



EVOLIBRI

Neurodiversity &
Career Counseling

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Adaptive Questionnaire

Please fill out this questionnaire so that we have a better understanding of your current skills. Please fill out the form in **BLUE** ink, and then have a family member check it with **RED** ink.

House and Home

These questions relate to how well you can maintain a household on your own.

How comfortable are you using all kitchen appliances/tools (stove, microwave, oven, mixer, food processor, knives, etc)?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How easy is it for you to properly stock your kitchen so you always have nutritious food (veggies, fruit, dairy, meat, grains) on hand?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How well do you understand nutrition and what constitutes a healthy diet?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How nutritious and well-balanced is your diet now?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How easily can you prepare a variety of complete meals (breakfast, lunch, dinner)?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How easily can you find and follow recipes ?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How well do you clean up after preparing a meal?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How comfortable are you in preparing a meal for family members or roommates?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How comfortable are you in preparing a meal for special friends or guests?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How comfortable are you in planning a party ?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
What is your favorite meal or favorite thing to cook?	
Do you have any food allergies or strong dislikes? Please list.	
How picked up do you generally keep your room and shared living space?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How clean do you keep your room (dusted, vacuumed, swept) and shared living space?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How much do you help to clean your room and shared living space?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How familiar are you with cleaning supplies and how to properly use them?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How frequently do you do your own laundry ?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How good are you at ironing and mending clothes (sewing buttons, patching holes, etc.)?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all

How comfortable are you at making minor repairs in your home (painting, unclog toilet, hanging pictures, setting timers)?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How comfortable are you with gardening and maintaining a yard?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Personal Care <i>These questions relate to how well you know and can take care of yourself.</i>	
How well do you understand your diagnosis and its effects on you and your behavior?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How comfortable are you in discussing your diagnosis with close friends or professionals?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
If you are taking medications , do you know their names, what each is used for, and what the potential side effects are?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Do you know how tall you are, what your current weight is, and what allergies you have?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Do you know how to use a thermometer and properly use over-the-counter medication?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Do you know what to do if you have a cold, the flu, a minor sprain or cut?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Do you know when to call your doctor if you are sick, and where the phone numbers are?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Do you know how to perform basic first aid for yourself or a friend or family member?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How comfortable are you with making your own annual checkup appointments?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How good are you at keeping any prescriptions filled?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How good are you at making and keeping bi-annual dental hygiene appointments?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
For women, how good are you at keeping track of your menstrual cycle ?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How well do you understand the effects of alcohol and illicit drugs on your health?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How comfortable are you with discussing sexuality and sexual health with your doctor?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How well do you understand safe sex practices, how to avoid pregnancy and STDs, and how to obtain birth control?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How good are you at personal hygiene (shaving, taking a shower, washing hair, using deodorant, brushing teeth) every day?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How good are you at making sure the clothes you wear are clean and in good condition ?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How comfortable are you at shopping for clothes and shoes for yourself?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How good are you at ensuring your hair is cut and brushed and beard is shaved/trimmed?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How good are you at getting help or support when you have an emotional problem?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How good are you at getting help when you have a problem with school or work ?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all

How good are you at 'sticking up' for yourself, calmly and effectively?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Financial Skills <i>These questions relate to your ability to handle finances.</i>	
Do you have your own (meaning, in your own name):	<input type="checkbox"/> Checking Acct <input type="checkbox"/> Savings Acct <input type="checkbox"/> Debit Acct <input type="checkbox"/> Credit Card
Are you responsible for paying your own bills?	<input type="checkbox"/> Yes, all <input type="checkbox"/> Yes, some <input type="checkbox"/> No, none
How good are you at paying bills on time and balancing your accounts?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How comfortable are you developing and managing a budget ?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Getting Around <i>These questions relate to how you handle getting around.</i>	
Do you have:	<input type="checkbox"/> A driver's license? <input type="checkbox"/> A car?
How comfortable are you driving and navigating in familiar places?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How comfortable are you driving in unfamiliar places?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How easy is it for you to use a map and ask for directions ?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Time Management and Organization Skills <i>These questions relate to how you manage your time and environment.</i>	
How good are you at remembering and being on time for meetings and appointments?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How good are you at writing down appointments on a calendar ?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How good are you at planning ahead /being prepared, for example so that you don't run out of medications or so that you have everything you need before beginning a project?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Do you spend a lot of time looking for things you have misplaced?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
How good are you at finishing projects you start or following through on commitments?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Leisure Skills <i>These questions relate to how you have fun, take care of yourself, and make friends.</i>	
How comfortable are you meeting new people?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Do you have one or more friends you spend time with?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Do you feel you spend too much time alone ?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Do you have hobbies or special interests?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Do you play sports or exercise regularly?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all
Do you socialize as much as you would like?	<input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> So-so <input type="checkbox"/> Not at all