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## A Review of the Clinical Utility and Psychometric Properties of the Extreme Demand Avoidance Questionnaire – Adult (EDA-QA): Percentile Rankings and Qualitative Descriptors

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The Extreme Demand Avoidance Questionnaire – Adult (EDA-QA) was developed by Egan and colleagues (2019). It is a 26-item self-report questionnaire designed to measure extreme (or “pathological”) demand avoidance (PDA) in adults. PDA is characterised by an extreme desire for autonomy and control, high levels of anxiety, and difficulties with emotional regulation, leading to avoidance or resistance when faced with perceived demands or expectations. This technical review provides clinicians with percentile rankings and qualitative descriptors to enhance the interpretation and clinical utility of EDA-QA scores.

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[Click to view information on the EDA-QA](#)

**December 2025**

## Developer & Author

The Extreme Demand Avoidance Questionnaire – Adult (EDA-QA) was developed by Egan and colleagues (2019):

Egan, V., Linenberg, O., & O'Nions, E. (2019). The measurement of adult pathological demand avoidance traits. *Journal of Autism and Developmental Disorders*, 49(2), 481-494.

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This document was developed by NovoPsych to review contemporary literature and to describe original scoring methodologies and to provide interpretation material, enhance normative data and provide qualitative descriptors.

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## Description

The Extreme Demand Avoidance Questionnaire – Adult (EDA-QA) is a 26-item self-report measure designed to assess characteristics associated with extreme demand avoidance in adults aged 18 years and older (Egan, Linenberg, & O’Nions, 2019). This behavioural profile is also known as pathological demand avoidance, pervasive drive for autonomy, or PDA. The measure assesses behaviours such as resisting ordinary demands, using coping strategies to avoid demands, mood variability, difficulties with authority, and a strong desire to control interactions. The EDA-QA was adapted from the 26-item EDA-Q, a parent-/caregiver-report measure developed for children and adolescents (O’Nions et al., 2014a), which has largely been replaced by an 8-item version called the [EDA-8](#) (O’Nions et al., 2021).

Extreme demand avoidance is conceptualised as an anxiety-driven desire for autonomy and self-determination, which can lead to the avoidance of, or resistance to, perceived demands and expectations, even those that align with the person’s own wishes or goals (Newson, Le Maréchal, & David, 2003; O’Nions et al., 2014b). Individuals may perceive demands as threatening to their sense of autonomy and control, triggering anxiety, distress, and responses that others may find challenging. This can manifest through social strategies (such as making excuses, negotiating, or distracting), outright refusal, withdrawal, or intense emotional reactions (such as outbursts or meltdowns).

It is important to note that extreme demand avoidance remains a topic of ongoing discussion and debate, with several competing conceptual positions:

- **PDA as a distinct profile within autism:** Some clinicians and researchers conceptualise demand avoidance as a specific profile that occurs within the autism spectrum, characterised by unique features that distinguish it from other presentations of autism (Newson et al., 2003).
- **PDA as an anxiety-driven response to autistic characteristics:** Others suggest that demand avoidance may represent an anxiety-driven response arising from the interaction between autistic traits — such as desire for predictability, difficulties with uncertainty, sensory sensitivities, and interoceptive differences (difficulty recognising internal states/capacity) — and environmental demands that conflict with these autism-related characteristics (O’Nions et al., 2018; White et al., 2023). Some researchers further emphasise that, from this perspective, demand avoidance can be understood as rational avoidance behaviour for autistic individuals navigating environments that do not accommodate their needs (Moore, 2020).
- **PDA as a cross-diagnostic behavioural pattern:** Still others suggest that demand avoidance characteristics may represent a set of behaviours that can occur across various diagnostic profiles, not exclusively within autism. From this perspective, demand avoidance might be observed in individuals with different neurodevelopmental, anxiety, or behavioural conditions (Green et al., 2018).
- **PDA as comorbid behavioural syndromes:** An alternative view proposes that what appears as PDA may reflect a pattern of comorbidity, where the combination of multiple co-occurring conditions (such as autism, anxiety, and conduct difficulties) produces the characteristic demand avoidance presentation (Green et al., 2018).

Currently, PDA is not formally recognised in the DSM-5-TR or ICD-11 as either a standalone diagnosis or as part of diagnostic criteria for autism or any other diagnosis. Nevertheless, identifying and measuring demand avoidance characteristics can provide valuable clinical information. Understanding the extent of demand avoidance can help clinicians recognise patterns of distress or resistance, assess the functional impact of demand-avoidant behaviours, adapt communication styles and environmental expectations, tailor support approaches to prioritise autonomy and reduce anxiety, and inform discussions with the individual and their support network about effective strategies. The EDA-QA provides a standardised way to quantify these characteristics, informing clinical formulation and further assessment needs, and helping individuals better understand the factors contributing to demand-avoidant behaviours.

## Psychometric Properties

The EDA-QA was validated in a sample of 347 adults (94 male, 230 female, and 19 non-binary or gender fluid) aged 18 to 84 years (Mean = 36.9, SD = 12.8) recruited from a variety of specialist online blogs and community forums focusing on the needs and concerns of persons with autism (Egan et al., 2019). Over half reported that they had been formally diagnosed with a mental disorder, including depression (28%), autism (16.7%), anxiety (15.3%), and ADHD (8.1%), and a further 26.6% believed they had a mental disorder which had not been diagnosed.

### Factor Structure

Factor analysis supported a predominantly unidimensional structure, with one main factor reflecting general demand avoidance and a smaller secondary factor related to fantasy and role-play. Both one- and two-factor models showed acceptable to good fit, and the authors recommended using a single total score based on all 26 items (Egan et al., 2019).

### Reliability

The EDA-QA demonstrates good internal consistency, with Cronbach's alpha coefficients ranging from 0.87 to 0.94 across studies (Egan et al., 2019; Egan et al., 2020; White et al., 2023).

Test-retest reliability and inter-rater reliability have also been examined. In a subsample of 32 participants who provided ratings at different time points (retrospectively as a child and currently as an adult) and were also rated by peer informants (mostly parents and siblings), significant correlations were found across raters and time points, ranging from  $r = 0.48$  to  $r = 0.74$  (Egan et al., 2019). These findings suggest reasonable stability and agreement, though further research with larger samples and standardised, longitudinal test-retest intervals would strengthen the evidence base.

### Validity

**Convergent Validity:** The EDA-QA shows theoretically consistent relationships with other measures:

- **Autistic traits:** Moderate positive correlations with autism measures ( $r = 0.40-0.47$ ; Egan et al., 2019; White et al., 2023), supporting the proposed link between demand avoidance and autism
- **Anxiety:** Strong positive correlations with anxiety measures ( $r = 0.52-0.69$ ; White et al., 2023), consistent with theoretical models positioning anxiety as central to demand avoidance
- **Depression and stress:** Moderate to strong positive correlations ( $r = 0.40-0.59$  with depression;  $r = 0.46-0.56$  with stress; White et al., 2023)
- **Personality dimensions:** Correlations with negative affect, emotional instability, antagonism, disinhibition, and psychoticism subscales of personality disorder measures (Egan et al., 2019)

**Discriminant Validity:** The EDA-QA shows weaker or negligible correlations with constructs that should be theoretically distinct, such as extraversion and intellectual functioning (Egan et al., 2019), supporting discriminant validity.

**Predictive Validity:** Multiple regression and dominance analyses in community and general population samples indicate that anxiety and autistic traits are the most important predictors of EDA-QA scores, with anxiety emerging as particularly salient in some studies (White et al., 2023). These findings align with theoretical models suggesting that demand avoidance behaviours may represent an anxiety-driven response, particularly in the context of autistic traits.

