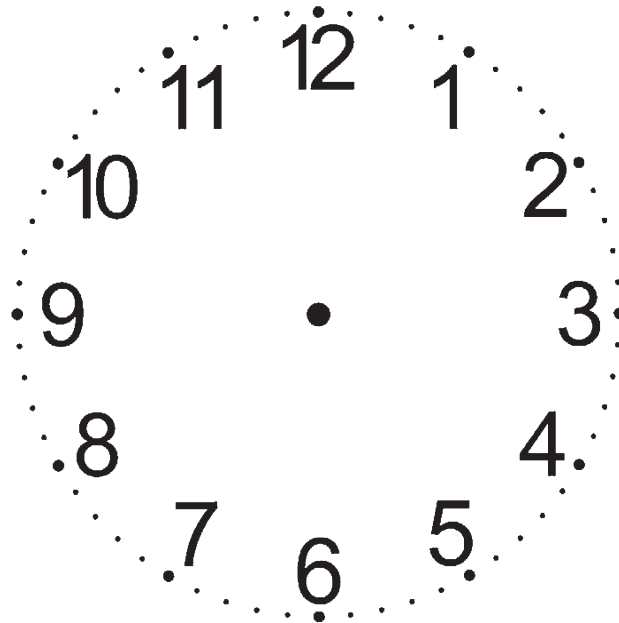


My Favorite Time

Draw hands on the clock below to indicate your favorite time of the day. Underline AM or PM.

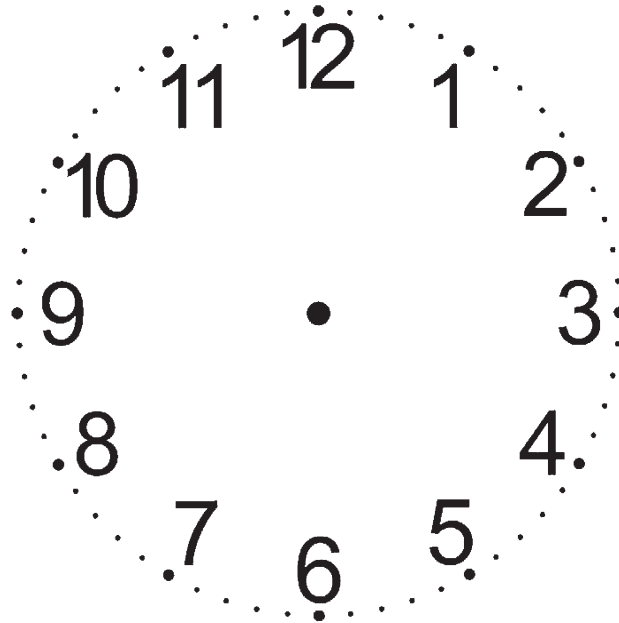


AM PM

What is it about this time of day that you look forward to?

My Worst Time

Draw hands on the clock below to indicate your *least* favorite time of the day. Underline AM or PM.



AM PM

What is it about this time of day that you find stressful or unpleasant?

WORKSHEET 3

What Are Your Personal Strengths?

Look at this list of strengths that positive psychologists have found to be part of resiliency. Check off (✓) the ones you think you have. Don't think too hard about it. Go with your first impression.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Courage | <input type="checkbox"/> Realism |
| <input type="checkbox"/> Rationality | <input type="checkbox"/> Capacity for pleasure |
| <input type="checkbox"/> Insight | <input type="checkbox"/> Future-mindedness |
| <input type="checkbox"/> Optimism | <input type="checkbox"/> Personal responsibility |
| <input type="checkbox"/> Authenticity | <input type="checkbox"/> Purpose |
| <input type="checkbox"/> Perseverance | <input type="checkbox"/> Interpersonal skill |

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Personal Strengths— Family and Friends Version

Your friend or loved one has asked you to fill out this sheet about him/her. Look at this list of strengths that positive psychologists have found to be part of resilience. Check off (✓) the ones you think your friend or loved one has. Don't think too hard about it. Go with your first impression.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Courage | <input type="checkbox"/> Realism |
| <input type="checkbox"/> Rationality | <input type="checkbox"/> Capacity for pleasure |
| <input type="checkbox"/> Insight | <input type="checkbox"/> Future-mindedness |
| <input type="checkbox"/> Optimism | <input type="checkbox"/> Personal responsibility |
| <input type="checkbox"/> Authenticity | <input type="checkbox"/> Purpose |
| <input type="checkbox"/> Perseverance | <input type="checkbox"/> Interpersonal skill |

Thinking Differences Information Management

Check off (✓) the statements that sound familiar to you or reflect experiences you frequently have in your day-to-day life.

- I can't seem to focus on more than one thing at a time.
- I get distracted easily.
- I have trouble completing tasks.
- I often enter a room without being able to remember why I went there.
- I can't get back on track after someone interrupts me.
- I have trouble keeping my belongings organized.
- I procrastinate.
- I lose things a lot.
- I can do only one thing at a time; I can't "multitask."
- I know what I want to do, but I never seem to get around to it.
- I get thrown off by unexpected changes in my routine.
- I have trouble setting goals.
- I have goals but I can't seem to get them done.
- I have trouble figuring out how to do new things.
- I hate change, because it takes me so long to learn new routines.

