# Supporting information

**Date:** Click or tap to enter a date.

Please tell us a little bit about yourself. Feel free to ask an adult or friend to help you complete it if you want.

**Your name:** Click or tap here to enter text.

**The name of anyone who helped you complete this and their relationship to you (e.g. friend, family member, school staff):** Click or tap here to enter text.

**What are your interests?**

Click or tap here to enter text.

**What do you like to do in your spare time?**

Click or tap here to enter text.

**Tell us about your friendships – how you get on with others and what you like to do with them.**

Click or tap here to enter text.

**Do you find it easy to work out what other people might be thinking and feeling?**

Click or tap here to enter text.

**How do you feel about trying new things?**

Click or tap here to enter text.

**How do you feel when things change?**

Click or tap here to enter text.

**Do you ever feel that you change or adapt your behaviour to the social situation you are in? (e.g. Masking)**

Click or tap here to enter text.

**How are you with smells, touch, taste, lights and noises?**

Click or tap here to enter text.

**What are your concentration levels like?**

Click or tap here to enter text.

**What are your energy levels like?**

Click or tap here to enter text.

**Do you ever experience feeling like your mind is racing or that your internal motor struggles to shut off? (e.g. that your brain is always busy)**

Click or tap here to enter text.

**Do you ever struggle to cope with or manage your emotions?**

Click or tap here to enter text.

**How do you feel about possibly being autistic or having ADHD?**

Click or tap here to enter text.

**Is there anything else you want to tell us?**

Click or tap here to enter text.