**Known-Groups Validity:** In the original child version, EDA-Q scores successfully differentiated children identified with PDA from multiple comparison groups, including typically developing children, autistic children without disruptive behaviour, autistic children with disruptive behaviour, and children with disruptive behaviour alone (without autism or PDA) (O'Nions et al., 2014a). This demonstrates that the measure can distinguish PDA characteristics from both autism presentations and general conduct/behavioural problems. However, similar validation studies comparing groups of adults have not yet been conducted with the EDA-QA; therefore, no clinical cutoff scores have been validated for the EDA-QA. Interestingly, Egan and colleagues (2019) found no significant difference in

EDA-QA scores between participants with and without a self-reported formal diagnosis of autism, suggesting that demand avoidance characteristics may not be specific to autism but may occur dimensionally in the general population.

### **Normative Data and Sample Characteristics**

Normative data for the EDA-QA are based on the following study samples:

- White et al. (2023, Study 2): N = 548 UK residents (49% female) aged 18 to 67 years (Mean = 35.5, SD = 11.8) who were recruited through Prolific, an online crowdsourcing platform for research participation. Mean EDA-QA total score = 42.88 (SD = 9.31).
- Egan et al. (2020): N = 126 people (32 male, 87 female, and 6 non-binary or gender fluid) aged 18 to 68 years (Mean = 34.6, SD = 10.94) with various self-reported prior diagnoses recruited from online forums and support groups for PDA and Autism. Mean EDA-QA total score = 60.52 (SD = 17.22).

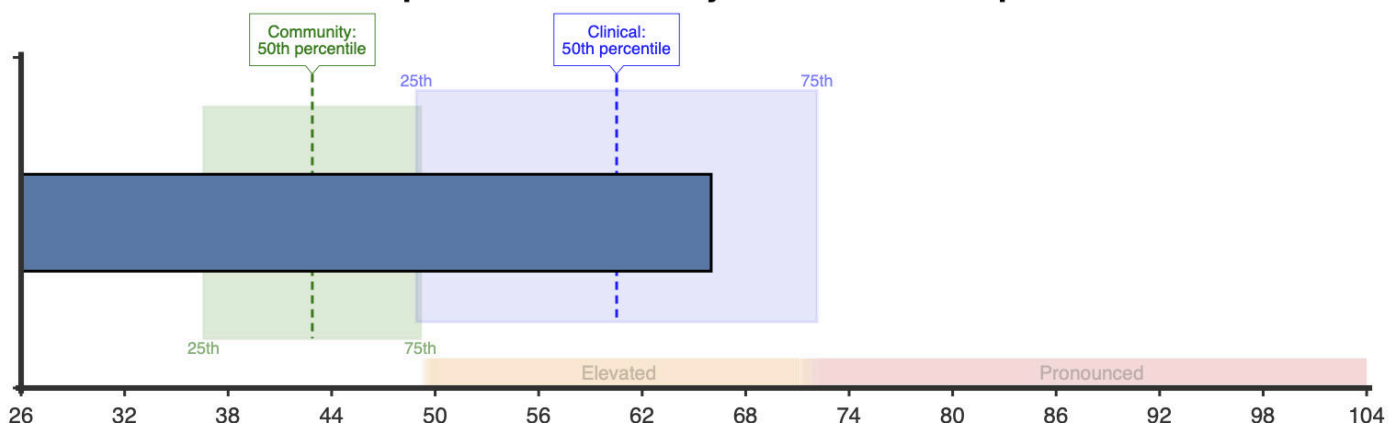
## Scoring & Interpretation

The EDA-QA yields a total score between 26 and 104, with higher scores indicating greater levels of demand avoidance characteristics.