Thinking Differences Interpretation

COGNITIVE DISTORTIONS

Check off (✓) the cognitive distortions that you may be prone to in your day-to-day life.

- All-or-nothing thinking*: There are only two categories for everything. You see things in terms of "black or white," "good or bad," "smart or stupid," "beautiful or ugly," etc. It is hard for you to see things on a continuum or in shades of gray.
- Catastrophizing*: You exaggerate the possible negative outcomes of an incident. A minor problem is assumed to have catastrophic implications.
- "Should" statements*: You have a set of strict rules about how you or other people are supposed to act or handle things and exaggerate the consequences if a rule is violated.
- Personalization*: You overestimate your role in the actions of other people, including strangers. You assume you are the reason for others' behavior without considering alternative explanations.
- Labeling*: You engage in negative name-calling by assigning unfavorable labels to yourself or other people without having evidence for your conclusion.
- Mental filter/disqualifying the positive*: You have a filter in your mind that allows only negative information in; you will pay attention only to the negative details about yourself or others and "filter out," ignore, or disqualify positive information.
- Mind reading*: You assume you know what other people are thinking or what their intentions are, even if you have no evidence for it.
- Emotional reasoning*: You let your feelings guide your reasoning. You use the logic "If I feel it, it is true."
- Overgeneralization*: You base global statements and conclusions on isolated events.

From *Cognitive-Behavioral Therapy for Adult Asperger Syndrome* Valerie L. Gaus (2007), based on data from Burns, D. D. (1999), *Feeling good: The new mood therapy* (rev.); Beck, J. S. (1995), *Cognitive therapy: Basics and beyond*; and Persons, J. B., Davidson, J., & Thompkins, M. A. (2000), *Essential components of cognitive-behavior therapy for depression*. Copyright 2007 by The Guilford Press. Reprinted by permission.

Social Differences My Hints

Check off (✓) the statements that reflect experiences you have had which may be hints people have given you about your social differences.

- It seems like I get ignored when I am in a group—people act like I am not even there.
- I have been told I am too quiet or that I should talk more.
- I have been told I talk too much.
- I have been told I am too opinionated.
- People seem to get frustrated with me and I do not know why.
- I have been told I am pushy.
- I have been told I have no feelings.
- I have trouble getting along with people—I get into a lot of arguments.
- I have often been told I am acting inappropriately.
- More than once I have been told that I give people the creeps.
- It seems like I say the wrong thing at the wrong time.
- I have been told I should pay more attention to other people.
- I don't have the number or quality of friendships I would like to have.
- I don't have a romantic partner even though I would like one.

Social Differences

My Social Perception

Check off (✓) the statements that sound familiar to you. These may be clues to social perception problems.

NOTICING SOCIAL CUES

- I can't sort out what is going on when I try to join a group of people who are already engaged in a conversation.
- It seems like people are picking up on things that I am missing.
- Sometimes people around me will start laughing about something that is happening, but I can't figure out what it is.
- I don't always notice right away when someone is trying to get my attention.
- I have been told that people give each other messages with their eyes, but I don't know what that really means or how to do it.

MIND READING

- Sometimes people get annoyed at me and I don't know why.
- I get confused when people don't just say what they mean.
- I hate it when people expect me to guess what they are thinking.
- I find it hard to believe that other people don't think the way I do.
- I sometimes don't understand what people want from me.

EMPATHIZING

- I have been told I am insensitive or uncaring.
- I get really upset when someone else is upset.
- I am slow at realizing someone is in need of my help or support; sometimes I think of it when it is too late.
- When I am worried about someone I care about who is having a problem, I want to help but don't know what to do.
- I don't know how to tell someone when I feel sorry about something bad that happened to him or her.
- When someone I like is upset, I will avoid that person because I feel so overwhelmed.

Social Differences My Communication

Check off (✓) the statements that sound familiar to you or reflect experiences you frequently have in your day-to-day life. These may be clues to communication problems.

PROCESSING LANGUAGE I HEAR (OR DON'T HEAR)

- I don't understand the expressions people use sometimes.
- People speak too fast for me—I miss a lot the first time someone says something.
- I don't understand how everyone around me seems to know the rules of the place even though they are not written anywhere.
- I can't seem to keep up with the latest slang terms—I feel so out of touch.
- I know I take things too literally, but I don't figure it out until it is too late.

MY SPEECH AND EXPRESSION

- I have been told I speak too loudly.
- I have been told I speak too quietly.
- I have been told I speak too fast.
- I have been told I speak too slowly.
- I have been told my voice is weird or strange.

CONVERSATION SKILLS

- Sometimes I want to say something but don't know what to say.
- I don't know how to ask another person to do something for me.
- I don't know how to join in a conversation that is already in progress.
- I often "go blank" in a conversation and can't think of the words I want to say.
- I can't tell when it is my turn to talk in a conversation—I never know when to pause and when to speak.
- I have been told I talk too much and should let others say something—have been told I go on and on.
- I don't know what to say if I get bad service or a store clerk makes a mistake.

Emotional Differences My Self-Regulation

Check off (✓) the statements that sound familiar to you. These may be clues to self-regulation problems.

- I sometimes get extremely upset, and it seems like there is no reason.
- When I am nervous or angry, my stomach gets so upset I almost throw up. Sometimes I can't eat for the rest of the day.
- When I am nervous or angry, I get a headache that I can't get rid of—I usually have to lie down for the rest of the day.
- It can take hours for me to calm down after something upsets me.
- Sometimes I have fits that seem to come out of nowhere. I am fine one minute and the next I feel like screaming.
- When something really upsets me, I get paralyzed. I just don't know what to do to make it better.
- I can sometimes come up with good solutions to solve my problems, but not when I am in the middle of being upset—I think of the answer hours later, when it is too late.
- When I am really upset about something, I don't notice things that could help me—it is almost like I am blinded by my feelings.
- When I get angry, I often kick or punch walls, slam doors, or break things.
- When I get angry, I hit myself or bang my head on something hard.
- I get embarrassed because I overreact to minor problems.
- By now I know exactly what makes me overreact, but I still can't prevent it no matter how hard I try.
- I cannot think clearly when upset.

Emotional Differences My Mutual Regulation

Check off (✓) the statements that sound familiar to you. These may be clues to mutual regulation problems.

- I don't seem to react to things the way others want me to. People tell me I am cold or insensitive.
- My reactions to some situations seem to upset other people, but I don't know what to do about it.
- When I get upset, it seems like no one around me understands.
- Sometimes when I have an upsetting problem, I feel helpless but don't know whom to ask for help.
- I wish I could get some help sometimes, but I don't know what to say to people to get them to help.
- I am too embarrassed to ask for help when I need it. I am afraid it is a sign of weakness or immaturity.
- When I am upset, I become speechless.
- I don't like it when people try to help me if I am in the middle of trying to solve a problem. I would prefer to solve it on my own.

Sensory Differences

Check off (✓) the statements that sound familiar to you. These may be clues to sensory problems.

- I often feel the lights are too bright in some places.
- I get a headache from squinting all day at work because the fluorescent lights bother me.
- I cannot listen to someone talking to me if there is any background noise at all (TV, radio). I can't tune out the background.
- I avoid situations that involve certain sounds (e.g., bells, whistles, buzzers, high-pitched sounds, crowds of talking people).
- I don't even notice sounds that seem to bother other people (e.g., sirens, fire alarms).
- I can't stand to be around certain smells (e.g., perfumes, cleaning products).
- I don't notice odors that seem to bother others (e.g., something rotting in the fridge will be missed by me but not the person I live with).
- I have a really limited diet because there are certain foods I love, and the rest I absolutely hate.
- I avoid some foods because I can't stand the texture, even if the taste is OK.
- I couldn't care less about eating. I do it because I know I need nourishment to survive, but most foods taste bland to me—eating brings me no particular pleasure.
- People are surprised by the things I wear in the winter—I don't feel the cold the way others do, and I sometimes go out with no coat or wearing shorts.
- I don't seem to notice when it is hot outside—I have to be told by someone else when to stop wearing my winter coat in the spring.
- I often feel unsteady on my feet—as if I am going to tip over.
- I avoid certain kinds of motions (e.g., won't sit on a swing, can't ride backward on the train).

Movement Differences

Check off (✓) the statements that sound familiar to you. These may be clues to movement-related problems.

- I often feel clumsy because I drop things and trip over things a lot.
- I have never been good at sports involving a ball because I cannot move quickly enough.
- I can't seem to sit still, and my hyperactivity sometimes causes problems for me.
- I have trouble getting tasks started.
- I have never been good with my hands—I can't use tools to fix things.
- People tell me I am rocking when I sit for a long time, but I am not even aware that I am doing that.
- I can't carry two things at once without dropping something.
- My handwriting is so hard for others to read that I try to avoid it altogether.
- I sometimes catch myself flapping my hand or flicking my fingers, especially when I am feeling tense or overloaded. It is a habit that I can't seem to break.

Prioritizing Your Problem List

Check off (✓) the areas of your life that are being affected most by problems identified when you filled out the worksheets and checklists in Chapter 1. In which of these areas is your worst time of day? In which of these areas did you check off the most problems? You may pick any number of the following areas. If you choose more than one, rank them in *order* of importance. Think about how much distress the problem causes you and/or the people around you. Put a number 1 next to the highest source of distress, a 2 next to the second highest, and continue until all of your chosen areas have a rank.

PROBLEM AREA	RANKING	CHAPTER
<input type="checkbox"/> Home	_____	⇒ Chapter 7
<input type="checkbox"/> Work	_____	⇒ Chapter 8
<input type="checkbox"/> School	_____	⇒ Chapter 9
<input type="checkbox"/> Your Community	_____	⇒ Chapter 10
<input type="checkbox"/> Building Friendships	_____	⇒ Chapter 11
<input type="checkbox"/> Dating, Sex, and Marriage	_____	⇒ Chapter 12
<input type="checkbox"/> Health	_____	⇒ Chapter 13

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Environmental Checklist

Use this when considering changes to the environment to help with thinking and sensory/movement differences. Bring this checklist and walk through the environment in which you are having some difficulty. Answer the questions one by one. Don't be surprised if you notice something important that you never did before.

