

The Autistic Burnout Workbook

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How to Use the Autistic Burnout Checklist

The following pages provide a checklist of common Autistic burnout symptoms, divided into three main symptom clusters:

 SYMPTOM CLUSTER A	 SYMPTOM CLUSTER B	 SYMPTOM CLUSTER C
<i>Pervasive physical, emotional, and cognitive exhaustion</i>	<i>An increase in sensory sensitivities</i>	<i>Loss of skills</i>

You can fill out the next three pages now, then return here to tally your total score. As you work your way through the book, it can be beneficial to redo this checklist as you make progress in your recovery. Additionally, keep in mind that your experiences may be unique and go beyond what's covered in this checklist. Feel free to create your own checklist or "litmus test" to gauge the extent of your burnout.

Note: Many of the items on this checklist will feel relatable because you're Autistic. To get the most accurate results, compare each item to your baseline. For example, if the checklist says "I struggle to plan my day," check it off only if this feels noticeably different or more difficult than usual.

TOTAL SCORE	
SYMPTOM CLUSTER A	Total Score  /18
SYMPTOM CLUSTER B	Total Score  /18
SYMPTOM CLUSTER C	Total Score  /18
TOTAL SCORE  /54	



DISCLAIMER: *This is not an official assessment or screener; rather, it is a compilation of common symptoms of burnout across various domains. Please view this as one data point and take into account other medical conditions that may affect your responses to these questions.*

This checklist draws inspiration from Dr. Alice Nicholls's ABSC Checklist (available at <https://dralicenicholls.com/wp-content/uploads/2021/09/The-Autistic-Burnout-Symptom-Checklist-ABSC.pdf>) and has been adapted to complement Dr. Dora Raymaker's burnout framework.



TRACK YOUR SYMPTOMS: Exhaustion

SYMPTOM CLUSTER A: *Pervasive Physical, Emotional, and Cognitive Exhaustion*

PHYSICAL EXHAUSTION

- I feel run-down and drained of physical energy.
- I am tired all the time and feel I need to sleep more.
- I no longer have energy to engage my interests.
- When I wake up in the morning, I still feel tired.
- I feel as if I am running on empty all day long!
- I spend most of my free time in bed or on the couch.

TOTAL SCORE  /6

EMOTIONAL EXHAUSTION

- I find it harder than usual to manage my emotions.
- My emotions overwhelm me more easily.
- I become more irritable and have a shorter fuse.
- I am more tearful (or more emotionally numb and disconnected).
- I find myself being harder on and less empathetic with people.
- My emotions seem all over the place (more than usual).

TOTAL SCORE  /6

COGNITIVE EXHAUSTION

- Focusing on tasks feels really difficult.
- I've noticed a loss or deterioration of my cognitive skills.
- I feel mentally exhausted and find it challenging to think clearly.
- My thinking is slowed down and foggy.
- I am experiencing memory problems.
- I'm having more difficulty understanding directions.

TOTAL SCORE  /6

Total Cluster A Score  **/18**



TRACK YOUR SYMPTOMS: Sensory Sensitivities

SYMPTOM CLUSTER B: *An Increase in Sensory Sensitivities*

HEIGHTENED SENSORY SENSITIVITIES

- Weather changes impact me more noticeably now.
- Previously ignorable sounds and smells now bother me.
- I find it harder to tolerate physical touch from others.
- I am more easily overwhelmed by bright lights or busy environments.
- I'm more sensitive to feelings of hunger or fullness.
- My diet has narrowed as tastes and textures bother me more.

TOTAL SCORE  /6

SENSORY REGULATION DIFFICULTIES

- I am experiencing more frequent sensory meltdowns.
- I am experiencing more frequent sensory shutdowns.
- I engage in more stimming (sensory-input-seeking behavior).
- I rely more on sensory tools like fidget toys.
- The intensity of my sensory meltdowns/shutdowns has increased.
- I have more difficulty filtering out irrelevant sensory information.

TOTAL SCORE  /6

ROUTINE DISRUPTIONS

- I need more time to mentally prepare for transitions in activities.
- I find it harder to start planned activities.
- Shifting from one task to another has become increasingly difficult.
- Unexpected changes in my daily schedule throw me off-balance.
- I'm sticking to my routines more strictly than usual.
- Spontaneous events feel overwhelming, even if they're minor.

