RELATIONSHIP DISCERNMENT WORKSHEET

Autism, Vulnerable Narcissism, or Both?

A guided self-assessment for noticing patterns, asking better questions, and identifying next steps

THE CENTRAL QUESTION

Are the recurring difficulties in my relationship best understood through autistic / ADHD-related differences, vulnerable narcissistic patterns, a combination of both, or another explanation?

How to use this worksheet

Complete it privately, using repeated patterns over time—not one argument, one bad day, or a single behavior. Answer from what you have directly observed. Where possible, consider examples from different settings and from earlier life, not only your relationship.

This is a reflection tool, not a diagnostic test. It cannot determine whether someone is autistic, has ADHD, or has narcissistic personality disorder (NPD). It can help you organize observations and decide what deserves further assessment or attention.

Partner being considered:

Date completed: **Relationship length:**

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Compassion and boundaries can coexist. Understanding a neurological difference does not require excusing harm; recognizing harm does not require deciding on a diagnosis.

DIGITAL VERSION | This worksheet is fillable. Click or tap the rating and notes boxes, checkboxes, and lined response areas to enter your answers. Save a copy of the completed PDF to keep your responses. A PDF reader that supports fillable forms (such as Adobe Acrobat Reader) is recommended.

Before you begin

Autism, ADHD, shame responses, trauma, anxiety, depression, relationship distress, and personality patterns can overlap in outward presentation. A partner may also be neurodivergent and show narcissistic traits. Do not force an either/or conclusion.

Use this frequency scale for each statement:

0 Not observed / rarely	**1** Occasionally
2 Often / recurring	**3** Consistently / strongly
N/O Not enough information to judge	Rate the pattern, not your partner's character.

Important context: Autism is a neurodevelopmental condition, so relevant characteristics generally have roots in early development, even if they were not recognized until adulthood. Vulnerable/covert narcissism is a descriptive term for a pattern of narcissistic traits; it is not a separate DSM diagnosis. NPD can only be diagnosed by a qualified clinician using a comprehensive assessment.

A partner's own account matters. Your observations can be valuable, but they cannot substitute for the person's developmental history, self-report, and a professional evaluation. Consider whether stress, trauma, substance use, sleep problems, medical issues, or other conditions may also be contributing.

SECTION 1 | AUTISM-RELATED DEVELOPMENTAL AND SOCIAL-COMMUNICATION PATTERNS

Think about whether these patterns have been present across the person's life and in more than one setting—not just during marital conflict.

Pattern to consider	0–3 / N/O	Example / notes (optional)
Longstanding differences in reading facial expressions, tone, gestures, or other unspoken social cues.		
Difficulty with conversational give-and-take, timing, topic shifts, or knowing when another person wants to speak.		
A tendency toward literal interpretation, direct wording, or missing implied meanings and emotional subtext.		
Difficulty identifying, describing, or making sense of their own emotions (sometimes called alexithymia).		
Social interaction may be confusing or effortful, even when the person wants connection.		
Strong preference for predictability; distress or difficulty when routines, plans, or expectations change unexpectedly.		
Intense or highly focused interests that can occupy substantial attention and conversation.		
Sensory sensitivities or sensory-seeking patterns (for example, sound, light, touch, texture, smell, or crowded environments).		
Periods of overwhelm, shutdown, withdrawal, or loss of functioning when demands exceed capacity.		
These patterns can be traced back to childhood or adolescence, even if they were masked, misunderstood, or diagnosed later.		

Developmental clues: What have you heard or observed about childhood friendships, play, communication, routines, sensory sensitivities, intense interests, school experiences, or social exhaustion?

SECTION 2 | ADHD / EXECUTIVE-FUNCTIONING PATTERNS

These traits may coexist with autism, occur on their own, or have other explanations. Look for longstanding patterns that affect more than one area of life.

Pattern to consider	0–3 / N/O	Example / notes (optional)
Frequent distractibility, losing the thread of conversations, or difficulty sustaining attention.		
Forgetting tasks, commitments, details, or information despite intending to remember.		
Disorganization, poor time awareness, difficulty prioritizing, or trouble completing multi-step tasks.		
Impulsive speech or actions, interrupting, impatience, or acting before considering consequences.		
Restlessness, excessive activity, or difficulty settling attention and body.		
Difficulty managing frustration, transitions, or competing demands.		
These patterns were present before the current relationship and have affected work, school, home, or daily life.		

SECTION 3 | VULNERABLE / COVERT NARCISSISTIC PATTERNS

The following items are not proof of NPD. Consider whether they form a persistent, recurring pattern—especially when the person feels criticized, does not get their way, or is asked to take responsibility.