- Lighting*: Look at the lighting source and focus on it. Is it natural light (window/skylight), fluorescent, or incandescent? Is it a possible irritant for you? If so, can it be changed? If not, can you accommodate to it somehow (e.g., hat with visor, dark glasses)?
- Noise*: Close your eyes and listen for a minute. What do you hear? A lot of people talking to each other? Mechanical sounds coming from machines or electronic devices (e.g., buzzing, humming, banging)? Is there noise coming from outside the room? Is it too quiet for your comfort? Could any of these noise factors be irritants? If so, can anything be changed? If not, can you accommodate to it (e.g., with earplugs, iPod, white noise/soothing sound machine)?
- Air quality/smell*: Close your eyes and take a deep breath. Are there any unpleasant odors? Does the air seem stuffy? Could there be irritants in the air? If so, can anything be changed? If not, can you accommodate to it (e.g., frequent breaks involving a walk outside)?
- Food*: If your problem centers around a mealtime, are food choices that meet your needs and tastes available to you? Can you change the menu? If not, can you prepare your own food, do your own shopping, or make some other accommodation?
- Temperature*: Is it too hot or too cold? If so, and if that's an irritant for you, can it be changed? If not, can you accommodate to it (e.g., different clothing choices)?
- Clothing*: Is there a dress code or uniform in this setting? Do your clothes irritate your skin, feel scratchy or painful? If so, can that be changed, or can you accommodate to it?
- Furniture*: Look at the furniture in the setting. Is it arranged in a way that makes you uncomfortable or makes it hard to get around? Is your chair, bed, or desk uncomfortable? Is it possible the furniture is irritating you in some way? If so, can it be changed? If not, can you accommodate to it?
- Crowding*: Are you in close physical proximity to a lot of other people? Is there a lot of movement around you, others too close, bumping into you, touching your arms or shoulders, shaking hands, or hugging more than you are comfortable with? If so, could this be changed by simply moving where you sit or changing which rooms you use?

My Favorite Channels

Use this worksheet to assess your thinking style—your best means of *paying attention* and *remembering* information.

1. When you take in new information, do you pay more attention to things that you (circle one)



see



hear



touch/feel



depends

2. When you have to remember something, are you more likely to remember things you (circle one)



saw



heard



touched/felt



depends

3. When you take in new information, do you pay more attention to (circle one)



words



nonverbal info



depends

4. When you have to remember something, are you more likely to remember things as (circle one)



words



nonverbal info



depends

SUMMARY

Look at your answers to questions 1 and 3 to fill in the blanks:

My favorite channels for new information are _____ and _____.

Look at your answers to questions 2 and 4 to fill in the blanks:

My favorite channels for remembering things are _____ and _____.

Organizational Checklist

Use this when cleaning out and organizing a small personal space that is used every day, like a purse, backpack, briefcase, book bag. These tricks are meant to keep the space easy to use, ensure that you always have essential things on hand, and prevent those things from getting lost.

- Empty the space and spread the contents out on a clear work surface.
- Sort the items into these piles:
 - I use this every day
 - I use this once a week
 - I use this once a month
 - I have not used this in over one month
 - This is garbage
- Is there anything you need at least weekly that is missing from the piles? Get it and add it to the right pile.
- Put the items away as follows:
 - I use this every day → Place in a pocket that is easily accessible. → Keep a second one in an out-of-the-way place in the space as a backup.
 - I use this once a week → Place it in a slightly less accessible space.
 - I use this once a month → Place it in the space, but out of the way.
 - I have not used this in over one month → Throw it out or store it at home.
 - This is garbage → Throw it away.
- Go through this space once a week in the same way—build it into your schedule.

Understanding My Emotions




For use when evaluating an upsetting event.

Fill this out soon after an event during which you found yourself very upset.

Date and time of event: _____

1. Briefly describe the event: *I was upset when* _____

2. Now look at the words, pictures, and synonyms below. On the top row are the basic negative emotions, and underneath are some common words that have similar meanings. Which of these emotions do you suspect was involved in your reaction to the event? Circle the relevant emotion. You can circle more than one.

Sadness 	Anger 	Fear 
Depressed Miserable Devastated Down	Enraged Annoyed Frustrated Irritated	Terrified Anxious Tense Nervous

3. *I felt* _____, *which may be a signal that I needed something.*

4. *Maybe I needed* _____

5. *Feeling* _____ *is a natural part of life and I accept that I felt that way.*

6. Now think about what was around you that may have helped you meet your need. This could be an object or a person. *I could have used* _____

to help me meet my need.

7. *In circumstances like these, I may* _____ *to address my need.*

My Problems at Home Managing Personal Responsibilities

Check off (✓) the statements that sound familiar to you or reflect experiences you frequently have in your life at home. If you have a problem related to managing personal responsibilities that does not appear on this list, fill it in on one of the blanks at the bottom of the list.

