A NEURO-AFFIRMATIVE GUIDE FOR ADULTS

Do You Think You're Autistic?

Understanding autism, recognising yourself, and finding your way to answers, for adults who are wondering, exploring or waiting

Understanding autism | Recognising yourself | Overlaps | Getting assessed | Life after

Andrew Ryder
Consultant Speech and Language Therapist
Specialist Neurodevelopmental Assessor

30 pages
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WELCOME

Hello, and welcome

For every adult who has ever wondered, “Could this explain me?”



Maybe it was a video, a friend's diagnosis or your child's assessment. Maybe you've always felt slightly out of step and never had a word for it. Wondering whether you might be autistic can bring relief, curiosity, worry, or all three at once. This guide is here to help you explore that question with clarity and kindness, whatever the answer turns out to be.

How to use this guide

Dip in and out

You don't have to read it in order. Start with whichever page catches your eye.

Follow the colours

Each part has its own colour, so you always know where you are.

Go at your own pace

Some pages may stir up memories or big feelings. It's fine to stop, rest and come back later.

Make it yours

Tick, circle and scribble. Your notes can become a summary to take to a GP or assessor.

Look out for these boxes

Try this: a small, practical thing to do

Good to know: facts and research, in plain words

Pause point: a moment to reflect on you

For supporters: ideas for partners, family, friends and employers

Remember: the big messages worth keeping

This guide offers information and reflection. It is not a diagnostic tool and cannot tell you whether you are autistic. Only a thorough assessment by a qualified team can make a diagnosis.

WELCOME

What's inside

Five parts, thirty pages and one big message: you deserve to understand yourself.



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About the author

Andrew Ryder is a Consultant Speech and Language Therapist and specialist neurodevelopmental assessor based in Manchester, with more than ten years of experience in autism and ADHD assessment across the lifespan. He has a particular interest in adults whose profiles have been masked or missed, and has built and led neurodevelopmental services at national scale. As a clinician with ADHD, he brings lived experience to his work, which is grounded in neuro-affirmative, strengths-based and compassionate practice.

HCPC registered (SL32246) · RCSLT member

First, a word about words

Language matters. It can help you feel seen, or make you feel like a problem to be fixed.



Autistic

Many autistic people prefer identity-first language, because autism shapes who they are rather than being something they 'have'.

Neurotype

The way a person's brain is wired to think, sense, feel and communicate. Everyone has one.

Neurodivergent

An umbrella word for brains that differ from what society treats as 'typical', including autism, ADHD and dyslexia.



GOOD TO KNOW

Clinicians diagnose 'autism spectrum disorder' using the DSM-5-TR or ICD-11 manuals. Asperger syndrome is no longer given as a separate diagnosis, although some people diagnosed with it still identify with the term.

Words people use

Autistic · **Autistic person** · **On the spectrum** · **Autism spectrum condition** · **Asperger's (older term)** · **AuDHD**

There's no single right word. Use the language that feels true to you, and notice how it feels when others use different words.

This guide uses identity-first language (autistic person) because many in the autistic community prefer it. **AuDHD** means being both autistic and ADHD.



REMEMBER

Exploring whether you might be autistic isn't 'looking for a label'. It's looking for an accurate explanation of how you experience the world.

What is autism?

A clear, plain-English picture of what autism is, and what the diagnostic criteria are looking for.

Autism is a lifelong neurodevelopmental difference in how people communicate, relate to others, process information and experience the senses. It's present from early development, even when it isn't recognised until adulthood.

Social communication and interaction

- Conversation can feel effortful, or follow different rules
- Eye contact, facial expression and tone may work differently
- Making and keeping relationships may need more energy or different conditions
- Unwritten social rules may feel confusing or illogical

Patterns, interests and the senses

- Repetitive movements, speech or routines, including stimming
- A strong need for predictability and sameness
- Intense, focused interests
- Being over- or under-responsive to sound, light, touch, taste, smell or pain

GOOD TO KNOW

For a diagnosis, these differences need to have been present since early childhood, even if they were masked or not noticed, and to have a real impact on everyday life. That's why assessments explore your whole life story, not just how you are today.

REMEMBER

Autism isn't an illness, a personality flaw or something you grow out of. It's a different way of being human, with its own strengths and challenges.

Myths and facts

Old stereotypes stop many adults from recognising themselves. Let's clear a few away.

✕ **Myth:** Autistic people lack empathy.	✓ **Fact:** Many autistic people feel others' emotions intensely. Differences are often in reading or showing feelings, and misunderstandings run both ways.
✕ **Myth:** You can't be autistic if you have friends, a partner or a job.	✓ **Fact:** Many autistic adults have all of these, often by working very hard behind the scenes.
✕ **Myth:** Autism is mainly a male thing.	✓ **Fact:** Women and girls have long been missed, partly because early research and criteria were based mostly on boys.
✕ **Myth:** Everyone's a little bit autistic.	✓ **Fact:** Everyone has some traits. Autism is a consistent pattern across life that has a real impact.
✕ **Myth:** If you were autistic, someone would have noticed in childhood.	✓ **Fact:** Most autistic adults in England may have no diagnosis at all (O'Nions et al., 2023).
✕ **Myth:** Autism can be trained out of you.	✓ **Fact:** Autism is lifelong. Good support aims at wellbeing and a better fit with your world, not at changing who you are.

PAUSE POINT

Which of these myths have you heard, or believed about yourself? Sometimes a myth is the very thing that stopped us asking the question sooner.

Why so many adults are only now wondering

If you're asking this question in your 30s, 50s or 70s, you are far from alone.

Up to 72%
of autistic people in England may be undiagnosed

9 in 10
autistic people aged over 50 may not have a diagnosis

Estimates from a study of more than five million GP records in England (O'Nions et al., 2023).

Why autism is often missed

Narrow stereotypes

For decades, autism was pictured as a young boy who didn't speak. Many adults never fitted that picture.

Masking and coping

Years of copying, rehearsing and pushing through can hide autism from everyone, including you.

Other labels first

Anxiety, depression, eating difficulties or personality disorder may have been diagnosed instead of, or alongside, autism.

A child's diagnosis

Many parents recognise themselves while learning about their child.

Life outgrows coping

A new job, parenthood, loss, illness or menopause can tip carefully balanced coping into burnout.

Better awareness

Autistic people sharing their stories online and in the media help others see themselves.

GOOD TO KNOW

A government-commissioned review in England (2026) found that diagnoses have risen faster than estimated prevalence, and called for more consistent, better-regulated assessments. Both things can be true: many adults have been missed, and good-quality assessment really matters.

The spectrum isn't a line

Every autistic person has their own profile of strengths and support needs.



The spectrum is not a line from 'a little bit autistic' to 'very autistic'. It's more like a mixing desk, with every person set differently.



These illustrative profiles show how much support two autistic people might need in each area (longer bar, more support). Person A finds social energy hard but sensory life easy; Person B is the opposite. Both are equally autistic. Support needs can also shift with stress, environment and age.

GOOD TO KNOW

Labels like 'high-functioning' can hide real struggles or underestimate abilities. Many autistic people prefer to talk about their support needs in different areas.

PAUSE POINT

If you drew your own bars, which areas would be longest? Which would be shortest?

PART 2 · RECOGNISING YOURSELF

Communication and relationships

Many autistic adults care deeply about people. Connection just works differently, and often costs more energy.



You might recognise...

- Small talk feels pointless, confusing or exhausting
- Rehearsing conversations beforehand and replaying them afterwards
- Eye contact feels uncomfortable, or is something you do deliberately
- Taking things literally or missing hints and sarcasm
- Finding group conversations hard to follow
- Being told you're blunt, rude or 'too intense' when you were being honest
- Preferring one-to-one time or connection around a shared interest
- A few deep, loyal friendships rather than a wide circle

The double empathy problem

Communication between autistic and non-autistic people can break down in both directions, because each group communicates differently (Milton, 2012). Research shows autistic people often communicate very well with each other. It's a mismatch, not a deficit.

TRY THIS

Notice which social situations drain you and which leave you energised. Many autistic people thrive in connection built around shared interests, with clear plans and an easy way to leave.

FOR SUPPORTERS

Say what you mean, give notice of plans, and don't read a lack of eye contact as a lack of interest. Asking “What works best for you?” goes a long way.