TOTAL SCORE  /6

Total Cluster B Score  **/18**



TRACK YOUR SYMPTOMS: Loss of Skills

SYMPTOM CLUSTER C: *Loss of Skills*

EXECUTIVE FUNCTIONING (EF)

- I struggle to plan my day.
- Tasks that were once manageable now seem overwhelming.
- I have difficulty starting tasks or switching between tasks.
- I find it hard to make decisions.
- I have decreased ability to solve problems.
- I am having increased difficulty with organization.

TOTAL SCORE  /6

COMMUNICATION SKILLS

- I find it hard to find the right words.
- I have more difficulty processing what people are saying.
- I have a diminished capacity for small talk.
- I seem to have less capacity to socialize.
- Talking to people feels like too much effort.
- It takes me longer to respond to people.

TOTAL SCORE  /6

LIFE SKILLS

- I find it challenging to manage daily routines.
- I struggle with personal hygiene (e.g., showering, brushing teeth).
- I have difficulty managing my medication and healthcare routines.
- I have difficulty with cooking, preparing, or eating meals.
- I find it hard to maintain my living space.
- I have difficulty with transportation or navigating public spaces.

TOTAL SCORE  /6

Total Cluster C Score  **/18**



At-a-Glance Ways to Turn Down Your Faucet

**SEEK
SOCIAL
SUPPORT**

**WITHDRAW
STRATEGICALLY
WHEN NECESSARY**

**DROP
UNNECESSARY
DEMANDS**

**OUTSOURCE
MINDFULLY**

**PRACTICE GOOD
BOUNDARIES**

**REDUCE YOUR
SENSORY LOAD**

**FIND FORMAL
SUPPORTS**

**SIMPLIFY YOUR
ROUTINE**

**UNMASK WHEN
POSSIBLE**





At-a-Glance Ways to Expand Your Bucket

MANAGE YOUR ENERGY

FOCUS ON BELONGING AND SUPPORT

ADJUST YOUR LIFESTYLE

PRIORITIZE AND IMPROVE YOUR SLEEP

PRACTICE SELF-ADVOCACY

LEAN INTO YOUR AUTISTIC STRENGTHS

LOOK FOR SELF-INSIGHT

REGULATE YOUR NERVOUS SYSTEM

CONSIDER PSYCHOLOGICAL AND MINDSET WORK





Identify Your Sensory Likes

Check any items that resonate with you, and add your own ideas in the blank spaces provided.

LIGHTING	SMELL	SOUND
<ul style="list-style-type: none">● Natural lighting● Dim lighting● Bright lighting● Artificial light● Colorful lighting (LED)● Moderate lighting● Yellow hues (warm lighting)● White hues (cool spectrum) <p>OTHER:</p> <ul style="list-style-type: none">● _____● _____● _____● _____	<ul style="list-style-type: none">● Mild or subtle scents● Fresh or clean smells● Citrusy or fruity scents● Food-related scents● Herbal or earthy scents● Aromatherapy scents (e.g., lavender, eucalyptus)● Natural scents (e.g., flowers, trees)● Specific scents that bring joyful memories <p>OTHER:</p> <ul style="list-style-type: none">● _____● _____● _____● _____	<ul style="list-style-type: none">● Quiet● White noise● Brown noise● Binaural beats● Loud and lively● Music/background noise● Television on in background● Stim song (song on repeat) <p>OTHER:</p> <ul style="list-style-type: none">● _____● _____● _____● _____
VISUAL	TACTILE	TASTE/TEXTURE
<ul style="list-style-type: none">● Visually sparse and organized● Neutral colors● Vibrant colors● Patterns and bright decor● Solid colors● Minimalism● Everything spread out/visible <p>OTHER:</p> <ul style="list-style-type: none">● _____● _____● _____● _____	<ul style="list-style-type: none">● Light touch● Deep pressure touch● No touch● Twirling hair● Fidget toys● Soft textures● Petting a dog or cat● Warm bath or shower <p>OTHER:</p> <ul style="list-style-type: none">● _____● _____● _____● _____	<ul style="list-style-type: none">● Chewing gum● Crunchy snacks● Chewing ice● Spicy food● Drinking a warm beverage● Hard candy● Drinking a carbonated drink <p>OTHER:</p> <ul style="list-style-type: none">● _____● _____● _____● _____

CLOTHING

- Constrictive or compression clothing (tight)
- Loose-fitting clothing
- Cotton fabric
- Tagless clothing
- Seamless garments
- Breathable materials
- Soft and gentle textures
- Stretchy, flexible clothing
- Moisture-wicking fabrics
- Nonirritating fabrics (e.g., organic cotton, modal)
- Adjustable closures (e.g., Velcro, snaps)
- Weighted vest
- Nonrestrictive waistbands (e.g., elastic-free)
- Layering options for temperature regulation
- Odor-resistant or hypoallergenic materials
- Beanies or hats that provide pressure