- I can't keep my space organized.
- I am always losing things.
- I have trouble keeping up with the cleaning.
- I have trouble managing my time.
- I procrastinate on tasks I have to do around the house.
- I can't fall asleep at night, and I stay up later than I want to.
- I can't wake up when I am supposed to—I sleep through my alarm.
- I have difficulty sleeping and wake up a lot during the night and early morning.
- I have trouble paying my bills on time.
- I have too much debt.
- I don't know how to handle household repairs when they are needed.
- I can't seem to prepare food on my own.
- _____
- _____
- _____

My Problems at Home

Getting Along with the Other People in My Home

If you live alone, you can skip this worksheet. Otherwise, list the person(s) who live in your home with you.

I live with _____

Check off (✓) the statements that sound familiar to you or reflect experiences you frequently have in your life at home. Fill in the blank with the name of the person who is involved with any problem you check off. If you have a problem with the person(s) you live with that does appear on this list, fill it in on one of the blanks at the bottom of the list.

- _____ doesn't give me enough privacy.
- _____ makes too much noise.
- _____ is always picking on me.
- _____ has guests too often—I don't like to mingle so often.
- I have a lot of arguments with _____.
- _____ gets mad at me a lot because I procrastinate.
- _____ gets annoyed about my sleeping habits.
- _____ is constantly hounding me to clean.
- _____ is always watching TV when I want to see my own show.
- _____ does not understand that I need time alone.
- _____
- _____
- _____

Choosing Which Problem to Work On First

You don't need to use this worksheet if you checked off only one problem on Worksheets 19 and 20. Otherwise, list the problems you checked in the first column below. Then use the rating scale to estimate the amount of stress the issue is causing you and/or the people around you.

How much distress is this problem causing in my life?

Almost None	Some	Moderate Amount	A Lot	Extreme
1	2	3	4	5

Problem

Distress Rating

_____	_____
_____	_____
_____	_____
_____	_____

My Problems with Work

Getting or Keeping a Satisfying Job

Check off (✓) the statements that sound familiar to you or reflect your experiences with unemployment or underemployment. If you have a problem related to getting or keeping a job that does not appear on this list, fill it in on one of the blanks at the bottom.

- I can't seem to find a job.
- I get so overwhelmed by the job search that I often avoid it altogether.
- I want to look for a job, but I don't know where to begin.
- I get so nervous on job interviews, and I never get called back.
- I often go on interviews that I think went well, but then I never hear back from the employer. I don't know what is going wrong.
- I can find only low-level jobs where I can't use my talents.
- I always do well at a new job, but eventually things fall apart and I get fired.
- I get bored really easily, and I have quit a lot of jobs in my life.
- I've given up on trying to work—I have stopped searching for jobs, but I worry because I don't have enough money to live on.
- _____
- _____
- _____

My Problems with Work

Getting Work Done on the Job

If you have a job now or had one in the past, check off (✓) the statements below that sound like experiences you have had while working. If you have a problem related to completing your work that does not appear on this list, fill it in on one of the blanks at the bottom.

- I can't seem to get everything done.
- I procrastinate.
- I never seem to have enough time.
- I make so many mistakes, over and over again.
- I can't get any work done when I am constantly interrupted.
- My desk is always a mess, and I can't find what I need.
- I have to have my work materials arranged a certain way, or I get thrown off.
- The schedule is too strenuous for me.
- I can't concentrate because my workspace is too noisy.
- I can't concentrate because the lighting bothers me.
- I hate telephone work; I have trouble following what the other person is saying.
- _____
- _____
- _____

My Problems with Work Work Relationships

If you have a job now or had one in the past, check off (✓) the statements below that sound like your work experiences. Fill in the blanks with the name of the person involved with the problem you check off. If you have a problem with the person(s) you work with that does appear on this list, fill it in on one of the blanks at the bottom.

The people I deal with most at work are:

- _____ criticizes me all the time.
- I am worried that I am displeasing _____ (my supervisor).
- _____ has passed me over for promotion several times even though I deserve one.
- I get upset when customers or clients ask questions that I can't answer.
- I have a lot of arguments with _____.
- I can't seem to connect with _____.
- I have been told I am not a good team player.
- I am always getting irritated with _____.
- I have trouble sharing workspace because _____ keeps moving my stuff.
- I am afraid to ask _____ (supervisor) questions; he/she always looks too busy.
- _____ (supervisor) gets annoyed when I ask too many questions.
- _____

Choosing Which Problem to Work on First

You don't need to use this worksheet if you checked off only one problem on Worksheets 22–24. Otherwise, list the problems you checked in the first column below. Then use this rating scale to estimate the amount of stress the issue is causing you and/or the people around you.

How much distress is this problem causing in my life?

Almost None

Some

Moderate Amount

A Lot

Extreme

1

2

3

4

5

Problem

Distress Rating

_____	_____
_____	_____
_____	_____
_____	_____

My Problems with School Performing the Work

Check off (✓) the statements below that sound familiar to you or reflect your experiences with school or vocational training. If you have a problem related to completing your work that does not appear on this list, fill it in on one of the blanks at the bottom.

