



# Your AuDHD Screening Report

Comprehensive screening results for ADHD, ASD, and AuDHD traits

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## A MESSAGE FROM THE FOUNDER

Thank you for trusting this tool with your time and your reflections. I'm Tim — I built iamaudhd after spending too many years without a framework for my own AuDHD brain. This report is the one I wish I'd had. I hope it helps you ask better questions and feel a little less alone.

— *Tim*

*A 14-section interpretation of your 170-question assessment.*

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## Your Profile at a Glance



Your results suggest a strong AuDHD profile, with elevated traits across both ADHD and ASD axes. Your ADHD traits are most prominent in inattention, emotional dysregulation and executive function, while your ASD traits center on sensory processing and camouflaging. The interaction between these two sets of traits creates a unique experience that standard screening tools often miss.

You are in the age range where most people first begin to recognize neurodivergent traits in themselves. This often happens not because traits suddenly appear, but because the compensatory strategies that worked in school or early adulthood start to break down under the weight of career demands, relationships, and responsibilities that require sustained executive function. If you have recently started wondering "why is everything so hard when I am clearly capable," that question itself is one of the most common entry points into this kind of self-exploration. The patterns in this report are not new — they have likely been present your entire life. What is new is having a framework to understand them.

As a woman, your experience with these traits may have been shaped by diagnostic frameworks that were not designed with you in mind. Both ADHD and autism were historically studied in boys and men, and the diagnostic criteria still reflect that bias. Women are more likely to present with internalizing traits — anxiety, perfectionism, social camouflaging, and emotional overwhelm — rather than the externalizing behaviors that tend to trigger referrals. If you spent years being told you were "too sensitive," "too emotional," or "just anxious," those labels may have been describing neurodivergent traits that were never recognized as such. The average age of ADHD diagnosis for women is 36 — nearly a decade later than for men. For autism, the gap is even wider. This assessment cannot diagnose, but if your results resonate with your lived experience, that resonance is worth paying attention to regardless of what previous evaluations may have missed.

## What Stands Out

### Dual-Layer Masking

**ELEVATED** 82%

Your score suggests that you carry a heavy masking burden, working to hide both your autistic and ADHD traits simultaneously. You might suppress a stim while also biting back an impulsive comment, or force yourself to maintain small talk while fighting the urge to fidget. This double layer of masking is incredibly taxing and is a major contributor to AuDHD burnout.

### Internal Contradiction

**ELEVATED** 78%

Your score suggests that you frequently experience conflicting internal drives that can feel confusing or even paralyzing. You might want to go out and stay home at the same time, or crave structure while also rebelling against it. This isn't indecisiveness — it's two different neurological patterns genuinely pulling you in different directions at once.

### Inattention

**ELEVATED** 74%

Your score suggests that sustaining attention and staying on track is a significant part of your daily experience. This doesn't mean you can't focus — it likely means your brain is selective about what it locks onto, and the things that don't grab your interest get dropped more easily than you'd like.

### Task Inertia-Paralysis

**ELEVATED** 72%

Your score suggests that you frequently experience the frustrating gap between intention and action. You can see the task, you know the steps, you might even want to do it — but your body and brain simply won't cooperate. This paralysis isn't laziness or lack of willpower. It's a neurological traffic jam where two different processing styles create a bottleneck.

### Camouflaging

**ELEVATED** 71%

Your score suggests that you spend significant energy masking your natural way of being in social situations. You may carefully script conversations, force eye contact, or suppress stimming and other natural behaviors to fit in. While masking can feel necessary for survival, the long-term cost to your mental health and sense of self is real and worth addressing.

## Your Detailed Scores

### ADHD

63%

ELEVATED

43 of 43 questions answered

Inattention	74%	elevated
Hyperactivity-Impulsivity	48%	moderate
Emotional Dysregulation	67%	elevated
Executive Function	61%	elevated

### ASD

60%

MODERATE

42 of 43 questions answered

Social Communication	52%	moderate
Restricted/Repetitive Patterns	55%	moderate
Sensory Processing	62%	elevated
Camouflaging	71%	elevated

### AuDHD

71%

ELEVATED

50 of 51 questions answered

Internal Contradiction	78%	elevated
Dual-Layer Masking	82%	elevated
Interest Architecture	63%	elevated
Task Inertia-Paralysis	72%	elevated
Sensory Seeker-Avoider	65%	elevated
Burnout & Recovery	68%	elevated

## How Your Traits Interact

When ADHD and autistic traits co-occur, they don't simply add together — they interact in ways that can amplify, mask, or transform each other. Your elevated scores in internal contradiction, dual-layer masking, interest architecture, task inertia-paralysis, sensory seeker-avoider and burnout & recovery reflect these interactions directly. Understanding these dynamics is key to understanding your experience, because strategies designed for either condition alone may not address the specific challenges that arise at their intersection.