OTHER:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

MOVEMENT

- Gentle rocking or swaying
- Swinging
- Jumping or bouncing
- Stimming
- Spinning or twirling
- Pacing or walking
- Repetitive movements (e.g., hand flapping, tapping)
- Weighted or deep-pressure activities
- Proprioceptive activities (e.g., pushing against objects, lifting weights)

OTHER:

- _____
- _____
- _____
- _____
- _____

ENVIRONMENT

- Outdoors
- Indoors
- Open space
- Nooks and crannies
- Urban environments
- Rural settings

OTHER:

- _____
- _____
- _____
- _____
- _____
- _____

TEMPERATURE

- Cool
- Warm
- Breeze/airflow
- Neutral temperature

OTHER:

- _____
- _____
- _____
- _____

PROPRIOCEPTION

- Lifting weights
- Pressure
- Weight
- No pressure (avoidance)
- Pillow/weighted blanket
- Weight on lap

OTHER:

- _____
- _____
- _____
- _____
- _____

PEOPLE

- Lots of people
- Only a few people
- A small group of people
- No people
- People you don't know

OTHER:

- _____
- _____
- _____
- _____
- _____



Uncover Your Sensory Triggers

Check any items that resonate with you, and add your own ideas in the blank spaces provided.

LIGHTING	SMELL	SOUND
<ul style="list-style-type: none"> ● Bright or harsh lighting ● Flickering or flashing lights ● Fluorescent lighting ● Intense or direct sunlight ● Rapid changes in lighting ● Dim or low lighting ● Glare or reflections ● Colored or neon lights ● Strobe lights ● Rapidly moving or flashing visuals <p>OTHER:</p> <ul style="list-style-type: none"> ● _____ ● _____ 	<ul style="list-style-type: none"> ● Strong odors ● Chemical smells ● Perfumes or colognes ● Cooking smells ● Certain foods ● Smoke or pollution ● Cleaning products ● Floral or fragrant scents <p>OTHER:</p> <ul style="list-style-type: none"> ● _____ ● _____ ● _____ ● _____ ● _____ 	<ul style="list-style-type: none"> ● Loud noises ● Sudden bursts of sound ● Background noise or chatter ● Echoes or reverberations ● Busy environments ● People chewing ● Certain types of music or specific instruments ● High-pitched or piercing sounds ● Repetitive or constant noise (e.g., pen clicking) <p>OTHER:</p> <ul style="list-style-type: none"> ● _____
VISUAL	TACTILE	TASTE/TEXTURE
<ul style="list-style-type: none"> ● Busy visual environments ● Cluttered environments ● Specific colors or contrasts ● Overwhelming patterns or designs ● Certain types of visual media (e.g., fast-paced movies or video games) ● Strained or intense eye contact <p>OTHER:</p> <ul style="list-style-type: none"> ● _____ ● _____ 	<ul style="list-style-type: none"> ● Rough or abrasive textures ● Itchy or scratchy materials ● Light or gentle touch ● Heavy or deep pressure ● Wet or sticky sensations ● Moisture ● Sensitivity to temperature (e.g., hot or cold objects) <p>OTHER:</p> <ul style="list-style-type: none"> ● _____ ● _____ ● _____ ● _____ 	<ul style="list-style-type: none"> ● Overpowering flavors ● Spicy or hot foods ● Bitter tastes ● Sour tastes ● Sweet tastes ● Food touching sensitivities ● Food temperature issues ● Unfamiliar or new foods ● Textural experiences (e.g., mushy) ● Sensitivities or allergies to certain ingredients <p>OTHER:</p> <ul style="list-style-type: none"> ● _____

CLOTHING

- Rough or scratchy fabrics
- Tags or labels on clothing
- Tight or constrictive clothing
- Loose or baggy clothing
- Clothing that is too tight around specific body parts
- Uncomfortable or restrictive footwear
- Specific textures, patterns, or colors that bother you
- Sensitivity to certain types of fabric (e.g., wool, lace)

OTHER:

- _____
- _____
- _____
- _____
- _____
- _____

MOVEMENT

- Erratic movements
- Intense or excessive physical activity
- Certain types of transport (elevators, escalators, etc.)

