ENERGY LAB · COMMUNITY SCIENCE

# What came before — and what was noticed after ELC

An exploratory, group-level look at a small community survey on neurodivergence and energy-limiting illness, alongside some general science on why these traits are so easily confused. It describes patterns. It does not diagnose.

*12 members surveyed · Two screening questionnaires · Group-level & exploratory · Not a diagnostic tool*

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### A QUESTION THAT KEEPS COMING UP

*When a brain feels foggy, easily overwhelmed, and wired a little differently, it is hard to know which parts have been there all along and which were noticed only after ELC began. A small group of members answered a survey built around that experience. What follows are group-level patterns and some general science — offered as description, not as an answer about any one person.*

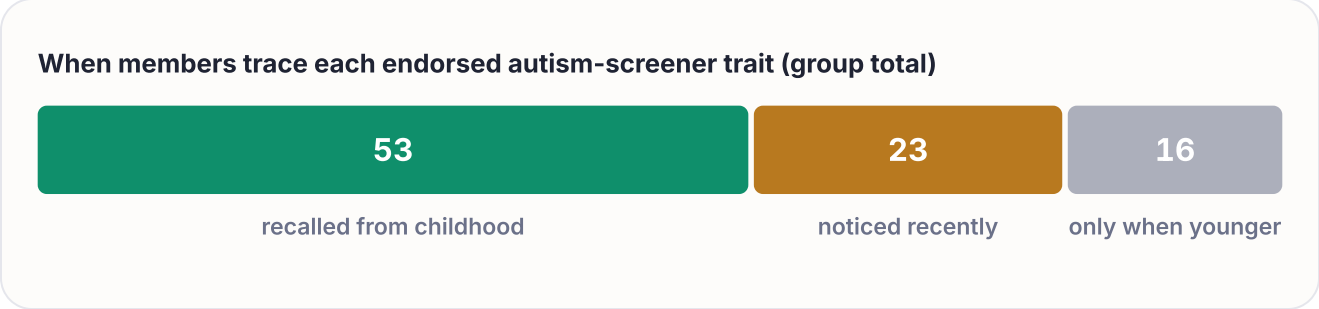
### BEFORE YOU READ — WHAT THIS IS AND IS NOT

This is an exploratory, group-level summary based on a small, self-selected sample of 12 community members. The questionnaires are screening tools, not diagnostic instruments. This analysis has not been clinically validated and cannot determine whether any trait is lifelong, caused by an energy-limiting condition, or related to another factor. Welltory metrics are wellness data and are not used here to diagnose or monitor ADHD, autism, ME/CFS, Long COVID, autonomic dysfunction, or any other condition.

### IF YOU ONLY HAVE ENERGY FOR ONE PAGE

## Three group-level patterns

1. Almost everyone answered above the ADHD screener's cut-off — but that largely reflects how closely the questionnaire's attention items resemble the brain fog and fatigue of ELC. A high score, on its own, is not evidence of ADHD.
2. On the autism screener, the group fell roughly half above and half below the threshold. Scoring above a screening threshold is not an autism diagnosis or a lifelong profile.
3. Across the traits members endorsed, two broad patterns appear: some are traced back to childhood, and some were noticed only more recently. This distinction is descriptive — it cannot tell us *why* any trait is present.



