|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL DETAILS:** | | | |
| Name of person completing this form: | | Address:  Post Code:  Tel. Number:  Email: | |
| Relationship to patient: | |
| Name of patient: |  | | Date of completion: |

|  |
| --- |
| **INFORMANT QUESTIONNAIRE ADHD**  If possible, please ask someone that has known you since you were a child to complete this form.  If it is not possible to have a parent or carer fill this out then ask someone else such as a sibling or a partner.  It is helpful for the assessment process if the person completing this form provides as much information possible and gives specific examples where relevant. We appreciate this may take up quite a bit of the informant’s time and could bring up some difficult emotions but it is very helpful to our assessment process. It is important that the person completing the form is aware that this information may be shared with the client either in the final report or in discussion at assessment.  Please return this form along with your pre-assessment questionnaire.  If you would like this form in an e-format or a more accessible version, e.g. larger print, please let us know. |

|  |
| --- |
| **INFANCY AND EARLY DEVELOPMENTAL HISTORY:** |
| Were there any problems related to the pregnancy or birth? Please describe: |
|  |
| Was there anything unusual or any concerns about them as a baby or young child? Did anyone ever comment on this? What were they like as a child? |
|  |
| Did they see any clinicians/professionals during childhood (other than GP e.g. speech and language therapy, OT, paediatrician)? If so, please give details: |
|  |
| Did they have any sleep problems, delayed speech, attitude/behaviour problems, mood difficulties, coordination issues, tics, or repetitive movements? |
|  |
| Compared to their peers, were they late in reaching their developmental milestones? E.g. What age did they start walking/talking etc? |
|  |
| **HEALTH:** |
| Has the person received a diagnosis of any of the following conditions: dyslexia, dyspraxia, dyscalculia, Tourette syndrome, ADHD, epilepsy, learning difficulty? (Please give details, including year of diagnosis) |
|  |
| Does the person have any physical health problems or any allergies? Have they ever had a head injury? If yes, please provide details: |
|  |
| Have they ever had any mental health problems? Please outline what these are and if they needed treatment: |
|  |
| Has anyone in their family ever had any mental health problems or a diagnosis of ADHD? (Include grandparents/aunts/uncles etc.) |
|  |
| Has anyone in their family ever had any cardiovascular problems? (Include grandparents/aunts/uncles etc.) |
|  |
| **SOCIAL INTERACTION:** |
| As a child or in adulthood did the person have any difficulties in communication? *Please include any hearing/speech difficulties, eye contact, taking turns, etc…* |
|  |
| Did the person have any issues with friendships as a child, making friends or changing frequently, getting into arguments? |
|  |
| Any notable difficulties in school? *e.g. listening to teachers, following instructions, disturbing others,* *requiring extra support* |
|  |

**Please identify if any of these difficulties were present and at which age and if possible give examples:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Difficultly** | **Primary School** | **Secondary School** | **Adulthood** |
| Fails to pay close attention, or makes careless mistakes |  |  |  |
| Difficulty sustaining attention in task/activities |  |  |  |
| Does not seem to listen when spoken to |  |  |  |
| Does not follow through on instructions/fails to finish |  |  |  |
| Difficulty organising tasks |  |  |  |
| Avoids/dislikes tasks that require sustained mental effort |  |  |  |
| Often loses things |  |  |  |
| Easily distracted by external stimuli |  |  |  |
| If often forgetful in daily activities |  |  |  |
| Often fidgets/taps hands or feet/squirms in seat |  |  |  |
| Often leaves seat when remaining seated is expected |  |  |  |
| Often runs/climbs in inappropriate situations |  |  |  |
| Unable to play or engage in activities quietly |  |  |  |
| Often ‘on the go’ as if driven by a motor |  |  |  |
| Often talks excessively |  |  |  |
| Blurts out answers before end of a question |  |  |  |
| Difficulty waiting their turn |  |  |  |
| Often interrupts others |  |  |  |

|  |
| --- |
| **Is there anything else you think we need to know that has not been asked about?** |
|  |

**Thank you.**