OTHER:

- _____
- _____
- _____
- _____
- _____

ENVIRONMENT

- Crowded or busy spaces
- Confined environments
- Overly cluttered or disorganized environments
- Lack of personal space or privacy
- Unfamiliar environments
- High-traffic areas with limited escape routes
- Unpredictable or rapidly changing environments

OTHER:

- _____
- _____
- _____
- _____
- _____
- _____

TEMPERATURE

- Extreme heat
- Extreme cold
- Stuffy or stagnant air
- Drafts or breezes
- Humidity or dryness
- Overheating or being too bundled up
- Intense temperature variations

OTHER:

- _____
- _____
- _____
- _____
- _____

PEOPLE

- Loud or intrusive voices
- Prolonged eye contact
- Personal space invasion
- Social demands and small talk
- Physical touch or proximity to others
- Unpredictable or unexpected movements from others
- Overstimulating social interactions or group settings
- Specific facial expressions or gestures

OTHER:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____



MAP OUT YOUR NERVOUS SYSTEM, STEP ONE

Track Your State

Now it's your turn. Try to fill in each section, but feel free to just skip any that you don't have a solid answer to.

HYPERAROUSAL

FEELINGS:

THOUGHTS:

BEHAVIORS:

PHYSICAL
SENSATIONS:

VIEW OF THE
WORLD:

WINDOW OF TOLERANCE

FEELINGS:

THOUGHTS:

BEHAVIORS:

PHYSICAL
SENSATIONS:

VIEW OF THE
WORLD:

HYPOAROUSAL

FEELINGS:

THOUGHTS:

BEHAVIORS:

PHYSICAL
SENSATIONS:

VIEW OF THE
WORLD:



MAP OUT YOUR NERVOUS SYSTEM, STEP TWO

Know Your Triggers and Glimmers

Here's space for you to write your own answers in the spaces provided.

HYPERAROUSAL

 TRIGGERS 

PHYSICAL:

EMOTIONAL:

RELATIONAL:

WINDOW OF TOLERANCE

 GLIMMERS 

PHYSICAL:

EMOTIONAL:

RELATIONAL:

HYPOAROUSAL

 TRIGGERS 

PHYSICAL:

EMOTIONAL:

RELATIONAL:

The nervous system term "glimmers" was coined by Deb Dana.



Take an Inventory of Your Energy Rhythms

Spend a few moments to reflect on your energy patterns during different parts of the day and across seasons.

Daily Energy Patterns

MORNING: *How do you generally feel in the morning? Are you mentally sharp and physically energized, or do you feel sluggish? What types of tasks (if any) do you find easiest to complete in the morning?*



AFTERNOON: *How does your energy shift after midday? Do you notice a dip in focus, or do you hit your productivity stride? What types of tasks are easiest for you during this time?*



EVENING: *How do you feel as the day winds down? What tasks do you prefer to leave for the evening, if any?*



Seasonal Energy Patterns

HIGH-ENERGY SEASONS: *Do you notice certain months in which you feel more creative or productive? What types of projects do you typically take on during these times?*



LOW-ENERGY SEASONS: *Are there seasons in which your energy tends to drop or when you feel less motivated? How do you manage tasks during these periods?*





What Are Your Worries?

This template can help you organize and release your worries during your worry period. During other times (especially at night), if a worry pops into your head, gently acknowledge it and remind yourself that you'll address it during your designated worry period. This process helps create a mental container for your worries—you reassure your mind that these concerns will be handled at the appropriate time. You then free yourself to redirect your attention and release that worry—and hopefully sleep better.

IN MY CONTROL	OUT OF MY CONTROL	NOT SURE

Make a Plan for Your Worries

One action I can take to address a worry on my list that is in my control:

One practice that helps me release a worry that is out of my control:



Masking Double Pros and Cons Table

The situation I'm considering is

.....

List the pros and cons of masking, and then create a separate list of pros and cons for not masking.

MASKING

PROS

CONS

NOT MASKING

PROS

CONS

VALUES

When considering whether to mask or not, reflect on the values that come up, such as:

INTERNAL BARRIERS

When considering whether to mask or not, reflect on the internal barriers that bubble up:

PLAN



Accommodation Double Pros and Cons Table

The situation I'm considering is

List the pros and cons of seeking the accommodation, and then create a separate list of pros and cons for not seeking the accommodation.

ACCOMMODATION

PROS

CONS

NO ACCOMMODATION

PROS

CONS

VALUES

Consider values embedded in this decision, with particular attention to value clashes:

INTERNAL BARRIERS

Reflect on any hesitations or doubts that might be affecting your decision:

PLAN