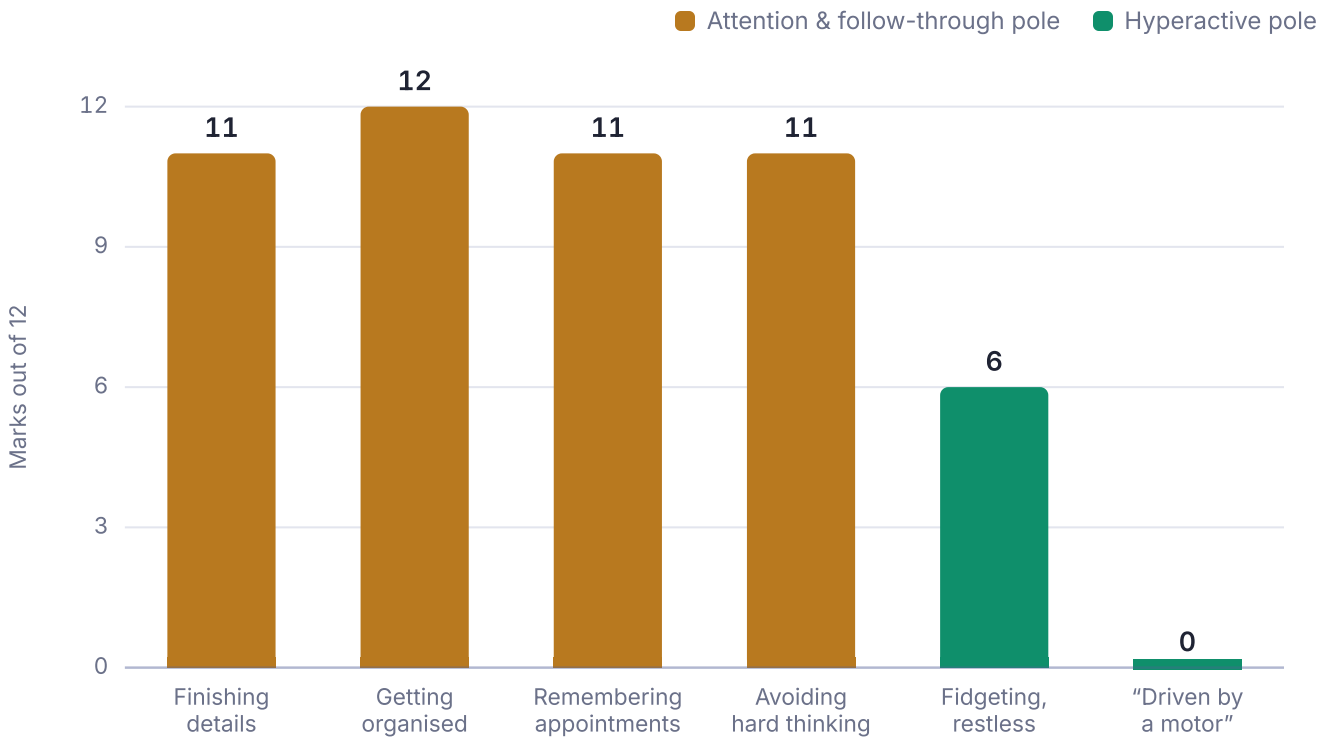

A group total across all 12 members: of every autism-screener trait anyone endorsed, when they trace it to. Most point back to childhood, and a meaningful share were noticed only recently. This describes patterns across the whole group, not any individual, and it cannot say why a trait is present.

FINDING 01

## The ADHD screener flags almost everyone — two cautions on reading it

The survey included a standard six-item adult ADHD screener. On paper the result looks dramatic: **eleven of twelve** answered above the positive cut-off. Taken at face value that would suggest an almost universal attention disorder — which is not something a screen alone can tell us.

Splitting the screener by item is where care is needed. It touches two different things: an **attention & follow-through** side (finishing tasks, staying organised, remembering, avoiding heavy thinking) and a **hyperactive** side (restlessness, feeling driven). Across the group, the first side is near the ceiling and the second is almost flat.




Marks in the screener's shaded zone, per item, summed across the 12 members. The four attention items sit near the ceiling; the two hyperactive items fall away. The two poles need reading very differently — see below.

**The first caution is overlap.** Those four attention items closely resemble the cognitive fatigue and brain fog described in ME/CFS and Long COVID. In a group living with ELC, high marks on them are expected, and a high screening score can reflect the illness rather than a lifelong attention difference.

**The second caution matters especially for a group of women, and it points the other way.** It is tempting to read the near-empty hyperactive pole as a sign this is not "real" ADHD. That reading is a trap. In girls and women, ADHD far more often takes a quiet, inattentive form — with little of the visible restlessness the stereotype is built on — and it is precisely this quieter presentation that gets overlooked, so many reach adulthood undiagnosed, frequently labelled with anxiety or depression first (Hinshaw et al., 2021; Martin et al., 2024). A low hyperactivity score tells us little either way.

Which is one reason questionnaires like these ask about more than current symptoms — including whether anything was noticeable in childhood.

FINDING 02

## Childhood onset: one factor the questionnaire looks at, not a cause it can settle

The ADHD screener also asks, separately, whether attention, restlessness, or trouble staying organised were *already noticeable before age 12*. An early start is one of the features clinicians weigh. It is not something a questionnaire can confirm, and memories of childhood are imperfect — so this is a descriptive signal, not a diagnosis or a cause.


A group total: among the eleven who answered above the ADHD cut-off, how many recall clear signs before age 12. Most do not. This is one reason a high adult screening score, on its own, says little about whether an attention difference is long-standing.