- Elevated AuDHD-specific traits detected. These capture the unique interaction between ADHD and autistic traits that standard instruments often miss.
- Your dual-layer masking and internal contradiction scores are notably high, which is common in women who have spent years adapting to neurotypical expectations in both social and professional settings.

Your high scores in both Dual-Layer Masking and Camouflaging suggest you're putting significant effort into managing how others perceive you across both ADHD and autistic traits. This double masking can be particularly exhausting and may contribute to burnout.

Executive function challenges combined with task inertia can create a specific kind of paralysis — you know what needs to be done but can't initiate. This isn't laziness; it's a neurological bottleneck at the intersection of both conditions.

High emotional reactivity paired with sensory sensitivity means that overwhelming sensory input can trigger disproportionate emotional responses. Understanding this connection can help you build environments that reduce both triggers simultaneously.

Sustained masking is one of the primary drivers of autistic burnout. Your elevated scores in both camouflaging and burnout suggest these may be directly connected. Reducing masking demands — even partially — may significantly improve recovery.

Your interest patterns show the characteristic AuDHD tension — deep, absorbing interests (autistic side) combined with difficulty sustaining attention on tasks that don't engage those interests (ADHD side). Structuring work around your interest architecture can dramatically improve focus.

## Workplace Patterns

Your results suggest that both ADHD and autistic traits are shaping your work experience, often in contradictory ways. You may find that you excel in areas requiring deep focus or creative problem-solving, while struggling with tasks that demand consistent organization, time management, or sustained effort on low-interest work. Your scores in internal contradiction, dual-layer masking, interest architecture, task inertia-paralysis, sensory seeker-avoider and burnout & recovery point to an experience that is common in AuDHD: the gap between what you are capable of and what you can consistently deliver is not about effort or intelligence. It is about a neurological mismatch between how your brain works and how most workplaces are structured.

The dual challenge is often invisible to others. ADHD-driven difficulties with task initiation and time estimation combine with autistic sensory and social processing demands to create a workload that is significantly heavier than what your colleagues experience for the same job. The masking required to appear "on" in meetings, manage open-office sensory input, and navigate unwritten workplace social rules adds a hidden tax on your energy that compounds over time. If you have noticed a pattern of intense productivity followed by burnout, your scores in {audhd\_burnout\_recovery\_level} burnout recovery suggest this is a structural pattern, not a personal failing.

The key insight for AuDHD at work is that strategies designed for either ADHD or autism alone often miss the mark. ADHD strategies that add more structure can conflict with your need for flexibility. Autism accommodations that reduce sensory input may not address the task initiation challenges. The strategies in this report are designed for the intersection.

At this stage in your career, you may have accumulated a track record that feels bafflingly inconsistent — excelling in some roles while struggling in others that were objectively easier, or performing brilliantly for stretches before hitting walls that seemed to come from nowhere. This is one of the most recognizable patterns of neurodivergent adults in the workforce. The inconsistency is not random. It maps directly to how well each environment matched your neurological needs. If you are currently in a role where you feel like you are working twice as hard as your colleagues for similar output, or if you have burned through multiple jobs wondering why you cannot just sustain what you are clearly capable of, the workplace patterns below may offer a more structural explanation than "I need to try harder."

Women in the workplace face a particular version of the neurodivergent double bind: the same traits that make work harder are often invisible to others because women are socialized to compensate. You may have developed elaborate systems for organization, spent hours preparing for meetings that colleagues wing effortlessly, or taken on emotional labor roles that mask your own struggles with executive function. The "office mom" or "the one who holds everything together" personas can be high-functioning camouflage for ADHD or autistic traits that are consuming enormous cognitive resources behind the scenes. If you have been praised for being "so organized" while privately knowing the effort that organization requires, or if you have been penalized for emotional responses that your male colleagues would not face consequences for, those experiences may be as much about unrecognized neurodivergence as they are about workplace gender dynamics.