<b>Results</b>				
	Raw Score (26-104)	Community Percentile	Clinical Percentile	Descriptor
<b>EDA-QA Total</b>	<b>66</b>	<b>99.3</b>	<b>62</b>	<b>Elevated</b>

The respondent's score is expressed as a community percentile based on normative data for adults in the general population (White et al., 2023) and as a clinical percentile based on data for adults recruited from online forums and support groups for PDA and Autism, many of whom reported that they had been formally diagnosed with a mental disorder, including autism (61.5%) and PDA (9.8%) (Egan et al., 2020). A graph is presented comparing the respondent's score to the normative distribution of scores among these samples, with shaded areas around the means corresponding to scores between the 25th and 75th percentile. The percentiles and graph contextualise the respondent's score relative to the typical scores of adults overall and those in the clinical sample. If administered more than once, a longitudinal graph is presented for the respondent's score, which is useful for monitoring any changes in demand avoidance characteristics over time.

### Extreme Demand Avoidance Questionnaire – Adult (EDA-QA) Total Score Compared to Community and Clinical Samples



It is important to note that no clinical cutoff scores have been validated for the EDA-QA. Therefore, it is recommended that EDA-QA scores be interpreted dimensionally rather than categorically. However, to aid in clinical interpretation, NovoPsych has developed the following qualitative descriptors based on how an individual's score compares to scores within community and clinical samples.

- “Elevated”: EDA-QA score of 50 to 71 (on or above the 75th and below the 99.9th community percentile; above the 25th clinical percentile)
- “Pronounced”: EDA-QA score of 72 to 104 (on or above the 75th clinical percentile; above the 99.9th community percentile)

Clinicians should be aware that higher scores indicate a profile of demand avoidance that may require tailored treatment approaches. Some strategies that work well for many autistic individuals (such as clear routines, structured schedules, and explicit expectations) may be counterproductive for those with greater levels of demand avoidance characteristics, as these can paradoxically increase anxiety and avoidant responses. A low-demand, collaborative approach that prioritises autonomy, flexibility, and anxiety reduction is often recommended.

## Supporting Information

This section outlines NovoPsych’s development of percentiles for the general population based on data obtained from a study by White and colleagues (2023) and percentiles for a clinical sample based on data obtained from a study by Egan and colleagues (2020). These norms enhance the interpretability of EDA-QA scores.

This section also outlines NovoPsych’s development of classification thresholds and qualitative descriptors for EDA-QA scores. These descriptors provide clinicians with clear and consistent classifications of the extent of demand-avoidant traits or behaviours, supporting better understanding and communication of EDA-QA scores.

Lastly, this section describes the structure and adaptive logic of the automated interpretive text that NovoPsych provides in EDA-QA reports. This interpretive text adapts to the respondent’s scores, providing clinicians with comprehensive, tailored interpretations of EDA-QA results.

### Percentile Calculations

The percentiles for the EDA-QA total score shown in Table 1 are based on means and standard deviations for a community sample and a clinical sample obtained from two different studies.

The mean EDA-QA total score for the **community sample** was 42.88 (SD = 9.31). This was obtained from Study 2 of White and colleagues (2023), which included a sample of 548 UK residents (49% female) aged 18 to 67 years (Mean = 35.5, SD = 11.8) recruited through Prolific, an online crowdsourcing platform for research participation.

The mean EDA-QA total score for the **clinical sample** was 60.52 (SD = 17.22). This was obtained from a study by Egan and colleagues (2020), which had a sample of 126 people (32 male, 87 female, and 6 non-binary or gender fluid) aged 18 to 68 years (Mean = 34.6, SD = 10.94) with various self-reported prior diagnoses — including Autism (61.5%), PDA (9.8%), depression (48.4%), dyspraxia (5.7%), dyslexia (6.6%), Intellectual Disability (1.2%), Oppositional Defiant Disorder (1.2%), and “other” diagnoses (27.1%; mostly physical conditions or anxiety) — recruited from online forums and support groups for PDA and Autism.