Focus, interests and routine

Deep focus, beloved routines and passionate interests are often at the heart of autistic life.

Monotropism

A theory developed by autistic researchers suggests autistic attention tends to be pulled into a small number of interests at a time, very deeply (Murray, Lesser and Lawson, 2005). That brings flow, expertise and joy, and makes switching tasks or being interrupted genuinely costly.

You might recognise...

- Intense interests, past and present, that you could talk about for hours
- Losing track of time when absorbed in something
- Finding it hard to switch tasks or stop mid-way
- Distress when plans change at the last minute
- Comfort in sameness: the same foods, routes, shows or clothes
- Needing lots of detail before making a decision
- A strong sense of fairness and rules
- Noticing details and patterns others miss

Executive function

Many autistic adults find planning, starting tasks, organising, juggling several things and managing time harder than others expect, especially when tired or overloaded. These skills also overlap with ADHD (page 17).

TRY THIS

Make a timeline of your interests from childhood to now. Long-lasting, intense interests are often one of the clearest threads in an autistic life story.

Your sensory world

Autistic people often experience the senses more intensely, or less intensely, than others.

Sight

Bright or flickering lights, busy patterns, visual clutter

Sound

Background noise, chewing, sudden sounds, many voices at once

Touch

Clothing labels, seams, light touch, certain textures

Taste and smell

Strong smells, mixed textures, a small range of safe foods

Balance

Movement, travel sickness, seeking spinning or rocking

Body position

Clumsiness, bumping into things, craving deep pressure

Inner body signals

Missing hunger, thirst, tiredness, pain or the need for the toilet

Temperature and pain

Feeling heat, cold or pain much more, or much less, than others

GOOD TO KNOW

Sensory differences can go both ways: over-responsive (too much) and under-responsive (not enough), sometimes in the same person on different days. Sensing your inner body signals is called interoception.

ABOUT STIMMING

Stimming, such as rocking, tapping, humming or fidgeting, helps many autistic people regulate, focus and express joy. Unless it causes harm, it's healthy.

Emotions, overwhelm and shutdowns

Autistic people feel deeply. Noticing and naming feelings can work differently.

Alexithymia

Difficulty noticing, naming or describing your own emotions. Around half of autistic people experience it, compared with about 1 in 20 non-autistic people in the same studies (Kinnaird et al., 2019).

Delayed processing

Feelings may arrive hours or days after an event, once you're somewhere quiet and safe.

Meltdowns

An involuntary response to overwhelming stress or sensory overload. Not a tantrum and not a choice.

Shutdowns

Withdrawing, going quiet or losing speech when overwhelmed. Often mistaken for being calm or rude.

You might recognise...

- Not knowing how you feel until your body tells you
- Being told you seem 'fine' when you're not
- Feeling others' emotions intensely in a room
- Big reactions to criticism or rejection, sometimes called RSD

TRY THIS

Check in with your body a few times a day: Am I hungry, thirsty, tired, too hot or overloaded? Emotions often show up as body signals first.

Masking and camouflaging

Many adults only realise how much they've been masking once they start to wonder whether they're autistic.

Masking, or camouflaging, means hiding or compensating for autistic traits to fit in. It can be deliberate or so automatic you don't notice you're doing it. Researchers describe three kinds of strategy (Hull et al., 2019):

Masking

Hiding traits: forcing eye contact, suppressing stims, copying facial expressions.

Compensation

Working around differences: scripts, rules for conversation, studying people like a subject.

Assimilation

Trying to blend in: performing a role, going along with things, staying in the background.

Why we do it

- To stay safe from bullying or rejection
- To keep a job or a relationship
- Because we were told, over and over, to 'act normal'
- Because it became automatic long ago

What masking can cost

- Exhaustion after social time, sometimes for days
- Losing track of who you really are
- Anxiety, low mood and burnout
- Being missed by professionals, so support comes late

GOOD TO KNOW

In research on autistic burnout, autistic adults describe unmasking and doing things in an autistic way as part of recovery (Raymaker et al., 2020).

PAUSE POINT

What do you do to 'get by' at work, with family or with friends? What would you do differently if no one was watching?

Autism and identity

Some groups have been overlooked for a long time. Recognition is catching up.

