ADVANCED NEURO-PHENOMENOLOGICAL INTAKE FORM (ANPI-1)

Target Investigation: ADHD, Autism Spectrum (ASD), and Comorbid AuDHD Presentation
Methodology: Comparative Phenomenology & Energy Expenditure Analysis

PART 1: CLINICAL INTAKE QUESTIONNAIRE (THE SUBSET)

Clinician Note: *Do not ask these questions looking for "Yes/No" answers. Look for the "qualitative friction"—the detailed explanation of the effort required to perform the task.*

SECTION A: THE INTEREST-BASED NERVOUS SYSTEM (Motivation & Inertia)

Standard criteria ask about "attention span." We investigate "arousal triggers."

1. **The Activation Threshold:**
   - "Most people use 'importance' (consequences) or 'secondary importance' (it should be done) to start a task. Do you find that importance has almost *no* effect on your ability to start, and you can only activate for **Novelty, Challenge, Urgency (Panic), or Interest**?"
2. **The Inertia/Newtonian State:**
   - "Describe your physical sensation when trying to switch tasks. does it feel like 'mental friction' or a 'magnetic pull' keeping you stuck? Do you ever find yourself stuck in a task you *hate* simply because you cannot generate the velocity to stop?"
3. **The Waiting Mode:**
   - "If you have a minor commitment at 4:00 PM (e.g., a Zoom call), is your day from 9:00 AM to 3:30 PM effectively 'ruined' or frozen because you cannot enter a deep flow state without fearing you will miss the event?"

SECTION B: SENSORY GATING & PROCESSING (The Filter)

Standard criteria ask about "sensitivity." We investigate "gating failures."

4. **The Cocktail Party Effect (Auditory Gating):**
   - "In a crowded room, can you 'tune out' background conversations, or does your brain process the person next to you and the person 20 feet away at the exact same volume and priority?"
5. **Proprioceptive/Interoceptive Awareness:**
   - "Do you often find mysterious bruises on your body (low proprioception)?

Conversely, can you feel the tag on your shirt or the seams of your socks as a constant, low-grade irritation that drains your battery (high tactile sensitivity)?"

6. **Visual Overwhelm (The Supermarket Test):**
    - "When you enter a large supermarket with fluorescent lights and many choices, do you experience a sudden drop in IQ, brain fog, or a sudden onset of fatigue?"

SECTION C: SOCIAL MIMICRY & THE DOUBLE EMPATHY PROBLEM

Standard criteria ask about "social deficits." We investigate "manual processing."

7. **The Manual Pilot (Masking):**
    - "During a conversation, are you running a 'background process' that consciously monitors your eye contact ratio, body posture, and tone of voice? Do you feel exhausted after socializing, as if you just took a math exam?"
8. **The Scripting Loop:**
    - "Before a phone call or interaction, do you write a script or rehearse the dialogue in your head? If the other person goes 'off-script,' do you panic or struggle to retrieve the next line?"
9. **Justice Sensitivity & Logic:**
    - "Do you have a visceral, physical reaction to things that are illogical, unfair, or untrue, even if they don't affect you personally? Is it impossible for you to 'let it go' until it is corrected?"

PART 2: DATASET COMPARISON (NT vs. ND MIND)

Objective: To assist the clinician in distinguishing between *Anxiety/Depression* (often misdiagnosed) and *Core Neurodivergence*.

DOMAIN	DATASET A: NEUROTYPICAL (NT) MIND	DATASET B: NEURODIVERGENT (ND) MIND
Dopamine Response	**Completion Reward:** NT brains release dopamine *after* a task is finished. "I feel good that this is done."	**Anticipatory/Novelty Reward:** ND brains release dopamine *during* the discovery phase. Completion often brings a dopamine crash (depression).
Habit Formation	**Automaticity:** After ~21-66 days, tasks become automatic and require zero executive energy (e.g.,	**No Automaticity:** Even after years, routine tasks (showering, dishes) require the same amount of

	brushing teeth).	executive "thrust" to initiate as day 1.
Time Perception	**Linear/Analog:** "I have about 15 minutes left." Can feel the passage of time accurately.	**Binary (Now/Not Now):** "I have plenty of time" (Time Blindness) $\rightarrow$ "I am late" (Panic). No internal clock.
Social Processing	**Intuitive/Subconscious:** Social cues are read automatically via mirror neurons. Eye contact is natural.	**Algorithmic/Manual:** Social cues are analyzed like data points. "They looked at their watch; probability of boredom is 80%."
Rest State	**Relaxation:** Sitting on a beach doing nothing is restorative.	**Under-stimulation/Torture:** Doing "nothing" allows the Default Mode Network (DMN) to spiral. True rest requires "active" engagement (gaming, reading, lego).
Eye Contact	**Connection:** Used to build intimacy and read emotion.	**Intrusion:** Often processed as an intense threat or sensory overload. Looking away allows for better auditory processing.
Task Initiation	**Importance-Based:** "This is due next week, I should start now to avoid stress."	**Urgency-Based:** "This is due in 3 hours. The bridge is burning. Now I can fly."

PART 3: PROBABILITY SCORING (THE SPIKY PROFILE)

Clinician Instruction: Plot the patient's capacity across the following domains.

- **Neurotypical:** Expect a relatively flat line (variations within 1 standard deviation).
- **Neurodivergent:** Expect a "Spiky Profile" (variations > 2-3 standard deviations).

1. **Verbal/Abstract Reasoning:** [Low --- Avg --- High --- Gifted]
2. **Working Memory:** [Deficit --- Avg --- High]
3. **Processing Speed:** [Slow --- Avg --- Fast]

4. **Sensory Gating:** [porous/overwhelmed --- Robust/Filtered]
5. **Executive Function (Planning):** [Dysfunctional --- Avg --- High]

Diagnostic Indicator:

- If **Verbal Reasoning** is "High/Gifted" BUT **Working Memory** or **Sensory Gating** is "Deficit/Porous," the probability of Neurodivergence is **>95%**.
- *The discrepancy is the diagnosis.*

Source Material: Derived from the works of Dr. William Dodson (Interest-Based Nervous System), Dr. Damian Milton (Double Empathy Problem), and Monotropism Theory (Murray/Lawson).