- I can't seem to get everything done.
- I always run out of time.
- I start things at the last minute—I procrastinate too much.
- I find myself worrying about my grades all the time.
- The schedule is too strenuous for me.
- I can't stand sitting in the classroom.
- Sometimes I get so overwhelmed, but I have no clue where to get help.
- I would rather fail than go get help at the center for students with disabilities.
- I will stop going to class if I begin to struggle with a course.
- I have too many "withdrawals" or Fs on my transcript.
- I get bored easily with the work.
- I can't concentrate in the classroom if there is background noise.
- I can't concentrate in the classroom if the lighting bothers me.
- I can't seem to find a good space to study where I don't get distracted.
- I can't study when I keep getting interrupted.
- _____
- _____

My Problems with School Relationships at School

Check off (✓) the statements below that sound familiar to you or reflect your experiences with school or vocational training. If you have a problem with the people at school that does not appear on this list, fill it in on one of the blanks at the bottom.

- I can't seem to get to know the other students.
- Other students bother me.
- I try to make friends, but other students are already in their own groups.
- I always end up in conflict with my professors or instructors.
- My professors or instructors get annoyed by the questions I ask in class.
- Other students get annoyed by the things I say in class discussions.
- I have been told I am too loud.
- I am afraid the professor or instructor will think I am stupid if I go for extra help.
- Other students taunt or tease me.
- I am in classes/groups with other students who have obvious disabilities, and that makes me feel uncomfortable.
- _____
- _____

Choosing Which Problem to Work on First

You don't need to use this worksheet if you checked off only one problem on Worksheets 26 and 27. Otherwise, list the problems you checked in the first column below. Then use this rating scale to estimate the amount of stress the issue is causing you and/or the people around you.

Almost None 1	Some 2	Moderate Amount 3	A Lot 4	Extreme 5
Problem				Distress Rating
_____				_____
_____				_____
_____				_____
_____				_____

My Problems in the Community Getting Around and Managing Tasks

Check off (✓) the statements below that sound familiar or reflect your experiences with getting around or managing the nonsocial aspects of accessing the community. This includes experiences with car travel, public transportation, stores, and services as well as recreational and religious activities. If you have a problem with getting around that does not appear on this list, fill it in on one of the blanks at the bottom.

- I have had a lot of car accidents.
- I am too nervous to drive.
- I never seem to carry enough money with me.
- I am bothered by the lighting in some stores.
- I am afraid of elevators or escalators.
- I always seem to be dropping everything [my money, shopping items].
- I lose things a lot [wallet, purse, keys].
- I can't seem to figure out the bus/train schedule.
- I like to stick to routes that I know; otherwise I get lost.
- I get lost a lot, even going to places I have been before.
- I fumble when I try to buy my ticket using the automatic machine.
- I am bothered by the lighting in my gym.
- I love to swim, but I can't deal with the noisy community pool.
- I get too impatient while sitting through long religious services.
- There is too much background noise/echo in my church or temple.
- _____
- _____

My Problems in the Community People

Check off (✓) the statements below that sound familiar to you regarding experiences with the people around you while shopping, or using services such as the bank, post office, or library. Also consider attendance at gatherings related to fitness, hobbies, sports, or worship. If your problem does not appear on this list, fill it in on one of the blanks at the bottom.

- I feel nervous when I have to go to any public place.
- I get furious with other drivers.
- Public transportation (train/bus) is too crowded for me.
- I can't stand to have strangers bumping into me, even if by accident.
- I have had arguments with conductors on the train.
- I have had arguments with bus drivers.
- I am afraid to ask for directions.
- I have been told that my clothes are not right for the weather (I either wear too little for the cold or too much for the heat).
- I get thrown off if the bank teller asks me something I was not expecting.
- I get upset if a clerk seems rude.
- I don't like to ask for help when I can't find something at the library.
- I am always afraid the cashier is giving me the wrong change.
- I am afraid to ask for assistance or direction from store employees.
- I practically panic if a salesperson approaches me when I am browsing.
- I feel really uncomfortable talking to people at my church or temple.
- I feel really uncomfortable talking to people at my fitness center or gym.
- I get very nervous when I walk my dog and a stranger tries to talk to me.
- I have problems getting along with my sports teammates [e.g., bowling, softball, basketball].
- I belong to a club related to my hobby, but I don't enjoy it when people talk about anything other than the hobby.
- _____
- _____

Choosing Which Problem to Work on First

If you checked off only one problem on Worksheets 29 and 30, you don't need to use this worksheet. Otherwise, list the problems you checked in the first column below. Then use this rating scale to estimate the amount of stress the issue is causing you and/or the people around you.

How much distress is this problem causing in my life?

Almost None	Some	Moderate Amount	A Lot	Extreme
1	2	3	4	5

Problem

Distress Rating

_____	_____
_____	_____
_____	_____
_____	_____

My Problems with Friendships Making Friends

Check off (✓) the statements below that sound familiar or reflect your experiences with trying to meet new people and make friends. If you have a problem with making friends that does not appear on this list, fill it in on one of the blanks at the bottom.

- I can't seem to meet people who have my interests.
- I don't know where I should be looking for friends.
- I can't figure out which acquaintances could be good friends.
- I am intimidated by online social networking sites that many people use.
- I can't seem to make "small talk"—I can't keep a conversation going.
- I have been told I am aloof and people think I am rejecting them.
- I don't know how to join in when it looks like everyone knows each other.
- I have been told I talk too much.
- I am too shy—I would never start talking to someone I don't know.
- _____
- _____

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My Problems with Friendships

Keeping Friends

Check off (✓) the statements below that sound familiar or reflect your experiences with the friends you already have. If your problem does not appear on this list, fill it in on one of the blanks at the bottom.