## School & Learning Patterns

Your results suggest that both ADHD and autistic traits shaped your educational experience in significant ways. Many people with an AuDHD profile describe a pattern of wildly uneven academic performance: excelling in subjects that captured their interest while struggling in others, not because of ability but because of how their brain engages with material. Your scores in internal contradiction, dual-layer masking, interest architecture, task inertia-paralysis, sensory seeker-avoider and burnout & recovery reflect this pattern. Interest-dependent attention, task paralysis on assignments that feel meaningless, and the exhaustion of navigating the social and sensory demands of a classroom are all predictable features of AuDHD in a school environment.

The "gifted but not applying themselves" label is one of the most common experiences reported by people with your profile. High cognitive ability masked the underlying executive function and sensory processing challenges, often delaying recognition of neurodivergence for years or decades. If you performed well on tests but struggled with homework, thrived in subjects you loved but failed in ones you did not, or found the social landscape of school exhausting in a way your peers did not seem to experience, your results suggest these were not failures of effort.

School environments are particularly demanding for AuDHD because they require sustained attention across multiple low-choice activities, constant social navigation, and sensory endurance in environments designed for neurotypical tolerances. Understanding this retroactively can reframe years of self-blame into a clearer picture of what was actually happening.

Your school years are far enough behind you to have become a story you tell about yourself — and that story may need revision. Many adults in your age range carry narratives from school that were shaped by teachers and parents who did not have the framework to recognize neurodivergent traits: "smart but lazy," "does not apply herself," "so much potential." These labels were never accurate descriptions of who you were. They were descriptions of what happens when a neurodivergent brain is placed in an environment designed for neurotypical learners without any support. Revisiting those years with the understanding in this report does not change what happened, but it can change the weight you carry from it.

## Relationship Patterns

Your results suggest that both ADHD and autistic traits influence how you experience close relationships. The most distinctive feature of AuDHD relationships is the social battery paradox: genuinely craving deep connection while finding the process of maintaining it neurologically expensive. Your scores in internal contradiction, dual-layer masking, interest architecture, task inertia-paralysis, sensory seeker-avoider and burnout & recovery reflect this tension. Wanting to be close to people and needing significant recovery time after being around them are not contradictory feelings. They are the predictable result of how ADHD's drive for social stimulation interacts with autism's processing demands.

Communication differences can create friction even in your closest relationships. You may find that you express care differently than others expect, that you need more directness than most people offer, or that your emotional responses feel "too big" or "not enough" depending on the situation. Rejection sensitivity from the ADHD side can amplify the social misreading from the autism side, creating a cycle where you are simultaneously hyperaware of social signals and unable to accurately interpret them.

Physical affection and intimacy may be complicated by sensory processing differences that shift unpredictably. Understanding that these patterns have neurological roots, and communicating them to the people you care about, is one of the most impactful things you can do for your relationships. The difficulty is real. It is not a reflection of how much you care.

Women often carry invisible relationship labor that intersects with neurodivergent traits in ways that are easy to miss. You may have learned to perform emotional attunement that does not come naturally, to manage household logistics that strain your executive function, or to suppress sensory needs during physical intimacy because your partner's expectations take priority. The "mental load" that many women describe in relationships can be exponentially heavier when you are also managing unrecognized ADHD or autistic traits. If your relationships have followed a pattern of overgiving followed by resentment or collapse, that cycle may reflect the unsustainable cost of masking in your most intimate spaces — the one place where you should not have to perform. Understanding this dynamic can be the beginning of communicating your actual needs rather than the needs you have been trained to suppress.

## Personal Context Analysis

*Generated from your reflection responses using AI. This is not a clinical interpretation.*

### Themes in Your Reflections

Your reflections reveal a consistent thread of internal contradiction — the simultaneous need for deep focus and the frustration of attention that scatters at critical moments. You describe childhood as a time of "getting by on being smart" while internally struggling with organization and social nuance. A strong pattern of masking emerges across all three life stages: performing competence while internally feeling overwhelmed, and performing social ease while internally rehearsing every interaction. The burnout you describe in your thirties maps closely to what researchers call "autistic burnout," compounded by ADHD-related executive function strain.

