

# Asperger's Syndrome Test

**Instructions:** Please answer the following questions based on your own experiences and behaviors. Be honest and consider how often each statement applies to you. Keep in mind that this is not a diagnostic tool, but it may help identify traits associated with Asperger's syndrome.

<b>1. Social Interaction</b>	
I find it challenging to interpret social cues or understand non-verbal communication.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Large social gatherings are overwhelming or anxiety-inducing for me.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have specific routines or preferences in social interactions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Communication</b>	
I often have difficulty initiating or sustaining conversations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My tone of voice or facial expressions may not always match my feelings.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I tend to take language literally and may struggle with sarcasm or figurative speech.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Sensory Sensitivities</b>	
I am particularly sensitive to bright lights, loud noises, or specific textures.	<input type="checkbox"/> Yes <input type="checkbox"/> No
It's difficult for me to filter out background noise in busy environments.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certain sensory experiences cause discomfort or distress.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Attention and Focus</b>	
I frequently find it hard to stay focused on a task for an extended period.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am easily distracted or prone to daydreaming.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have specific strategies or habits to help me concentrate.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Learning and Work Patterns</b>	
I have a unique way of learning that differs from traditional methods.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am exceptionally skilled or interested in a specific area or topic.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I struggle with certain academic or work-related tasks.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 6. Repetitive Behaviors and Interests

I engage in repetitive movements or behaviors, like hand-flapping or pacing.

Yes  No

I am intensely interested in specific topics or activities, often to the exclusion of others.

Yes  No

I prefer routines and get distressed when they are disrupted.

Yes  No

## 7. Emotional Well-being

I experience heightened anxiety or stress in certain situations.

Yes  No

Mood swings or emotional intensity are part of my daily experiences.

Yes  No

There are specific activities or environments that help regulate my emotions.

Yes  No