memory challenges. This is a meaningful clinical finding that warrants professional exploration.

ADHD is among the most heritable neurological conditions, with heritability estimates of 70–80% (Faraone et al., 2005). It is highly treatable through a combination of behavioural strategies, coaching, environmental adjustment and, where appropriate, pharmacological support. Evidence-based treatments produce substantial quality-of-life improvements for most adults.

- Document specific situations where attention difficulties cause measurable impact — this is essential information for clinical assessment.
- Speak with your GP about an adult ADHD referral (NHS pathway) or access private assessment services.
- ADHD coaching is effective immediately, even prior to formal diagnosis, and does not require a prescription.
- The ADHD Foundation (adhdFoundation.org.uk) and AADD-UK provide accessible information and support.

STRENGTHS & ASSETS

ADHD is consistently associated with exceptional creativity, entrepreneurial thinking, capacity for hyperfocus, high-energy engagement and the ability to perform exceptionally well in dynamic, fast-paced or crisis environments.

Clinical reference: Adult ADHD is significantly undertreated. 75% of adults with ADHD are undiagnosed (Fayyad et al., 2007). Treatment with medication + behavioural therapy produces effect sizes of 0.4–0.9 (Cortese et al., 2018).

ATTENTION & FOCUS | SOCIAL & PATTERNS | READING & WRITING | COORDINATION | SENSORY EXPERIENCE | EMOTIONAL REGULAT

Autism Spectrum Condition

Social & Patterns · Evidence: AQ-10; Allison et al., 2012

63%
15 of 24 pts
ELEVATED

Your responses suggest a significant cluster of traits associated with autism spectrum condition — covering social communication differences, preference for routine and predictability, detail-focused processing, and potential masking. This is a clinically meaningful finding that warrants professional consideration.

Autism is a neurological difference, not a disorder or deficit. Many autistic adults — particularly those who have developed effective masking — spend years not understanding why some aspects of the social world feel fundamentally different. A formal assessment can provide clarity, self-understanding and access to appropriate support.

- Consider requesting an autism assessment referral via your GP, or explore private assessment pathways.
- The National Autistic Society (autism.org.uk) and Autistica provide comprehensive resources.

STRENGTHS & ASSETS

Autistic people consistently demonstrate extraordinary expertise in areas of deep interest, exceptional pattern recognition, intellectual honesty, precision, loyalty and original thinking. Many transformative contributions to science, technology, art and culture come from autistic minds.

Clinical reference: Camouflaging in autism is associated with higher anxiety and depression but lower likelihood of diagnosis (Hull et al., 2017). Late-diagnosed autistic adults report significantly improved mental health and self-understanding post-diagnosis (Leedham et al., 2020).

ATTENTION & FOCUS | SOCIAL & PATTERNS | READING & WRITING | COORDINATION | SENSORY EXPERIENCE | EMOTIONAL REGULAT

Dyslexia / Processing Differences

Reading & Writing · Evidence: BDA

63%
15 of 24 pts
ELEVATED

Your responses suggest significant difficulties consistent with dyslexia — particularly in phonological processing, reading fluency, orthographic memory and written expression. Dyslexia affects approximately 10% of the population and is entirely unrelated to intelligence, motivation or effort.

Many highly intelligent adults develop effective compensatory strategies that mask their dyslexia for years — particularly those from educated families or those who accessed strong early support. A formal assessment opens access to adjustments, accommodations and targeted strategies.

- Seek formal assessment with a specialist educational psychologist (PATOSS-registered assessors are recommended in the UK).
- Workplace and university accommodations (extra time, assistive technology, alternative formats) require documented assessment.
- Voice-to-text software, Grammarly, Natural Reader, and audiobooks substantially reduce the daily burden of literacy demands.
- The British Dyslexia Association (bdadyslexia.org.uk) offers assessment guidance and support networks.

STRENGTHS & ASSETS

Dyslexic thinkers are disproportionately represented among entrepreneurs, architects, engineers, surgeons, artists and leaders (Logan, 2009). The dyslexic brain is particularly well-suited to big-picture reasoning, spatial problem-solving and creative synthesis.

Clinical reference: fMRI studies show dyslexic readers use different neural pathways (right-hemisphere compensatory routes) compared to typical readers. Structured literacy intervention produces measurable neural change in both children and adults (Shaywitz et al., 2004).

TTENTION & FOCUS | SOCIAL & PATTERNS | READING & WRITING | COORDINATION | SENSORY EXPERIENCE | EMOTIONAL REGULATION

DCD / Dyspraxia

Coordination · Evidence: APA, 2013

42%
10 of 24 pts
MODERATE

You describe some difficulties with coordination, spatial processing, or motor skill acquisition. If these are causing meaningful daily difficulties, an assessment with an occupational therapist can identify specific areas and provide practical, targeted strategies.

Many strategies are immediately accessible: voice-to-text for handwriting challenges, GPS navigation for spatial difficulties, and adapted approaches to physical skill learning.

STRENGTHS & ASSETS

People with DCD traits frequently develop strong verbal reasoning, exceptional empathy and creative problem-solving as compensatory cognitive strengths.