Women and girls

Often more socially motivated, masking more, with interests that look 'typical' (animals, books, people). Frequently diagnosed with anxiety, depression or eating difficulties first.

Trans and non-binary people

Transgender and gender-diverse adults are three to six times more likely to have an autism diagnosis than cisgender adults (Warrier et al., 2020).

People from minoritised ethnic communities

May face bias, stigma and fewer culturally aware assessors, which can delay recognition.

Older adults

Grew up when autism was barely known, so may have spent decades without an explanation.

People with ADHD or other diagnoses

One diagnosis can overshadow another, so autism may be missed.

People who 'cope'

High achievers and carers may hide struggles so well that no one thinks to ask.

PAUSE POINT

Did anything about your gender, background, culture or circumstances make it less likely that anyone considered autism for you?

REMEMBER

Autism looks different in different people. If you don't match the stereotype, that doesn't mean you aren't autistic. It may mean you've been missed.

Strengths and autistic joy

Autism isn't only about challenges. Many autistic people describe real gifts.

- **Deep focus**
- **Honesty and directness**
- **Pattern spotting**
- **Attention to detail**
- **Loyalty**
- **A strong sense of justice**
- **Original thinking**
- **Expert knowledge**
- **Sensory joy**

Autistic joy

Many autistic people describe intense, uncomplicated delight: in a special interest, a favourite texture, a perfect routine, a song on repeat, or time with people who truly get them. That joy is worth protecting and making room for.

PAUSE POINT

What are your strengths? What brings you that deep, uncomplicated joy?

REMEMBER

Strengths aren't a requirement for being valued. You are worthy of understanding and support exactly as you are, on your good days and your hard ones.

Patterns I recognise

Tick anything that feels familiar now, or felt familiar in the past.

- [ ] Social situations drain me more than other people
- [ ] I find small talk hard or pointless
- [ ] I have intense, long-lasting interests
- [ ] I need routine or sameness to feel OK
- [ ] I struggle to notice hunger, thirst or tiredness
- [ ] I mask or copy others to fit in
- [ ] I've had meltdowns or shutdowns
- [ ] People call me blunt, intense or 'too much'
- [ ] I rehearse or replay conversations
- [ ] I take things literally or miss hints
- [ ] I find unexpected change distressing
- [ ] Noise, light, smells or textures overwhelm me
- [ ] I find it hard to name my feelings
- [ ] I need lots of time alone to recover
- [ ] I've felt 'different' since childhood
- [ ] I've experienced burnout

Memories from childhood that fit these patterns...

Who knew me as a child and could share their memories?

GOOD TO KNOW

This isn't a test and can't tell you whether you're autistic. It can help you put your experiences into words for a GP or assessor.

PART 3 · OVERLAPS AND WELLBEING

Autism and ADHD

Two neurotypes that often overlap, and sometimes hide each other.

Autism and ADHD often travel together. Studies report a wide range, but figures of 50 to 70% of autistic people also having ADHD are often quoted (Hours et al., 2022). Being both is sometimes called **AuDHD**.

More autism-flavoured

- Needing sameness and predictability
- Deep, steady interests
- Social rules feel confusing
- Overwhelm from change

Shared ground

- Sensory differences
- Executive function challenges
- Intense emotions
- Masking
- Hyperfocus

More ADHD-flavoured

- Craving novelty and stimulation
- Interests that burn bright then switch
- Impulsivity
- Restlessness and time blindness

Being AuDHD can feel like a push and pull: wanting routine and craving novelty, needing people and needing space, often in the same day. Each can also mask the other, which is why many people are recognised late.

You might recognise...

- Craving routine, then feeling bored by it
- Interests that are intense and lifelong, alongside new ones that come and go
- Needing quiet to recover, but seeking stimulation to get going

GOOD TO KNOW

If you recognise yourself in both, ask any assessment service whether it considers both autism and ADHD, or can refer you on. A good assessment looks at the whole picture.

TRY THIS

If intense reactions to criticism or rejection are part of your story, the companion guide **When Rejection Hurts** explores rejection sensitive dysphoria in autistic and ADHD adults.

PART 3 · OVERLAPS AND WELLBEING

Autism and mental health

Autism isn't a mental illness, but autistic adults are more likely to face mental health difficulties.