- I have been told I don't keep in touch with friends enough.
- I can't seem to make time to do things with my friends.
- I don't like to talk on the phone.
- I like to be with a friend one on one, but I don't like group gatherings.
- I don't know what to do when a friend is mad at me or vice versa.
- I don't like being pressured to do something I don't want to do.
- I am too afraid to say "no" when a friend asks a favor.
- Sometimes I think my friends are using me.
- I have been told I am too bossy or that I dominate the conversation.
- I have been told I act arrogant or like a "know-it-all."
- I have been told that I don't think of other people's feelings.
- _____
- _____

Choosing Which Problem to Work on First

If you checked only one problem on Worksheets 32 and 33, you need not fill out this question box. Otherwise, list the problems you checked in the first column below. Then use this rating scale to estimate the amount of stress the issue is causing you and/or the people around you.

How much distress is this problem causing in my life?

Almost None

Some

Moderate Amount

A Lot

Extreme

1

2

3

4

5

Problem

Distress Rating

_____	_____
_____	_____
_____	_____
_____	_____

My Problems with Dating

Check off (✓) the statements below that sound familiar to you or reflect your experiences with dating. If you have a problem with going on dates that does not appear on this list, fill it in on one of the blanks at the bottom of the list.

- I don't know where to meet people to date.
- I don't know when/how to approach someone I want to ask for a date.
- I don't like to go to crowded places, like parties or bars.
- I can't seem to make "small talk"—I can't keep a conversation going.
- I don't understand different gender roles or customs that apply on a date (e.g., how the woman should act, how the man should act, who should pick up the tab on a date).
- I want to meet someone to marry, but I have never had a girlfriend/boyfriend in my life—I don't know where to begin.
- I have joined several online dating services over the past few years, and I never got a date.
- I have had several relationships on the Internet, but they have all been with people who live far away, and we never seem to get to meet.
- I have had several relationships on the Internet, but things always seem to fall apart after we meet in person.
- _____
- _____

My Problems with Sex

Check off (✓) the statements below that sound familiar to you or reflect your experiences with sexuality. If your problem does not appear on this list, fill it in on one of the blanks at the bottom of the list.

- I feel very uncertain about how to handle sex.
- I am embarrassed about being a virgin at my age.
- I am very uncomfortable with my own sexuality.
- I don't enjoy sexual activity.
- I do not like to be touched.
- I have had some unpleasant sexual experiences in the past, and I am afraid to be sexual again.
- I doubt I can trust another person enough to become intimate.
- I am afraid another person will not understand or accept what arouses me (e.g., specific types of touch or particular fantasies I might have).
- _____
- _____

My Problems with Marriage/ Committed Partnership

If you are in a long-term relationship with a spouse or domestic partner, check off (✓) the statements below that sound familiar or reflect your experiences. If your problem does not appear on this list, fill it in on one of the blanks at the bottom of the list.

- I don't know what to do when there is a disagreement with my partner.
- My partner is unhappy with the amount of time I spend with him/her.
- My behavior sometimes embarrasses my partner at parties.
- I get so upset when my partner is upset, but I freeze and don't know what to do.
- My partner tells me I am insensitive.
- My partner embarrasses me when he/she corrects me in front of other people.
- My partner gets annoyed at me for not doing more chores around the house.
- My partner blames all of our problems on my ASD, and it makes me feel guilty.
- _____
- _____

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Choosing Which Problem to Work on First

If you checked off only one problem on Worksheets 35–37, you need not fill out this question box. Otherwise, list the problems you checked in the first column below. Then use this rating scale to estimate the amount of stress the issue is causing you and/or the people around you.

How much distress is this problem causing in my life?

Almost None
1

Some
2

Moderate Amount
3

A Lot
4

Extreme
5

Problem

Distress Rating

_____	_____
_____	_____
_____	_____
_____	_____

My Problems with My Healthcare

Managing Personal Care

Check off (✓) the statements below that sound familiar or reflect your experiences with trying to manage the tasks of self-care. This includes personal hygiene and health-related responsibilities. If you have a problem with self-care that does not appear on this list, fill it in on one of the blanks at the bottom.

- I have a chronic medical condition, and I feel overwhelmed by it.
- I am afraid I will never be able to take care of health on my own—I need help from my parents for everything.
- I forget to take my medicine on some days.
- I always forget to renew my prescriptions until it is too late.
- My shower routine takes so long that I prefer to skip it.
- I will wear dirty clothes because I can't get to the laundry.
- I don't remember to brush my teeth every day.
- I am overweight, and I can't seem to follow a diet.
- I am a picky eater, and my diet is not balanced; I have been told I am underweight.
- I hate to shave but don't like a beard either.
- I sleep at odd hours, sleep too little, or sleep too much.
- I get so focused on my diet or exercise routine that I have been told I am overdoing it or that I am "obsessed" with it.
- I find it hard to tolerate medication side effects, so I don't always comply with prescription instructions.
- I can't find the time to exercise regularly.
- _____
- _____

My Problems with My Healthcare Accessing Healthcare Services

Check off (✓) the statements below that sound familiar or reflect your experiences with using healthcare services. This includes making and keeping appointments with physicians, dentists, or other clinical providers. It also involves interfacing with the office and pharmacy staff. If your problem does not appear on this list, fill it in on one of the blanks at the bottom.