NovoPsych has used the means and standard deviations from these samples to convert EDA-QA scores to percentiles, as shown in Table 1, according to the following equation.

$$\text{Percentile} = 100 \times \Phi((x - M)/SD)$$

Where:

- $x$  is the score
- $M$  is the mean
- $SD$  is the standard deviation
- $\Phi$  is the [standard normal cumulative distribution function](#)

This equation first standardises the score to a z-score by subtracting the mean and dividing by the standard deviation, then converts the z-score to a percentile by applying the standard normal cumulative distribution function and multiplying by 100.

These percentiles contextualise each score relative to typical PDA trait levels in each sample, offering a clearer perspective on how the respondent’s PDA trait levels compare to those of a community sample and a clinical sample.

*Percentile Table*

Table 1. Percentiles for Extreme Demand Avoidance Questionnaire – Adult (EDA-QA) total scores relative to community and clinical samples.

Descriptor	Raw Score	Percentile	
		Community	Clinical
	26	3.5	2.3
	27	4.4	2.6
	28	5.5	2.9
	29	6.8	3.4
	30	8.3	3.8
	31	10	4.3
	32	12	4.9
	33	14	5.5
	34	17	6.2
	35	20	6.9
	36	23	7.7
	37	26	8.6
	38	30	10
	39	34	11
	40	38	12
	41	42	13
	42	46	14
	43	51	15
	44	55	17
	45	59	18
	46	63	20
	47	67	22
	48	71	23
	49	74	25
Elevated	50	78	27
	51	81	29
	52	84	31
	53	86	33
	54	88	35
	55	90	37
	56	92	40
	57	93.5	42
	58	94.8	44
	59	95.8	46
	60	96.7	49
	61	97.4	51
	62	98.0	53
	63	98.5	56



	64	98.8	58
	65	99.1	60
	66	99.3	62
	67	99.5	65
	68	99.65	67
	69	99.75	69
	70	99.82	71
	71	99.87	73
	72	99.91	75
	73	99.94	77
	74	99.96	78
	75	99.97	80
	76	99.98	82
	77	99.99	83
	78	99.99	84
	79	99.99	86
	80	99.99	87
	81	99.99	88
	82	99.99	89
	83	99.99	90
	84	99.99	91
	85	99.99	92
	86	99.99	93
	87	99.99	93.8
Pronounced	88	99.99	94.5
	89	99.99	95.1
	90	99.99	95.7
	91	99.99	96.2
	92	99.99	96.6
	93	99.99	97.0
	94	99.99	97.4
	95	99.99	97.7
	96	99.99	98.0
	97	99.99	98.3
	98	99.99	98.5
	99	99.99	98.7
	100	99.99	98.9
	101	99.99	99.1
	102	99.99	99.2
	103	99.99	99.3
	104	99.99	99.4

### Descriptors

NovoPsych has developed qualitative descriptors for specific ranges of the EDA-QA total score based on the percentile rankings within the community and clinical samples.

- “Elevated”: 50 to 71 (on or above the 75th and below the 99.9th community percentile; above the 25th clinical percentile)
- “Pronounced”: 72 to 104 (on or above the 75th clinical percentile; above the 99.9th community percentile)

The score ranges and corresponding percentiles are highlighted in different colours in Table 1.

### Interpretive Text

The interpretive text for the EDA-QA follows a structured format that adapts based on the respondent’s score. The text begins with a statement about the date of administration and the respondent’s total score. The statement also includes specific percentile comparisons to both the general population and clinical reference groups.

*“The Extreme Demand Avoidance Questionnaire – Adult (EDA-QA) was administered on <Date> and the respondent obtained a total score of <EDA-QA Total Score>. Their score is on the XXst/nd/rd/th percentile when compared to adults in the general population and the XXst/nd/rd/th percentile when compared to a clinical sample.”*

Additional context is then provided based on the classification of the total score.