### How Your Words Connect to Your Scores

Your description of "running two operating systems at once" maps directly to your elevated dual-layer masking score (82%). The exhaustion you attribute to "just being a working mom" aligns with your high internal contradiction score (78%) — the constant negotiation between ADHD-driven novelty seeking and autistic preference for routine creates a cognitive tax that is invisible to outside observers. Your sensory experiences — needing noise-canceling headphones but also craving intense music — reflect the seeker-avoider pattern captured in your AuDHD sensory profile (65%).

### Notable Themes

What stands out most is the gap between your external presentation and internal experience. Your camouflaging score (71%) is one of your highest, yet you describe yourself as "not very good at masking." This is characteristic of people who mask so effectively that they cannot see it as masking — it has become automatic. Your inattention score (74%) combined with your restricted/repetitive patterns score (55%) creates an interesting picture: you can hyperfocus intensely on specific interests but struggle with everyday attention demands, which is a hallmark of the AuDHD profile rather than either condition alone.

## Talking to Your Doctor

Your results indicate an AuDHD profile — co-occurring ADHD and autistic traits. When discussing these results with a healthcare provider, it's helpful to frame the conversation around the interaction between both sets of traits, not just one or the other. Many providers are more familiar with ADHD or autism individually than with how they present together.

### Discuss based on your results:

- **Inattention:** This domain measures how often your attention drifts away from what you're trying to focus on, how hard it is to follow through on tasks, and whether staying organized feels like an uphill battle. It captures the classic "my brain has 47 tabs open" experience that many people with ADHD describe.
- **Emotional Dysregulation:** This domain measures the intensity and speed of your emotional responses — how quickly feelings flare up, how deeply they hit, and how long it takes to come back to baseline. It also captures rejection sensitivity, where perceived criticism or exclusion triggers an outsized emotional reaction that can feel overwhelming.
- **Executive Function:** This domain looks at the brain's management system — working memory, planning ahead, switching between tasks, and keeping track of time. Executive function is what lets you hold information in mind while using it, break big goals into steps, and estimate how long things actually take (spoiler: usually longer than you think).
- **Sensory Processing:** This domain measures how your nervous system responds to sensory input — sounds, lights, textures, tastes, and smells. It captures both heightened sensitivity (where ordinary stimuli feel overwhelming) and reduced sensitivity (where you might not notice things others do). Sensory differences are one of the most impactful yet least understood aspects of autism.
- **Camouflaging:** This domain measures how much effort you put into appearing neurotypical in social situations — consciously monitoring your facial expressions, rehearsing conversations, mimicking others' behavior, and suppressing your natural responses. Camouflaging is exhausting and is strongly linked to burnout, anxiety, and loss of identity over time.

### Things to Mention

- I scored elevated across both ADHD and ASD domains, with particularly high scores in the AuDHD-specific traits
- I experience contradictory internal drives — for example, craving routine but also needing novelty
- I've noticed that some of my ADHD traits may be masking autistic traits, and vice versa
- Standard screening tools for just ADHD or just autism may not capture my full experience
- I'd like to explore how these conditions interact in my daily life, not just whether I meet criteria for one

### Questions to Ask

- Do you have experience with ADHD-autism co-occurrence (AuDHD)?
- Can we discuss how my ADHD traits might be masking autistic traits, and the reverse?
- What does an assessment for co-occurring ADHD and autism look like?
- Are there treatment approaches designed for people with both conditions?
- How might medication for ADHD affect my autistic traits, and vice versa?

### Finding the Right Provider

For an AuDHD profile, a neuropsychologist or clinical psychologist with experience in both ADHD and autism spectrum conditions is ideal. Some psychiatrists specialize in neurodevelopmental conditions and can address both. Avoid providers who only assess for one condition — the interaction between ADHD and autism is clinically significant and requires integrated evaluation.

## Strategies That Help

### Body Doubling

Working alongside another person (in-person or virtually) can help overcome the task inertia that's common in AuDHD. The presence of another person provides enough social scaffolding to get started without the overwhelm of direct collaboration.