About 4 in 10
autistic adults experience an anxiety disorder at some point

More than 1 in 3
experience depression at some point in their lives

Lifetime estimates from a review of 35 studies (Hollocks et al., 2019).

Why mental health is often harder

- Years of masking and pushing through
- Bullying, exclusion and misunderstanding
- Environments that don't fit sensory or social needs
- Getting the wrong explanation, or none at all

Sometimes mistaken for, or found alongside

- Anxiety and social anxiety
- Depression
- Obsessive-compulsive disorder
- Eating difficulties, including ARFID
- Emotionally unstable (borderline) personality disorder
- Trauma-related difficulties

GETTING THE RIGHT HELP

If you're getting mental health support, it's worth asking whether it can be adapted for autistic people: clearer structure, written summaries, sensory adjustments and more time to process.

IF THINGS FEEL TOO MUCH

If you're struggling to stay safe, please reach out today. Urgent help and helplines are listed on page 29.

Autistic burnout

Many adults first wonder about autism during a period of burnout.

Autistic burnout is long-term exhaustion, loss of skills and reduced tolerance to sensory input, typically lasting three months or more. It builds from chronic stress and a mismatch between what life expects and the support available (Raymaker et al., 2020).

	Autistic burnout	Depression
Core feeling	Exhaustion and overload	Low mood, emptiness, hopelessness
Skills	Things you could do become hard: speech, self-care, planning	Motivation drops
Senses	Much less tolerance for noise, light and people	Usually unchanged
What helps	Rest, fewer demands, unmasking, sensory comfort	Treatment for depression, connection, activity

Burnout and depression can happen together, so it's worth talking to your GP if you're unsure.

Early warning signs

Needing much more time alone · **More meltdowns or shutdowns** · **Losing words** · **Self-care slipping** · **Overloaded sooner** · **Less able to mask**

What autistic adults say helps recovery

- ✓ Acceptance and support from people who understand
- ✓ Time off and lowered expectations
- ✓ Doing things in an autistic way, and unmasking
- ✓ Protecting sensory comfort and special interests

Body and health

Autism affects the whole person, including how you experience your body and use health services.

Sleep

Sleep difficulties are common, from trouble switching off to sensory discomfort at night.

Gut and eating

Digestive problems and a narrow range of 'safe' foods are often reported.

Joints and movement

Some studies link autism with hypermobility and differences in coordination.

Noticing illness

Interoception differences can mean pain or illness goes unnoticed until it's serious.

Barriers in healthcare

- Phoning for appointments
- Noisy, bright waiting rooms
- Describing symptoms 'on the spot'
- Not being believed when you look 'fine'

TRY THIS

Write your questions and symptoms down before appointments, ask for the first or last slot of the day, and bring someone with you if that helps. In England you can ask your GP to add a Reasonable Adjustment Flag to your NHS record so your needs are shared.

GOOD TO KNOW

Epilepsy is more common in autistic people than in the general population, so mention any seizures, blank spells or unusual episodes to your GP.

Self-identification or diagnosis?

Both are valid starting points. It's about what you need.



	Self-identification	Formal diagnosis
Speed and cost	Immediate and free	Can mean long waits, or paying privately
Recognition	Widely accepted in autistic communities	Recognised by health services, employers and education
Support	Peer support, books, communities and self-understanding	Some services, adjustments and post-diagnostic support may need it
Certainty	You may still have doubts	A thorough assessment explores other explanations too
Records	Nothing is added to your records	Becomes part of your medical record



GOOD TO KNOW

Under the Equality Act 2010, what matters for being protected is the impact on your everyday life, not whether you have a diagnosis. In practice, though, a diagnosis can make it easier to ask for adjustments.



PAUSE POINT

What do you hope a diagnosis would give you? Understanding, support, permission, proof for others, or something else? Your answer can help you choose your next step.



REMEMBER

There's no wrong choice here. Many people start with self-identification and decide about assessment later.

Screening questionnaires

Questionnaires can open a conversation. They can't give you an answer.

AQ-10

Ten questions recommended in NICE guidance (CG142) to help GPs decide whether to refer an adult without a moderate or severe learning disability. A score of 6 or more suggests considering a referral.