For scores that are not within the “Elevated” range or the “Pronounced” range:

*“This score suggests that the respondent reports experiencing demand avoidance characteristics at levels similar to most adults in the general population. If the respondent is experiencing demand-related challenges, further clinical assessment is recommended to explore other potential contributing factors.”*

For “Elevated” scores:

*“This score is within the **Elevated** range, indicating that the respondent reports a strong pattern of demand-avoidant characteristics relative to the general population. They may experience significant stress or anxiety when faced with requests or obligations, even those that align with their own wishes or goals. This may influence daily life and relationships, particularly in environments with frequent or inflexible demands. A comprehensive clinical assessment is recommended to better understand the respondent's experiences and identify appropriate support strategies that prioritise autonomy, flexibility, and anxiety reduction.”*

For “Pronounced” scores:

*“This score is within the **Pronounced** range, indicating that the respondent reports a high level of demand-avoidant characteristics relative to both general and clinical populations. The respondent may experience intense stress and anxiety in response to everyday demands and expectations, even those they wish to fulfil. This can have a significant impact on daily life, self-care, and relationships. A comprehensive clinical assessment is recommended to explore the respondent's experiences in depth and develop tailored support strategies that respect their desire for autonomy and control while helping manage associated anxiety.”*

## Developer

Egan, V., Lienenberg, O., & O’Nions, E. (2019). The measurement of adult pathological demand avoidance traits. *Journal of Autism and Developmental Disorders*, 49(2), 481-494. <https://doi.org/10.1007/s10803-018-3722-7>

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**Assessment Questions**



**Extreme Demand Avoidance Questionnaire - Adult (EDA-QA)**

**Instructions:**

Please answer the questions thinking about your behaviour during the last six months. Please read each item carefully and select the answer that best applies.

		Not true	Somewhat true	Mostly true	Very true
1	I obsessively resist and avoid ordinary demands and requests	1	2	3	4
2	I complain about illness or physical incapacity to avoid a request or demand	1	2	3	4
3	I am driven by the need to be in charge	1	2	3	4
4	I find everyday pressures (e.g., having to go on a routine trip/visit dentist) intolerably stressful	1	2	3	4
5	I tell other people how they should behave, but do not feel these rules apply to me	1	2	3	4
6	I mimic other people's mannerisms and styles (e.g., use phrases adopted from other people to express myself to others)	1	2	3	4
7	I have difficulty complying with demands and requests from others unless they are carefully presented	1	2	3	4
8	I take on roles or characters (from TV/real life) and 'act them out'	1	2	3	4
9	I show little shame or embarrassment (e.g., I might throw a tantrum in public and not be embarrassed)	1	2	3	4
10	I invent fantasy worlds or games and act them out	1	2	3	4
11	I am good at getting round others and making them do as I want	1	2	3	4
12	I am unaware or indifferent to the differences between myself and figures of authority (e.g., parents, teachers, and police)	1	2	3	4
13	I will still sometimes have a 'meltdown' (e.g., scream, tantrum, hit, or kick) if I feel pressurised to do something	1	2	3	4
14	I like to be told I have done a good job	4	3	2	1
15	I have a very rapidly changing mood (e.g., I can switch from affectionate to angry in an instant)	1	2	3	4
16	I know what to do or say to upset particular people	1	2	3	4




		Not true	Somewhat true	Mostly true	Very true
17	I blame or target a particular person/persons	1	2	3	4
18	I deny things I have done, even if I am caught "red handed"	1	2	3	4
19	I can be distracted (preoccupied) 'from within' (i.e., absorbed in my own world)	1	2	3	4
20	I make an effort to maintain my reputation with other people	4	3	2	1
21	I sometimes use outrageous or shocking behaviour to get out of doing something	1	2	3	4
22	I have periods when I have extremely emotional responses (e.g., crying/giggling, becoming furious) to what others would think small events	1	2	3	4
23	I ensure any social interaction is on my own terms	1	2	3	4
24	I prefer to interact with others in an adopted role, or communicate through props or objects	1	2	3	4
25	I seek to quibble and change rules set by others	1	2	3	4
26	I can be passive and difficult to engage	1	2	3	4

