

Questions for Survey - Downloadable Version

Improving ND Support

Section 1:

Thank you for taking the time to help us understand what we can do to support neurodivergent people more effectively.

Please only answer what feels safe and useful for you right now:

- You can pause, skip, or come back later at any point.
- You do not need to answer everything.

Here are some ways to bring yourself back to peace while you fill in the form:

www.untangleroots.org/calm-now

Your insights, however small or big, help us build spaces and tools that truly reflect the lived experience of neurodivergent* people—with care, not correction

We welcome responses from people who have a wide range of experiences and beliefs.

Everyone is valuable and welcome here.

* Throughout the questionnaire we will be using ND to mean either neurodiverse or neurodivergent

Section 2

Experiences with Therapists & Coaches

This section asks you to focus on any experiences you may have had with therapists, coaches, or someone supporting you in a therapeutic relationship.

Only answer what (if any) feels manageable for you.

1. Have you ever worked with a therapist, coach, or healer on relationship challenges?

	Yes	No
Therapist	[]	[]
Coach	[]	[]
Healer	[]	[]

2. If you answered yes to the question above: what felt helpful?

3. What kind of support, tools, or guidance do you wish you'd been offered?

4. How much did your therapist know about neurodivergent consent? (if relevant)

1	2	3	4	5
[]	[]	[]	[]	[]

5. How much did your therapist know about neurodivergent codependency? (if relevant)

1	2	3	4	5
[]	[]	[]	[]	[]

6. If you could tell all therapists and coaches one thing about supporting ND clients with their relationships, what would it be?

Section 3:

Nervous System & Relational Safety

This section will ask you about your nervous system and your feelings of safety in relation to all of your relationships (romantic, family, work, friends etc.).

Only answer what (if any) feels manageable for your nervous system.

1. What helps you feel calm, steady, or safe in relationships? Tick all that apply

- ☐ Open communication
- ☐ Honest communication
- ☐ Mutual trust
- ☐ Respect for boundaries
- ☐ Quality time
- ☐ Shared goals and values
- ☐ Emotional availability
- ☐ Empathy & understanding
- ☐ Personal identity (own hobbies & interests)
- ☐ Affectionate touch
- ☐ Healthy conflict resolution
- ☐ Other: _____

2. How much did your therapist understand about these needs? (if relevant)

- | 1 | 2 | 3 | 4 | 5 |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section 4:

Relational Labels & Identity

This section focuses on your identity and how it is affected by your relationships.

Only answer what (if any) feels manageable for you.

1. Have you ever felt like you lose yourself in relationships - or feel responsible for how someone else is feeling?

☐ Yes

☐ No

☐ Other: _____

2. If you answered "yes" to the question above. How do you usually find your way back to yourself?

3. Some people use words like "codependent", "people pleasing" or "fawning" to describe certain relationship patterns. Please indicate below if you have heard of these terms before.

	Yes	No
Co-dependant	<input type="checkbox"/>	<input type="checkbox"/>
People pleasing	<input type="checkbox"/>	<input type="checkbox"/>
Fawning	<input type="checkbox"/>	<input type="checkbox"/>

4. If you've ever connected with those words: What felt true about them? What felt off?

5. Do you have connections with both ND and neurotypical people?

☐ Yes

☐ No

☐ Other: _____

6. Any comments about your connections with ND and / or NT people:

Section 5:

Healing, Hopes, and What Matters Most

This section is all about working out how you would most like to be supported to thrive.

Only answer what (if any) feels manageable for you.

1. Which relationship are you most keen to work on?

☐ Romantic

☐ Work

☐ Friends

☐ Family

☐ Other: _____

2. In one sentence, why have you picked that relationship to work on?

3. What would you like to be different?

4. In your ideal world, what would a safe, ND-affirming relational healing space be like for you?

5. If there was one thing you could learn about relationships that would make your life easier, what would it be?

6. What's one thing you believe to be true about neurodivergent relationships that no one else talks about - but really should?

7. What have been the biggest obstacles within your relationships?

8. Would you be interested in exploring healing relationships through nature or through simple crafts such as knitting, drawing or collage?

☐ Nature

☐ Crafts

☐ Knitting

☐ Drawing

☐ Collage

☐ Other: _____

9. Do you have access to nature or green spaces?

- ☐ Yes
- ☐ No
- ☐ Occasionally
- ☐ Other: _____

10. Is there anything else you would like to know?

Section 6:

Demographics: Finding out about you (optional and encouraged)

I would love this support to be accessible to as many people as possible. For this reason, I am asking the following questions to find out more about the people who are accessing this survey.

This will help me to do more proactive work to connect with people who are not naturally responding to the survey.

These answers are analysed separately from the rest of the information provided and used to explore general trends.

1. Where do you live? (postcode or region)

2. What is your age?

- ☐ 18 - 25
- ☐ 26 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 64+
- ☐ Prefer not to say

3. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Transmale
- ☐ Transfemale
- ☐ Gender fluid
- ☐ Gender non-conforming
- ☐ Prefer not to say
- Other _____

4. What is your sexual orientation?

- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Straight
- ☐ Queer
- ☐ Prefer not to say
- Other _____

5. Do you consider yourself to have a disability?

- ☐ Yes
- ☐ No
- ☐ Maybe
- ☐ Prefer not to say

6. If you would like to give further information please do so here:

7. Ethnic origin

8. Religion

9. What is your relationship status?

- ☐ Married
- ☐ Single
- ☐ Divorced
- ☐ Living with partner
- ☐ Living separately to partner
- ☐ Widowed
- ☐ Prefer not to say
- Other _____

10. What is your employment status?

- ☐ Employed full time
- ☐ Employed part time
- ☐ Self-employed
- ☐ Not working (looking for work)
- ☐ Not working (carer / parent)
- ☐ Prefer not to say
- Other _____

11. Household income:

- ☐ Under £10,000
- ☐ £10,000 - £19,999
- ☐ £20,000 - £29,999
- ☐ £30,000 - £39,999
- ☐ £40,000 - £49,999
- ☐ £50,000 - £74,999
- ☐ £75,000 - £99,999
- ☐ £100,00 - £149,999
- ☐ £150,000 +
- Other _____

12. In relation to your neurodivergence. Are you:

- ☐ Self diagnosed
- ☐ Seeking diagnosis
- ☐ Formally diagnosed

Other _____

13. What neurodivergence do you have/ believe you have? Select as many as appropriate.

- ☐ Autism
- ☐ ADHD
- ☐ AuDHD
- ☐ Dyslexia
- ☐ Dyscalculia
- ☐ Dysgraphia
- ☐ Developmental Coordination Disorder (DCD / Dyspraxia)

Other _____

Section 7: Thank you!

Thank you for taking the time out of your day to complete this questionnaire. It will go a long way in helping us to work out what ND people need support with, in their relationships.

If you would like to stay in touch to find out more about our work and what we create as a result of this questionnaire, please add your email below.

1. First Name

2. Last Name

3. Email address

4. Click below to give GDPR consent

☐]

5. Are you interested in taking part in an interview to discuss this topic further as part of this research project?

☐] Yes

☐] No

☐] Other _____

6. Thank you for your help! We really appreciate your time!

Any final comments:
