Adult ADHD pathway pre-assessment questionnaire

NHS
South West Yorkshire Partnership
NHS Foundation Trust

Please complete this questionnaire and return it to us before your initial appointment in the stamped addressed envelope provided. Providing this information will help us to know more about you and reduce the amount of questions we need to ask during your appointment. **Please note all information is strictly confidential.**

Instructions for completing the questionnaire

Please tick any YES/NO questions and answer **all** questions, providing additional details where necessary. If you are unable to complete the questionnaire, or would like a member of the team to support you, please contact us on 01924 316490 and we will be happy to help.

Contact information

Name

Address

Daytime telephone number

Mobile telephone number

Email address

Please provide the name of your next of kin

Contact telephone number/address of your next of kin

Your personal information

Date of birth

Place of birth

Current relationship status

Relationship status	Please tick:		
Single			
Married			
Divorced			
Separated			
Widowed			
Living with partner			
In relationship but not living together			
Prefer not to answer			

With **all of us** in mind.

Current accommodation status

Accommodation status	Please tick:		
Living alone			
Living with partner			
Living with parents			
Sheltered/temporary accommodation			
No fixed address			
Other (please specify):			

Do you have a carer? Yes ☐ No ☐

If yes, name and address of your carer

Would you like your carer to be contacted and involved in your care from our service?

Yes ☐ No ☐

Please give the details of everyone living with you/at your address

Name	Gender	Date of birth	Relationship to you (eg. wife, daughter, adopted son etc.)	Details of any mental health/physical health/ other diagnoses

Are you currently receiving any of the following benefits?

Disability Living Allowance/PIP	Yes ☐	No ☐
Employment Support Allowance	Yes ☐	No ☐
Housing Benefit	Yes ☐	No ☐
Other (please give details)	Yes ☐	No ☐

Have you ever been investigated by the Police or charged with a criminal offence?
(e.g. cautions/convictions/court appearances/imprisonment)

Yes ☐ No ☐

If yes, please give further details including charges and dates:

Education

What type of school did you attend?

School type	Please tick:		
Mainstream state school			
Mainstream private school			
School for children with behavioural and/or emotional difficulties			
Specialist school for children with autism			
School for children with severe learning disabilities			
School for children with moderate learning disabilities			
School for children with physical disabilities and/or sensory impairments			
Language unit within a school			
Other (please specify):			

Have you ever received a Statement of Special Educational Needs (SEN) or had an Educational Health Care Plan (EHCP) during your education?

Yes ☐ No ☐

Please state your highest level of qualification to date:

Qualification	Please tick:		
O level/CSE/GCSE			
AS Level			
A Level			
BTEC or equivalent			
NVQ			
Higher National Diploma			
First degree or equivalent professional qualification			
Higher degree (e.g. Masters, PhD)			
Other (please give details):			

Employment

Are you currently in paid employment? Yes ☐ No ☐

Please give a brief list of your past employment to date and why you left:

Dates (year)	Company	Job title	Type of work	Why you left

Family structure

Please complete the following information about your **mother**:

Name

Is she: Living ☐ Deceased ☐

Age

Occupation

Has your mother ever been diagnosed with a mental health condition or other diagnosis?

Yes ☐ No ☐

If yes, please could you give us some details?

Has your mother ever been diagnosed with any physical health conditions?

Yes ☐ No ☐

If yes, please could you give us some details?

Please complete the following information about your (birth) **father**:

Name

Is he: Living ☐ Deceased ☐

Age

Occupation

Has your father ever been diagnosed with a mental health condition or other diagnosis?

Yes ☐ No ☐

If yes, please could you give us some details?

Has your father ever been diagnosed with any physical health conditions?

Yes ☐ No ☐

If yes, please could you give us some details?

Do you have any children who do not live with you? Yes ☐ No ☐

If yes, please complete the following information for each of your children.

Name	Gender	Date of birth	Living or deceased	Details of any mental health/ physical health/other diagnoses

Do you have any brothers or sisters? Yes ☐ No ☐

If yes, please complete the following information for each of your siblings.

Name	Gender	Date of birth	Living or deceased	Details of any mental health/ physical health/other diagnoses

Please could you give information about any other family details you think may be relevant? (e.g. stepchildren, previous marriages, adoptions, foster care, other family members such as grandparents who may have a mental health condition):

Medical history

Name and address of your GP

Please give details of any allergies and the current medication you have been prescribed for either mental health and/or physical health reasons. Please include name, dosage and what it is prescribed for.