**Developer Reference:**

Egan, V., Linenberg, O., & O'Nions, E. (2019). The measurement of adult pathological demand avoidance traits. *Journal of Autism and Developmental Disorders*, 49(2), 481-494. <https://doi.org/10.1007/s10803-018-3722-7>

**Administer Online**

## Sample Result



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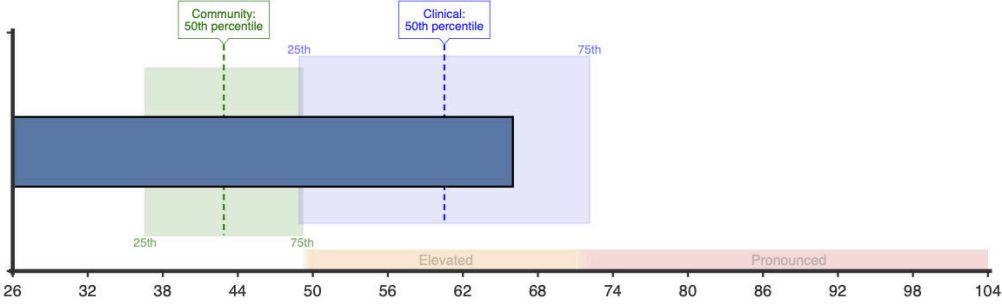
Extreme Demand Avoidance Questionnaire - Adult (EDA-QA)			
<i>Client Name</i>	Generic Client	<i>Date administered</i>	3 Dec 2025
<i>Date of birth (age)</i>	1 Jan 1990 (35)	<i>Time taken</i>	3 min 29s
<i>Assessor</i>	Dr Simon Baker		

Results				
	Raw Score (26-104)	Community Percentile	Clinical Percentile	Descriptor
EDA-QA Total	66	99.3	62	Elevated

### Extreme Demand Avoidance Questionnaire – Adult (EDA-QA) Total Score Compared to Community and Clinical Samples



The chart displays the total score of 66 on the x-axis. The community 50th percentile is at 44, and the clinical 50th percentile is at 62. The score of 66 falls within the 'Elevated' range (62-86) and is above the clinical 75th percentile (74).


### Interpretation

The Extreme Demand Avoidance Questionnaire – Adult (EDA-QA) was administered on 03 December 2025 and the respondent obtained a total score of 66. Their score is on the 99.3rd percentile when compared to adults in the general population and the 62nd percentile when compared to a clinical sample.

This score is within the **Elevated** range, indicating that the respondent reports a strong pattern of demand-avoidant characteristics relative to the general population. They may experience significant stress or anxiety when faced with requests or obligations, even those that align with their own wishes or goals. This may influence daily life and relationships, particularly in environments with frequent or inflexible demands. A comprehensive clinical assessment is recommended to better understand the respondent's experiences and identify appropriate support strategies that prioritise autonomy, flexibility, and anxiety reduction.

The items with the highest ratings included:

- 3. *I am driven by the need to be in charge (Very true)*
- 9. *I show little shame or embarrassment (e.g., I might throw a tantrum in public and not be embarrassed) (Very true)*
- 10. *I invent fantasy worlds or games and act them out (Very true)*
- 15. *I have a very rapidly changing mood (e.g., I can switch from affectionate to angry in an*



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<b>Client Name</b>	Generic Client
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	<i>instant) (Very true) - 21. I sometimes use outrageous or shocking behaviour to get out of doing something (Very true)</i>
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### Scoring and Interpretation Information

For comprehensive information on the Extreme Demand Avoidance Questionnaire – Adult (EDA-QA), [see here](#).

The EDA-QA yields a total score between 26 and 104, with higher scores indicating greater levels of demand avoidance characteristics.