AQ-50 and RAADS-R

Longer questionnaires covering more areas. Useful for reflection, but not diagnostic on their own.

CAT-Q

Explores how much you camouflage or mask. Helpful for understanding the effort behind 'coping'.

Online quizzes

Quality varies widely. Many are not validated, so treat results as a conversation starter only.

Why scores can mislead

- Masking can lower your score, because you answer how you've learned to behave
- Anxiety, trauma or low mood can raise scores
- Questions may reflect stereotypes more than your experience
- No questionnaire can diagnose autism

TRY THIS

If you take a questionnaire, note the examples behind your answers, not just the score. Real-life examples are what an assessor will want to hear about.

Routes to assessment in the UK

There's more than one way to an assessment. Each has pros and cons.



1 **Talk to your GP**

Explain what you've noticed and ask for a referral to your local adult autism assessment service. Waits are often long, so ask how long and what support is available meanwhile.

2 **Right to Choose (England only)**

If you're registered with a GP in England, you may be able to choose a different NHS-funded provider. Since 2025 many areas have paused or limited new Right to Choose autism assessments because of demand and budgets, so check what currently applies locally.

3 **Private assessment**

Usually much quicker but can cost a significant amount, and quality varies. Page 24 explains what to look for.

4 **Wales, Scotland and Northern Ireland**

Right to Choose doesn't apply. Ask your GP about your local adult neurodevelopmental or autism service.

GOOD TO KNOW

While you wait, you can still learn about autism, connect with autistic communities and ask for adjustments at work or college. You don't need to put your life on hold until a report arrives.

FOR SUPPORTERS

Family members can help by sharing childhood memories, old photos or school reports, and by coming along to the developmental history interview if invited.

PART 4 · GETTING ASSESSED

Choosing a good assessment

A thorough, high-quality assessment matters, whatever the outcome.

Questions to ask a provider

- ✓ Is the service registered with the Care Quality Commission (CQC)?
- ✓ Does it follow NICE guidance for adults (CG142)?
- ✓ Who's on the team, and is it multidisciplinary?
- ✓ Does it include a detailed developmental history, not only an observation?
- ✓ Will they speak to someone who knew you as a child, if possible?
- ✓ Do they also consider ADHD and other explanations?
- ✓ What will feedback and the written report include?
- ✓ Is post-diagnostic support offered?
- ✓ What adjustments can they make for you?
- ✓ What exactly does the cost include?

Red flags

- ✗ Very short assessments using a single tool
- ✗ A guaranteed outcome
- ✗ Pressure to book or pay quickly
- ✗ No clear information about who will assess you

GOOD TO KNOW

One observation tool on its own isn't a diagnosis. Good assessments bring together your history, observation and clinical judgement from experienced clinicians. In 2026 the government said it plans to make all autism and ADHD diagnostic assessments in England CQC-regulated.

Getting ready

A little preparation can make appointments feel calmer and help clinicians see the full picture.



Things that can help

- ✓ Childhood memories, written down as specific examples
- ✓ School reports, baby books or old notes
- ✓ Someone who knew you as a child, such as a parent, sibling or old friend
- ✓ Examples across life: work, friendships, relationships, home
- ✓ Your strengths, as well as your challenges
- ✓ Any previous mental health diagnoses or support

GOOD TO KNOW

If there's no one who knew you as a child, you can still be assessed. Tell the service early so they can plan around it.

A script for your GP

“I've been learning about autism and I recognise a lot of myself in it, both now and in childhood. It's affecting my [work, relationships, mental health]. I've written a short summary with examples. I'd like to be referred for an autism assessment, please. Could we also talk about support while I wait?”

TRY THIS

Write a one-page summary with headings: social, sensory, routines and interests, emotions, childhood, and impact on daily life. Take it with you, as it's much easier than remembering everything on the spot.

PAUSE POINT

What worries you most about being assessed? Write it down and share it with the service. Good assessors want to know.

What happens in an assessment

Knowing what to expect can take some of the uncertainty away.