Clinical reference: DCD commonly co-occurs with ADHD (50%), autism (10–15%), and dyslexia (up to 60%), suggesting overlapping neurodevelopmental pathways (Sumner et al., 2016).

TTENTION & FOCUS | ◈ SOCIAL & PATTERNS | ∂ READING & WRITING | ↻ COORDINATION | ~ SENSORY EXPERIENCE | ◎ EMOTIONAL REGULATION

Sensory Processing Differences

Sensory Experience · Evidence: Miller et al., 2007

79%
19 of 24 pts
HIGH

Your responses indicate significant sensory processing differences — marked sensitivities to auditory, visual, tactile, olfactory or interoceptive input, or active seeking of sensory stimulation for self-regulation. These experiences are real, valid, and can profoundly affect quality of life, energy levels and participation.

Sensory differences of this intensity are most commonly associated with autism and ADHD, and may warrant exploration of those domains as well. Sensory integration therapy with an occupational therapist, combined with intentional environmental design, can be genuinely transformative.

- Map your specific sensory triggers and create an environment that reduces unnecessary sensory load.
- High-quality noise-cancelling headphones, polarised sunglasses, weighted blankets and sensory-friendly fabrics provide immediate relief for many people.
- Sensory integration therapy (OT-led) has demonstrated evidence of efficacy for adults with significant processing differences.
- STAR Institute (sensoryhealth.org) and the Sensory Processing Disorder Foundation offer specialist resources.

STRENGTHS & ASSETS

Heightened sensory sensitivity can accompany a profound appreciation for beauty, music, texture, flavour and the subtlety of the world — an experience that many find deeply enriching.

Clinical reference: Interoceptive differences (awareness of internal bodily states) are increasingly recognised as a core feature of both autism and ADHD, linked to emotional regulation, anxiety and self-awareness (Garfinkel et al., 2016).

TTENTION & FOCUS | ◈ SOCIAL & PATTERNS | ∂ READING & WRITING | ↻ COORDINATION | ~ SENSORY EXPERIENCE | ◎ EMOTIONAL REGULATION

Wellbeing, Anxiety & Masking

Emotional Regulation · Evidence: Shaw et al., 2014

92%
22 of 24 pts
HIGH

Your responses suggest significant anxiety, emotional dysregulation, masking, and a pervasive sense of sustained effort just to manage everyday functioning. These are among the most common and most impactful secondary effects of undiagnosed or unsupported neurodivergence — frequently the result of years of camouflaging, repeated misunderstanding, and navigating a world not built for your cognitive profile.

This finding deserves attention in its own right, independent of any specific neurodevelopmental diagnosis. Chronic anxiety and emotional exhaustion have profound effects on physical health, relationships and quality of life.

- Speak with your GP about your mental health. You deserve support — this is not weakness, it is the predictable result of sustained effort without appropriate accommodation.
- Seek therapists with explicit neurodivergent experience; standard CBT without adaptation is often less effective for autistic and ADHD adults.
- Understanding your full neurodivergent profile — through assessment — frequently produces dramatic anxiety reduction by providing explanatory context and supporting self-compassion.
- If you are in crisis: Samaritans 116 123 (24/7, free) · Mind 0300 123 3393 · Crisis text line: text SHOUT to 85258.

STRENGTHS & ASSETS

Many who have navigated high anxiety and sustained difficulty develop extraordinary resilience, compassion, perceptiveness, and a depth of human understanding that fundamentally shapes how they engage with and contribute to the world.

Clinical reference: Camouflaging/masking is significantly associated with burnout, depression, anxiety and suicidality in autistic and ADHD adults (Raymaker et al., 2020). Post-diagnosis support dramatically improves mental health outcomes (Leedham et al., 2020).

Recommended next steps

Evidence-based actions, wherever your results sit

1. **Reflect carefully on what resonated**
   Re-read the sections where you scored highest and identify the specific questions that felt most accurate. These are useful clinical data points for any professional conversation.

2. **Speak with your GP**
   If any domain scored as Elevated or High, your GP is the correct first step. Request a referral to a clinical psychologist, psychiatrist, or specialist diagnostic service with neurodevelopmental expertise.

3. **Don't wait for a diagnosis to seek support**
   ADHD coaching, occupational therapy, adjusted working practices, and psychological support are all effective independent of formal diagnosis. Start where you can.

4. **Connect with specialist organisations**
   ADHD Foundation · National Autistic Society · British Dyslexia Association · Dyspraxia Foundation — all provide information, community and pathways to support.

5. **Bring this report to your appointment**
   Print or save this page and share it with your GP or assessor as a starting point. The domain scores and clinical references provide useful context for a clinical conversation.

6. **Be genuinely compassionate with yourself**
   Many neurodivergent people spend years working significantly harder than their peers without understanding why. This profile is not a deficit — it is an explanation, and a beginning.

Your results are ready to save

This assessment is for personal reflection and clinical conversation only. It does not constitute a diagnosis. Please consult a qualified healthcare professional for formal assessment.

PRINT / SAVE PDF RETAKE ASSESSMENT