Pattern to consider	0–3 / N/O	Example / notes (optional)
Frequently adopts a victim stance; feels chronically misunderstood, mistreated, overlooked, or unfairly judged.		
Regularly shifts blame, minimizes their part, or makes others responsible for their choices and behavior.		
Responds to reasonable feedback or boundaries with disproportionate resentment, sulking, withdrawal, guilt, or retaliation.		
Uses passive-aggressive behavior (for example, silent treatment, deliberate delay, chronic resistance, subtle digs, or guilt-tripping).		
Shows persistent resentment or contempt toward people perceived as more successful, admired, confident, or influential.		
Appears humble or self-effacing outwardly while conveying a private sense of being more moral, insightful, deserving, or exceptional.		
Seeks reassurance, admiration, sympathy, or validation, yet gives limited reciprocal attention to others' needs.		
Repeatedly centers their own hurt or hardship when someone else raises a concern about harm they caused.		

Pattern to consider	0–3 / N/O	Example / notes (optional)
Uses personal information, vulnerabilities, or disclosed insecurities against the other person during conflict.		
Distorts events, denies clear patterns, or recruits others to support a one-sided account in ways that leave the partner doubting their reality.		
Treats boundaries as rejection, disloyalty, disrespect, or an attack—and responds by punishing, pressuring, or undermining them.		
Shows a recurring pattern of entitlement, control, or expecting others to accommodate their needs while dismissing theirs.		

SECTION 4 | WHAT HAPPENS AFTER THE HURT?

This section is central to discernment. A missed cue, defensive reaction, shutdown, or mistake does not by itself establish narcissism. Notice what happens after the person has had time to regulate, understand the impact, and consider what could be done differently.

Pattern to consider	0–3 / N/O	Example / notes (optional)
After an initial defensive reaction, the person can return to the conversation and become curious about my experience.		
They can acknowledge specific behavior and its impact without making my reaction the main problem.		
They show genuine concern when they understand that I am hurting, even if they do not intuitively recognize the emotion at first.		
They can apologize without adding blame, excuses, or pressure for immediate forgiveness.		
They make observable efforts to change—not just promises—and sustain those efforts over time.		
They can accept reasonable boundaries, even when disappointed or uncomfortable.		
They can tolerate being wrong without needing to win, humiliate, punish, or reverse the roles.		
They respect my privacy and do not weaponize information I shared in trust.		
They can discuss conflict in a way that allows both perspectives to exist.		
They show repair through actions, not simply words, charm, tears, spiritual language, or temporary improvement.		

Now consider the opposite pattern. Rate how often these occur:

Pattern to consider	0–3 / N/O	Example / notes (optional)
Feedback repeatedly becomes an argument about how unfair, critical, or unloving I am.		
The conversation ends with me apologizing, comforting them, or defending my right to have been hurt.		
They insist that I caused their behavior or that I would not be hurt if I were a better partner.		
They deny, rewrite, or minimize events in ways that contradict clear evidence or repeated experience.		
They retaliate, intimidate, withdraw affection, or escalate when I set a reasonable limit.		
They make promises or show remorse, but the same harmful pattern repeatedly returns without meaningful change.		

Describe one recent example: What happened? What did you say? How did your partner respond initially? What happened after time had passed? Was there repair and lasting change?

SECTION 5 | OVERLAP: LOOK BENEATH THE BEHAVIOR

Some behaviors can look similar on the surface. The questions below help you explore possible explanations without assuming you can know another person's internal motivation with certainty.

Observed behavior	Possible neurodivergent contribution	Pattern that raises a different concern
Interrupting / poor listening	Distractibility, losing the thread, impulsivity, literal focus, difficulty tracking conversational cues.	Repeatedly hijacks conversation, one-ups, belittles, or listens mainly to gain leverage.
Withdrawal / shutting down	Sensory or emotional overload, need for processing time, conflict overwhelm, burnout.	Repeatedly uses silence or withdrawal to punish, control, or force compliance.
Defensiveness	Accumulated shame, rejection sensitivity, fear of failure, difficulty processing feedback in the moment.	Persistent blame-shifting, contempt, denial, projection, or refusal to consider impact.
Hurtful words	Directness, missed social cues, impulsivity, overwhelm, or not recognizing emotional impact.	Uses known vulnerabilities to wound, demean, intimidate, or regain control.
Self-focus	Difficulty reading cues, executive-function load, intense interests, limited awareness of others' needs.	Entitlement, one-sided expectations, strategic sympathy, or chronic disregard for others.
Forgetfulness / follow-through	Working-memory, attention, planning, time-management, or task-initiation difficulties.	Repeatedly dismisses agreed responsibilities, uses a diagnosis as a blanket excuse, or refuses reasonable supports.
Anger / emotional dysregulation	Overwhelm, frustration, sensory stress, difficulty shifting or regulating emotions.	Intimidation, retaliation, coercion, or anger used to silence disagreement.

Important: No single behavior reliably separates autism from narcissism. Consider developmental history, context, frequency, impact, accountability, and whether the pattern changes when supports or clear communication are provided.