One general point is worth holding here. When you first *notice* a trait and when it actually *began* can be very different. An illness can hand someone the words for something that was there all along — so noticing a trait after ELC does not mean it started then. That is a reason to be gentle with quick conclusions, in either direction.

FINDING 03

## The autism screener divides the group

The second tool, a fourteen-item autism-spectrum screener, behaves differently from the ADHD one. Rather than catching almost everyone, it fell roughly evenly: **six of twelve** answered above the threshold. Scoring above a screening threshold does not establish an autism diagnosis or a lifelong profile — it is a prompt to learn more, nothing more.

What is useful here is a design detail: each trait is marked not just present or absent, but *when* it has been true — **since childhood**, **only now**, or only earlier in life. At the group level this is what the chart at the top of the page shows: both patterns are present, some traits long-standing and some noticed recently. That is a description of the group, not a statement about anyone in it.

The timing members reported about themselves and the trait-by-trait tags broadly lined up at the group level — which is what you would expect if the timing question is capturing something consistent. With a small, self-selected group this stays descriptive, and none of it points to a cause.

FINDING 04

## Sensory sensitivity is a common thread

One experience cut across the group. Raised sensory sensitivity — textures that feel offensive on the skin, a need to cover the ears or retreat from noise and light, having to withdraw to shut the senses down — was reported by **nine of twelve**, among those above and below the autism threshold alike.

It is offered here simply as a frequently shared, self-reported experience worth naming — not a measurement and not a sign of any condition. For many people, recognising sensory load as real, and giving it room, is a small relief in itself.

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|---|---|
| **11/12**<br>answered above the ADHD screener cut-off | **3/11**<br>recalled clear signs before age 12 |
| **6/12**<br>scored above the autism screener threshold (not a diagnosis) | **9/12**<br>reported raised sensory sensitivity |

SOMETHING TO TAKE FROM THIS

## Two questions worth sitting with

This survey does not hand anyone a label, and it cannot sort your experience for you. What it can offer is a gentler way to notice — two questions to sit with, for your own reflection rather than any diagnosis.

WHAT HAS FELT LIKE PART OF ME SINCE LONG BEFORE I WAS ILL

Naming this can make room for self-understanding and self-kindness about how you have always been.

WHAT DID I FIRST NOTICE AROUND THE TIME ELC BEGAN

Naming this can be worth raising with a clinician who knows you, if it is affecting your daily life.

Hold both loosely. When you first noticed something and when it truly began are not the same, and only a clinician can help work out why any of it is there. The point is not to diagnose yourself — it is to meet your own experience with a little more clarity and care.

## Further reading


1. The nervous system's reading of its own internal signals, in health and illness. Quadt, Garfinkel & Critchley, 2018 — The neurobiology of interoception in health and disease. https://consensus.app/papers/details/cffa00fe739e5045942e6bcf6f798d45/
2. Why internal signals can read differently in ADHD — a systematic review. Bruton et al., 2025 — Diminished interoceptive awareness in ADHD. https://consensus.app/papers/details/7eb59914b535589cb38e934f0b29af90/
3. How ADHD runs quieter and more inattentive in girls and women, and why it is so often missed. Hinshaw et al., 2021 — ADHD in girls and women: underrepresentation and key directions. https://consensus.app/papers/details/71815d868b4c5110ba985c287e4e6bdc/
4. Women recognised and treated later, often labelled with anxiety or depression first. Martin et al., 2024 — Sex differences in ADHD diagnosis and clinical care. https://consensus.app/papers/details/e06b2e75244d54f7b73e843519d2bd59/
5. The shared core of post-infection illness, ELC included. 2025 — Core features of post-acute infection syndromes. https://consensus.app/papers/details/d90fd884819d568faa813b8f2fe9e374/

HOW TO HOLD THESE NUMBERS

**Twelve members, self-selected.** People already drawn to the topic answered. Everything here is a group-level pattern to think about — not a test, a statistic, or a claim about everyone with ELC.

**Screening is not diagnosis.** Neither questionnaire diagnoses anything. Throughout, these are screening responses and shared experiences — never a label placed on a person.

**Description, not cause.** The survey can show that traits are recalled from different times of life. It cannot determine whether any trait is lifelong, brought on by ELC, or related to another factor.

**Aggregated only.** All figures are group totals. No individual's responses are singled out.

**Under review.** This is a community-science summary and is being reviewed before any wider release.

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