1. **Questionnaires**
   About you now and in childhood, and sometimes completed by someone who knows you well.
2. **Developmental history**
   A detailed conversation about your whole life, often with a family member too. Tools such as the ADI-R, 3Di or ACIA may be used.
3. **Observation and conversation**
   Structured activities and conversation, such as the ADOS-2, to see how you communicate and connect. There are no right or wrong answers.
4. **Other information**
   Records and reports you've shared, and your current wellbeing.
5. **Team discussion**
   Clinicians bring everything together and consider other possible explanations.
6. **Feedback and report**
   You'll hear the outcome and why, followed by a written report with recommendations.

Adjustments you can ask for

- Online or in person
- Dimmed lighting
- Regular breaks
- Questions in advance
- Bringing someone with you
- Written summaries

GOOD TO KNOW

Assessors are looking for patterns across your whole life, not whether you 'look autistic' on the day. It's fine to say if you're masking or finding it hard.

Outcomes and feelings

An assessment can bring a mix of emotions, whatever the answer.

You're autistic

You'll receive a diagnosis, an explanation of how it fits your story and, ideally, recommendations and support.

You're not autistic

The team may have found another explanation, such as ADHD, anxiety or trauma, or a mix. Your difficulties are still real.

Not sure yet

Sometimes more information is needed, or a review later is suggested.

Every feeling is welcome

Relief · **Validation** · **Grief for your younger self** · **Anger at being missed** · **Doubt or 'imposter' feelings** · **Calm** · **Excitement** · **All of the above**

If you disagree with the outcome

- Ask the team to explain their reasoning in more detail
- Check whether everything you shared was considered
- Ask whether a review or second opinion is possible
- Take time before deciding next steps

FOR SUPPORTERS

If someone you love has just had an assessment, whatever the outcome, listen first. Ask what they need, and avoid "I could have told you that" or "But you seem fine".

REMEMBER

Whatever the outcome, you've learned a lot about yourself. That understanding is yours to keep and use.

PART 5 · LIFE AFTER

After a diagnosis

A diagnosis isn't an ending. For many people it's the start of living more comfortably as themselves.

Give yourself time

Many people spend months reframing their life story. Be gentle with yourself as old memories make new sense.

Unmask gradually

Try small experiments in safe places: stimming openly, wearing comfortable clothes, saying no to draining plans.

Find your people

Autistic peer groups and communities, online or in person, can be the most helpful support of all.

Ask for support

Your report may recommend services, adjustments or post-diagnostic groups. Ask what's available locally.

Telling people: a starting script

“I've recently found out I'm autistic. It explains a lot about me, like why busy places wear me out and why I need time to recharge. Nothing about me has changed. I just understand myself better now, and I might ask for a few things that help.”

FOR SUPPORTERS

If someone close to you shares that they're autistic, thank them. Ask what helps, rather than what's 'wrong'. Believe them, even if they don't match your picture of autism.

REMEMBER

Who you tell, and when, is entirely your choice. You don't owe anyone your diagnosis.

PART 5 · LIFE AFTER

Rights, support and community

You have rights, whether or not you have a diagnosis, and you don't have to do this alone.

Equality Act 2010

Autism can count as a disability if it has a substantial, long-term effect on daily life, which gives you a right to reasonable adjustments at work and in education.

Access to Work

A government scheme in Great Britain that can fund support at work, such as coaching, equipment or extra help.

Reasonable adjustments

Written instructions, flexible hours, quiet spaces, noise-cancelling headphones and meeting agendas in advance.

Health records

In England, ask your GP to record your needs on your NHS record with a Reasonable Adjustment Flag.

Places to find information and community

- **National Autistic Society**: advice, a helpline and local branches (autism.org.uk)
- **Autistica**: research and practical guides (autistica.org.uk)
- Local autistic peer groups, often run by and for autistic adults

If you need help now

Emergency or immediate risk	Call 999 or go to A&E
NHS 111, option 2	Urgent mental health help, 24/7 (England and Wales)
Samaritans	Call free on 116 123, any time
Shout	Text SHOUT to 85258, free, 24/7

PART 5 · LIFE AFTER

My next steps

Fill this in whenever you're ready. Bring it to your GP or assessor if it helps.

What made me start wondering...

The patterns I recognise most...

What I hope to understand or gain...

My next step (and when)...

Who I'd like to talk to...

Something kind I'll remember...

Whatever the answer, you deserve to understand yourself.

Curiosity about yourself is never a waste of time.

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