A person may be genuinely overwhelmed and still behave harmfully. Neurodivergence does not rule out manipulation or abuse; harmful behavior does not prove narcissism. Both explanations—or neither—may fit.

SECTION 6 | YOUR PATTERN SUMMARY

Do not add all ratings into one grand score. The sections measure different kinds of observations, and there are no validated cutoffs for this worksheet. Instead, review the pattern of responses and your written examples.

Mark the statements that best reflect what you observed:

☐ Autism-related developmental and social-communication traits appear longstanding and present across settings.

☐ ADHD / executive-functioning traits appear longstanding and affect multiple areas of life.

☐ Vulnerable narcissistic patterns recur, particularly around blame, victimhood, validation, boundaries, or control.

☐ The partner can eventually show empathy, accountability, repair, and sustained learning after an initial struggle.

☐ The partner repeatedly avoids accountability, reverses blame, retaliates, or uses vulnerability as leverage.

☐ Both neurodivergent traits and persistent narcissistic / controlling relational patterns may be present.

☐ The available information is too limited or mixed to draw a useful conclusion.

What seems most supported by the evidence so far?

☐ Primarily neurodevelopmental traits to explore (ASD and/or ADHD)
☐ Vulnerable narcissistic traits / relational patterns to explore
☐ Possible combination of neurodivergence and narcissistic traits
☐ Another explanation may be relevant
☐ Not enough information yet

What information would help clarify this? (developmental history, self-report, professional evaluation, collateral information, observation over time, etc.)

SECTION 7 | YOUR WELL-BEING AND RELATIONAL SAFETY

Whatever the explanation, your experience matters. Consider these questions independently of any diagnosis:

☐ Can I express a different opinion without fear of retaliation?

☐ Are my boundaries respected, even when my partner disagrees?

☐ Can I raise concerns without being mocked, threatened, punished, or repeatedly blamed?

☐ Do I feel increasingly confused, isolated, anxious, diminished, or responsible for managing my partner's emotions?

☐ Are there threats, intimidation, coercion, physical aggression, sexual pressure, financial control, stalking, or other forms of abuse?

If you feel unsafe, prioritize support and safety planning rather than trying to complete this assessment or persuade your partner to accept a label. Consider speaking privately with a qualified professional or a domestic-violence support service. In an immediate emergency, contact local emergency services.

NEXT STEPS | FROM DISCERNMENT TO WISE ACTION

1. Separate explanation from impact. Understanding why a behavior occurs can guide support and accommodation. It does not erase the impact or remove responsibility for repair.

2. Look for patterns over time. Keep brief, factual notes about what happened, what preceded it, how each person responded, and whether repair or change followed. Avoid trying to diagnose from isolated incidents.

3. Consider appropriate assessment. Autism and ADHD evaluations should consider developmental history and current functioning. Concerns about NPD or other personality patterns require a qualified mental-health professional's comprehensive evaluation. A partner's observations can add context but are not a diagnosis.

4. Identify supports and boundaries. Communication accommodations, sensory supports, executive-function strategies, individual support, and clear boundaries may help. If there is coercion or abuse, seek specialized support; ordinary couples work may not be the safest first step.

5. Keep your own needs in view. You do not need certainty about a diagnosis to recognize that a pattern is harming you or to decide what boundaries and support you need.

Want to explore coaching with Barbara or join a group or class that she leads?

Check out all that she offers at these links below:

Upcoming Cassandra Recovery and other classes for neurotypical women:

https://bg-hc.com/classes

Book a 25 min Consultation ($49):

BG-HC.com/book-25-min

Newsletter opt-in & Free Resources:

BG-HC.com/newsletter

Drop-in Support Group for Neurotypical Wives:

BG-HC.com/join-us

A NOTE ABOUT THIS WORKSHEET

This educational self-assessment is not a validated screening instrument and is not intended to diagnose autism spectrum disorder, ADHD, narcissistic personality disorder, or any other condition. “Vulnerable” or “covert” narcissism describes a pattern discussed in clinical and popular literature; it is not a separate DSM diagnosis. Ratings are for personal reflection only and should not be interpreted as clinical scores or probabilities.

Autistic people vary widely. No single trait—including eye contact, empathy, social motivation, directness, or emotional expression—can establish or rule out autism. People with autism or ADHD can care deeply, experience empathy, lie, manipulate, or behave abusively, just as people without those diagnoses can. Avoid using stereotypes or this worksheet as a substitute for a careful assessment.

SOURCE MATERIAL & FURTHER READING

This worksheet was developed from Barbara Grant's uploaded resource, *NPD & ND Traits & Facts*, and the following BG-HC / related website materials:

- “Vulnerable” Narcissism & Autism: When Autism Isn't the Whole Story
- Neurodiverse or Narcissistic? Traits & Facts: Part 2: When the Lines Get Blurred
- BG-HC Resources: bg-hc.com/resources
- Hope for Couples: www.bg-hc.com

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