The respondent's score is expressed as a community percentile based on normative data for adults in the general population (White et al., 2023) and as a clinical percentile based on data for adults recruited from online forums and support groups for PDA and Autism, many of whom reported that they had been formally diagnosed with a mental disorder, including autism (61.5%) and PDA (9.8%) (Egan et al., 2020). A graph is presented comparing the respondent's score to the normative distribution of scores among these samples, with shaded areas around the means corresponding to scores between the 25th and 75th percentile. The percentiles and graph contextualise the respondent's score relative to the typical scores of adults overall and those in the clinical sample. If administered more than once, a longitudinal graph is presented for the respondent's score, which is useful for monitoring any changes in demand avoidance characteristics over time.

It is important to note that no clinical cutoff scores have been validated for the EDA-QA. Therefore, it is recommended that EDA-QA scores be interpreted dimensionally rather than categorically. However, to aid in clinical interpretation, NovoPsych has developed the following qualitative descriptors based on how an individual's score compares to scores within community and clinical samples.

- "Elevated": EDA-QA score of 50 to 71 (on or above the 75th and below the 99.9th community percentile; above the 25th clinical percentile)

- "Pronounced": EDA-QA score of 72 to 104 (on or above the 75th clinical percentile; above the 99.9th community percentile)

Clinicians should be aware that higher scores indicate a profile of demand avoidance that may require tailored treatment approaches. Some strategies that work well for many autistic individuals (such as clear routines, structured schedules, and explicit expectations) may be counterproductive for those with greater levels of demand avoidance characteristics, as these can paradoxically increase anxiety and avoidant responses. A low-demand, collaborative approach that prioritises autonomy, flexibility, and anxiety reduction is often recommended.



<b>Client Name</b>	Generic Client
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**Client Responses**

		Not true	Somewhat true	Mostly true	Very true
1	I obsessively resist and avoid ordinary demands and requests	1	2	3	4
2	I complain about illness or physical incapacity to avoid a request or demand	1	2	3	4
3	I am driven by the need to be in charge	1	2	3	4
4	I find everyday pressures (e.g., having to go on a routine trip/visit dentist) intolerably stressful	1	2	3	4
5	I tell other people how they should behave, but do not feel these rules apply to me	1	2	3	4
6	I mimic other people's mannerisms and styles (e.g., use phrases adopted from other people to express myself to others)	1	2	3	4
7	I have difficulty complying with demands and requests from others unless they are carefully presented	1	2	3	4
8	I take on roles or characters (from TV/real life) and 'act them out'	1	2	3	4
9	I show little shame or embarrassment (e.g., I might throw a tantrum in public and not be embarrassed)	1	2	3	4
10	I invent fantasy worlds or games and act them out	1	2	3	4
11	I am good at getting round others and making them do as I want	1	2	3	4
12	I am unaware or indifferent to the differences between myself and figures of authority (e.g., parents, teachers, and police)	1	2	3	4
13	I will still sometimes have a 'meltdown' (e.g., scream, tantrum, hit, or kick) if I feel pressurised to do something	1	2	3	4
14	I like to be told I have done a good job	4	3	2	1
15	I have a very rapidly changing mood (e.g., I can switch from affectionate to angry in an instant)	1	2	3	4
16	I know what to do or say to upset particular people	1	2	3	4
17	I blame or target a particular person/persons	1	2	3	4
18	I deny things I have done, even if I am caught "red handed"	1	2	3	4
19	I can be distracted (preoccupied) 'from within' (i.e., absorbed in my own world)	1	2	3	4



<b>Client Name</b>	Generic Client
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**Client Responses (cont.)**

		Not true	Somewhat true	Mostly true	Very true
20	I make an effort to maintain my reputation with other people	4	3	2	1
21	I sometimes use outrageous or shocking behaviour to get out of doing something	1	2	3	4
22	I have periods when I have extremely emotional responses (e.g., crying/giggling, becoming furious) to what others would think small events	1	2	3	4
23	I ensure any social interaction is on my own terms	1	2	3	4
24	I prefer to interact with others in an adopted role, or communicate through props or objects	1	2	3	4
25	I seek to quibble and change rules set by others	1	2	3	4
26	I can be passive and difficult to engage	1	2	3	4