*Body doubling addresses the AuDHD-specific paralysis where you know what to do but can't initiate. It provides gentle external accountability without the social performance demands that can be draining for autistic traits.*

### Interest-Based Task Pairing

Pair necessary but unengaging tasks with a special interest. Listen to a favorite podcast while doing chores, or structure work blocks around topics that genuinely fascinate you. Build your schedule around your interest architecture rather than fighting it.

*AuDHD brains have intense interest patterns — the autistic depth meets the ADHD need for stimulation. Working with these patterns instead of against them reduces the executive function load dramatically.*

### Sensory Toolkit

Create a portable kit with sensory tools that address both seeking and avoiding needs — noise-cancelling headphones for overwhelm, fidget tools for understimulation, sunglasses for light sensitivity. Having these readily available reduces decision fatigue in the moment.

*The sensory seeker-avoider pattern in AuDHD means your sensory needs can shift rapidly. Having a toolkit means you don't need to problem-solve when you're already dysregulated.*

### Structured Flexibility

Create routines with built-in flex points. Have a consistent morning structure but allow the specific activities to vary. Use time blocks rather than rigid schedules. This honors both the autistic need for predictability and the ADHD need for variety.

*Rigid routines fail because ADHD craves novelty; no routine fails because autism needs predictability. Structured flexibility is the AuDHD sweet spot.*

### Unmasking Practice

Identify safe contexts where you can reduce masking — even slightly. This might mean stimming openly with trusted friends, being honest about sensory needs, or declining social events without elaborate excuses. Start small and notice how it affects your energy.

*Dual-layer masking is one of the most exhausting aspects of AuDHD. Even small reductions in masking can significantly reduce burnout risk and free up cognitive resources for things that matter to you.*

## Research & Methodology

This assessment draws on validated instruments and published research in ADHD, autism, and their co-occurrence. The questions are informed by the ASRS (Adult ADHD Self-Report Scale), AQ-50 (Autism Spectrum Quotient), RAADS-R (Ritvo Autism Asperger Diagnostic Scale-Revised), CAT-Q (Camouflaging Autistic Traits Questionnaire), and DSM-5 diagnostic criteria.

Scoring uses a proportional exclusion model: skipped questions are excluded from both the numerator and denominator, so your score reflects only questions you answered. Each question carries a weight indicating how strongly it relates to each scoring domain. Your score for each domain is the weighted average of your normalized responses.

A minimum threshold of 60% answered questions is required for each domain. Below this threshold, we report "insufficient data" rather than an unreliable score. Scores are classified as low (0-35%), moderate (36-60%), or elevated (61-100%).

The 6 AuDHD-specific domains (Internal Contradiction, Dual-Layer Masking, Interest Architecture, Task Inertia-Paralysis, Sensory Seeker-Avoider, and Burnout & Recovery) are novel constructs based on emerging research into ADHD-autism co-occurrence. They are not validated instruments in the traditional sense but are designed to capture experiences unique to the intersection of both conditions.

### Recommended Resources

**Unmasking Autism — Devon Price, PhD**

Explores the experience of masking autistic traits and offers practical guidance for living more authentically.

**ADHD 2.0 — Edward Hallowell, MD & John Ratey, MD**

Updated understanding of ADHD with practical strategies grounded in neuroscience research.

**Is This Autism? — Donna Henderson, PhD et al.**

A practical guide to autism in adults, especially those who were missed in childhood due to masking or atypical presentations.

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## IMPORTANT DISCLAIMER

This report is a screening tool, not a diagnostic instrument. The results are not medical advice and are not a substitute for a professional clinical evaluation. No screening tool — including this one — can diagnose ADHD, autism, or any other condition.

The scores, patterns, and insights in this report are designed to help you better understand your own experiences and to facilitate informed conversations with healthcare providers. They are based on your self-reported responses and reflect your subjective experience at the time of the assessment.

The strategies and information in this report are drawn from published research and community experience. They are not personalized medical recommendations. What works for one person may not work for another.

If you are experiencing distress or need immediate support, please contact a mental health professional or crisis service in your area.

We encourage you to discuss these results with a qualified healthcare provider who has experience with ADHD, autism, or both. Your results can serve as a useful starting point for that conversation.