Allergies: Yes ☐ No ☐

Allergic to:

What happens when exposed

Current medication

Do you:

Smoke cigarettes/tobacco? Yes ☐ No ☐

If yes, how many cigarettes do you smoke a day?

1-5 ☐ 5-10 ☐ 10-15 ☐ 15-20 ☐ 20+ ☐

Smoke cannabis?

If yes, how much cannabis do you smoke each day? (e.g. number of joints, ounces of cannabis)

Do you have any diagnosed physical health conditions? Yes ☐ No ☐

If yes, please give details:

Have you ever been diagnosed with the following?

Autism spectrum disorder (including Asperger's)	Yes ☐	No ☐
Tourette's syndrome	Yes ☐	No ☐
Obsessive compulsive disorder (OCD)	Yes ☐	No ☐
(General) Anxiety disorder	Yes ☐	No ☐
Depression	Yes ☐	No ☐
Dyspraxia	Yes ☐	No ☐
Dyslexia	Yes ☐	No ☐
Dyscalculia	Yes ☐	No ☐
Learning disability or global developmental delay	Yes ☐	No ☐
Any genetic disorder	Yes ☐	No ☐
Sleep disorder	Yes ☐	No ☐
Visual problems	Yes ☐	No ☐
Hearing problems	Yes ☐	No ☐
Language delay or other language disorders	Yes ☐	No ☐
Schizophrenia	Yes ☐	No ☐
Bipolar disorder	Yes ☐	No ☐
Personality disorder	Yes ☐	No ☐
Substance misuse	Yes ☐	No ☐
Any other mental health condition	Yes ☐	No ☐

If yes, please give details:

Have you ever felt suicidal? Yes ☐ No ☐

If yes, have you ever planned or attempted suicide? Yes ☐ No ☐

If yes, please give some details:

Have you ever been referred to any other of the following professionals?

Psychiatrist	Yes ☐	No ☐
Clinical psychologist	Yes ☐	No ☐
Educational psychologist	Yes ☐	No ☐
Forensic psychologist	Yes ☐	No ☐
Nurse	Yes ☐	No ☐
Speech and language therapist	Yes ☐	No ☐
Occupational therapist	Yes ☐	No ☐
Social worker	Yes ☐	No ☐
Probation officer	Yes ☐	No ☐
Support worker	Yes ☐	No ☐
Disability employment advisor	Yes ☐	No ☐
Other (give details)	Yes ☐	No ☐

Please give the names and addresses of any other clinicians or services you have seen (either in the past or currently for mental health or social care reasons (including social workers, probation officers, etc.):

Name	Profession/service	Date seen	Current or past involvement

Health and wellbeing screening

Health

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Please mark your answer with a tick)

	Problem	Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things	☐	☐	☐	☐
2	Feeling down, depressed, or hopeless	☐	☐	☐	☐
3	Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4	Feeling tired or having little energy	☐	☐	☐	☐
5	Poor appetite or overeating	☐	☐	☐	☐
6	Feeling bad about yourself – or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7	Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
8	Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
9	Thoughts that you would be better off dead, or of hurting yourself in some way	☐	☐	☐	☐
10	Feeling nervous, anxious or on edge	☐	☐	☐	☐
11	Not being able to stop or control worrying	☐	☐	☐	☐
12	Worrying too much about different things	☐	☐	☐	☐
13	Trouble relaxing	☐	☐	☐	☐
14	Being so restless that it is hard to sit still	☐	☐	☐	☐
15	Becoming easily annoyed or irritable	☐	☐	☐	☐
16	Feeling afraid as if something awful might happen	☐	☐	☐	☐

If you ticked any of the problems above, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Mood

Please answer each question to the best of your ability. (Please mark your answer with a tick)

1. Has there ever been a period of time when YOU WERE NOT YOUR USUAL SELF and…

	Yes	No
…you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	☐	☐
…you were so irritable that you shouted at people or started fights or arguments?	☐	☐
…you felt much more self-confident than usual?	☐	☐
…you got much less sleep than usual and found you didn't really miss it?	☐	☐
…you were much more talkative or spoke much faster than usual?	☐	☐
…thoughts raced through your head or you couldn't slow your mind down?	☐	☐
…you were so easily distracted by things around you that you had trouble concentrating or staying on track?	☐	☐
…you had much more energy than usual?	☐	☐
…you were much more active or did many more things than usual?	☐	☐
…you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	☐	☐
…you were much more interested in sex than usual?	☐	☐
…you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	☐	☐
…spending money got you or your family into trouble?	☐	☐

	Yes	No
2. If you ticked YES to more than one of the above, have several of these ever happened during the same period of time?	☐	☐

3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights?