- I don't trust doctors, so I hate going to appointments.
- I can't keep track of all my appointments.
- Doctors talk too fast, and I can't follow what they say.
- I constantly worry that something is wrong with me, but I am afraid to be examined by a doctor.
- I am afraid to go to the dentist.
- I get nervous when I have to talk to receptionists to schedule appointments.
- I am afraid to ask questions when I don't understand what my doctor says.
- I get confused when the pharmacy staff asks me about my insurance.
- I become very angry if the office staff talks to me in a rude way.
- I have difficulty describing my symptoms to a doctor during a visit.
- I have been told I have a high pain threshold or I don't feel pain until a condition gets out of control (e.g., infected tooth), so I don't get help when I should.
- I have been told I have a low pain threshold or I feel pain almost all the time, even when the doctors can't find anything wrong.
- I never know whether to go to the doctor when I don't feel well because I have been told my pain is "psychosomatic" or that I am a "hypochondriac."
- _____
- _____

Choosing Which Problem to Work on First

If you checked off only one problem on Worksheets 39 and 40, you need not fill out this question box. Otherwise, list the problems you checked in the first column below. Then use this rating scale to estimate the amount of stress the issue is causing you and/or the people around you.

How much distress is this problem causing in my life?

Almost None	Some	Moderate Amount	A Lot	Extreme
1	2	3	4	5

Problem

Distress Rating

_____	_____
_____	_____
_____	_____
_____	_____

My Natural Supports

Check off (✓) the ways in which _____ (fill in the name of a trusted person in your life) provides you with support. Support can take all of the forms listed below.

Emotional Support

- listening
- validating
- encouraging
- advising

Basic Daily Living Support

- meal preparation
- living space
- laundry
- housecleaning
- shopping
- transportation

Financial Support

- money supply
- banking tasks
- financial management/planning

Health Support

- filling prescriptions
- administering medication
- making appointments with health providers

Recreation (hobbies, interests, social activities)

- joining with me in participating in activities
- arranging for activities
- paying for activities

Resource Coordination

- researching special services
- filling out applications
- telephone connections with specialists

How I Support _____

Check off (✓) the ways in which you support your loved one or friend. Support can take all of the forms listed below.

Emotional Support

- listening
- validating
- encouraging
- advising

Basic Daily Living Support

- meal preparation
- living space
- laundry
- housecleaning
- shopping
- transportation

Financial Support

- money supply
- banking tasks
- financial management/planning

Health Support

- filling prescriptions
- administering medication
- making appointments with health providers

Recreation (hobbies, interests, social activities)

- joining with him/her in participating in activities
- arranging for activities
- paying for activities

Resource Coordination

- researching special services
- filling out applications
- telephone connections with specialists

Appendix

Problem-Solving Worksheet

Photocopy this form as many times as you want, to use the problem-solving steps in addressing different problems as they arise.

Step 1: Identify and Define Your Problem

What is bothering you most?

The problem that is bothering me most is:

Step 2: Define Your Goal

What would you like to see change to minimize the problem you identified? The goal you lay out is simply the opposite of the problem you listed.

To feel less stressed by this problem, I would like to:

Step 5: Consider the Consequences of Each Solution

What are the pros and cons of each solution? Look back at each item you wrote down in Step 4. Then assign each one a score. Score the benefit (Pro +) in terms of how likely that strategy is to get you closer to your goal. Score the disadvantage (Con -) in terms of the effort, cost, or damage involved in implementing it.

Pro (+) Scale

How likely is it to get me closer to my goal?

Very Unlikely	Pretty Unlikely	Hard to Tell	Somewhat Likely	Very Likely
0	1	2	3	4

Con (-) Scale

How much effort, cost, or damage would this strategy involve?

None	Almost None	Some	A Lot	Extreme
0	1	2	3	4

Step 6: Choose the Best One(s) to Try First

Which solutions should you try first? Which of the strategies in Step 5 had the highest score? Pick the top one or two and write them down below:

Step 7: Implement the Solution and Track Your Progress

Now try the solution and track your progress. Here is how:

Where will I do it?

When will I do it?

What do I need to do it?

How will I do it?

Who can help me, if needed?

How will I keep track of my success? (Look at your goal and then pick a way to track it—either a running count or a rating scale.)

Step 8: Evaluate the Solution to See If It Met Your Goal

Did the solution meet your goal, or do you need to use a different solution? Answer the following questions to figure this out:

What was my goal? (Copy this from Step 2.)

How did I measure my progress? (data, log, or record)

What do the data show with regard to my goal?

How would I rate my success, on a scale of 0–100% success for meeting my goal?

I was ____% successful.

0	10	20	30	40	50	60	70	80	90	100
None		A Little		Moderate			A Lot			Total

What should I do based on this success rate? (fill in the box next to the best choice)

- Celebrate and keep doing what I am doing!**
- Celebrate success and also modify the plan toward further improvement.**