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| **ADHD Pre-assessment Questionnaire**  Please complete and return this questionnaire to the clinic.  The information that you provide will allow us to see if an assessment for neurodevelopment disorder is indicated.  All the information that you provide is confidential, but we may contact you before the assessment date  if responses cause any specific concerns for your safety or the safety of those around you.  If you have any questions or difficulties regarding the questionnaire please let us know. |

***Please give as full answers as possible to the following questions:***

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| **Current Situation** |
| Please outline any difficulties you are currently experiencing in your life? |
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| Why are you seeking a diagnostic assessment at this time? |
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| **Living circumstances** |
| Do you have any difficulties managing independently?  *(e.g. who you live with, type of accommodation , private rental / council tenant / own, any problems in current accommodation, managing your money, keeping your house clean, managing your personal hygiene)* |
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| Do you receive any support from services? What type?  *(e.g. social work, supported housing, mental health)* |
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| **Personal History** |
| Where were you born and brought up, who did you live with?  *(e.g. did you live with both parents, brothers and sisters? Did you move home a lot?)* |
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| Did you have any difficult experiences as a child?  *(e.g. bullying, bereavements, domestic violence, abuse, parental divorce?)* |
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| Did you have any additional support when in education?  *(If so, what kind of support and what for? What type of school attended?)* |
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| Did you have any difficulties with school life?  *(e.g. attitude, behavioral difficulties, co-operating with teachers, school refusal, suspensions/exclusion)* |
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| Do you have any academic qualifications? Did you have any difficulties progressing in school or further education? |
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| **Social interactions and activities** |
| Did you have problems making friends or maintaining friendships when at school, or later in life?  *(f so, give details e.g. bullying, arguments, falling out with friends, making friends easily, constantly changing friendship groups)* |
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| Do you have any interests / hobbies, or subjects you have a special interest in?  *(If so, what are they, how much time do you spend on them and how long have you had these interests?)* |
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| Who do you spend your time with? Are you in a romantic relationship?  *(tell us about any problems maintaining relationships, few or multiple partners, difficulties in relationships, why they ended)* |
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| **Employment** |
| Do you have a job at present?  *If so, what type of work is it and how long have you had it?* |
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| Please list any previous jobs you have had, and state; how long these lasted, reason for leaving, periods of unemployment |
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| **Health** |
| Have you ever had any mental health problems (including anxiety and depression)?  *(If so, please give details of diagnoses, support and treatment you received (e.g. therapy, medication, admissions to hospital, and whether the support or treatment helped)*  How would you describe your current mental health? |
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| Have you ever had any severe or long term physical health problems?  *(If so, please give details of diagnosis, support and treatment).*  How would you describe your current physical health? |
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| Are you currently taking any medication?  (If so, what medication and what for; please include dosage, any over the counter medication, supplements or internet bought medication) |
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| Do you now, or have you ever, smoked tobacco, taken recreational drugs or used alcohol? Include high caffeine intake? *(If so, describe details of historic and current use)* |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Current | Prior 18 years | Post 18 years | Once or twice | Regular, average once a month | Regular, more than once a month | | Cigarettes |  |  |  |  |  |  | | Alcohol |  |  |  |  |  |  | | Cannabis |  |  |  |  |  |  | | Cocaine |  |  |  |  |  |  | | Heroin |  |  |  |  |  |  | | Speed |  |  |  |  |  |  | | LSD |  |  |  |  |  |  | | Glue |  |  |  |  |  |  | | Ecstasy |  |  |  |  |  |  | | Caffeine |  |  |  |  |  |  | | Energy drinks |  |  |  |  |  |  | | Other |  |  |  |  |  |  | |

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| **Family Background** |
| Has anyone in your family ever had any mental health problems  *(e.g anxiety, depression? Please include grandparents/aunts/uncles etc.)* |
| Circle any that apply:  *Depression Anxiety Panic Attacks OCD Schizophrenia*  *Bipolar Disorder Personality Disorder Mania Psychosis*  *Hallucinations Drug or alcohol problems*  **Further details:** |
| Does anyone in your family have a diagnosis of ADHD or any other Neurodevelopmental condition? |
| Circle any that apply:  *Autism Asperger Syndrome ADHD Dyslexia*  *Dyspraxia / Developmental Coordination Disorder Tourette’s Syndrome*  *Learning Difficulties Learning Disability*  **Further details:** |
| Do you have any children?  *(if so, do they live with you and what are their names and date of births?* |
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| **Risk Taking/ Impulsivity** |
| Please tell us about any risk taking behavior  *(e.g. drug use, aggression, self harm, sexual promiscuity, over-spending)* |
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| Have you had any trouble with the police?  *(e.g. fighting, shoplifting, carrying weapons, vandalism, harassment?)* |
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| **Do you have any other information that you feel is relevant, or important that we know?** |
|  |

**Thank you.**

Bottom of Form