No problem	Minor problem	Moderate problem	Severe problem
☐	☐	☐	☐

	Yes	No
4. Have any of your blood relatives (i.e. children, siblings, parents, grand-parents, aunts, uncles) had manic-depressive illness or bipolar disorder?	☐	☐
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	☐	☐

Alcohol

(please tick the answer that is correct for you)

1. How often do you have a drink containing alcohol?

Never	Monthly	2-4 times a month	2-3 times a week	4 or more times a week
☐	☐	☐	☐	☐

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2	3 or 4	5 or 6	7 to 9	10 or more
☐	☐	☐	☐	☐

3. How often do you have six or more drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

4. How often during the last year have you found it difficult to get the thought of alcohol out of your mind?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

5. How often during the last year have you found that you were not able to stop drinking once you had started?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

6. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

7. How often during the last year have you needed an alcoholic first drink in the morning to get yourself going after a heavy drinking session?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

8. How often during the last year have you had a feeling of guilt or remorse after drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
☐	☐	☐	☐	☐

9. Have you or someone else been injured as a result of your drinking?

No	Yes, but not in the last year	Yes, during the last year
☐	☐	☐

10. Has a relative, friend, doctor or any other health worker been concerned about your drinking or suggested you cut down?

No	Yes, but not in the last year	Yes, during the last year
☐	☐	☐

Drugs

These questions refer to the past 12 months (please mark your answer with a tick)

	Yes	No
1. Have you used drugs other than those required for medical reasons?	☐	☐
2. Do you abuse more than one drug at a time?	☐	☐
3. Are you always able to stop using drugs when you want to?	☐	☐
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	☐	☐
5. Do you ever feel bad or guilty about your drug use?	☐	☐
6. Does your wife/husband (or parent) ever complain about your involvement with drugs?	☐	☐
7. Have you neglected your family because of your use of drugs?	☐	☐
8. Have you done anything illegal in order to obtain drugs?	☐	☐
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	☐	☐
10. Have you had medical problems as a result of your drug use (for example: memory loss, liver problems, fits, bleeding)?	☐	☐

Brain injury (please mark your answer with a tick)

	Yes	No
1. Have you ever hit your head or been hit on the head?	☐	☐
2. Were you ever seen in A&E, hospital, or by a doctor because of an injury to your head?	☐	☐
3.a. Did you ever lose consciousness or experience a period of being dazed and confused because of an injury to your head?	☐	☐
3.b. If **YES**, have you experienced any of these problems in your daily life since you hit your head? Tick whichever applies to you:	☐	☐
Headaches	☐	☐
Dizziness	☐	☐
Anxiety	☐	☐
Depression	☐	☐
Difficulty concentrating	☐	☐
Difficulty remembering	☐	☐
Difficulty reading	☐	☐
Difficulty writing	☐	☐
Difficulty calculating	☐	☐
Poor problem solving	☐	☐
Difficulty performing your job	☐	☐
Change in relationships with others	☐	☐
Poor judgement (being fired from job, arrests, fights)	☐	☐
4. Any significant sicknesses?	☐	☐

Personality (please mark your answer with a tick)

	Yes	No
1.a. Some people find their mood changes frequently - as if they spend every day on an emotional roller coaster. For example, they might switch from feeling angry to depressed to anxious many times a day. Does this sound like you?	☐	☐
1.b. If **YES**, have you been this way most of your life?	☐	☐
2.a. Some people prefer to be the centre of attention, while others are content to remain on the edge of things. Would you describe yourself as preferring to be the centre of attention?	☐	☐
2.b. If **YES**, does it bother you when someone else is in the spotlight?	☐	☐
3.a. Do you frequently insist on having what you want right now, even when waiting a little longer would get you something much better?	☐	☐
3.b. Do you often get in trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through?	☐	☐
4. Do you find that most people will take advantage of you if you let them know too much about you?	☐	☐
5.a. Do you generally feel nervous or anxious around people?	☐	☐
5.b. Do you avoid situations where you have to meet new people?	☐	☐
6.a. Do you avoid getting to know people because you're worried they may not like you?	☐	☐
6.b. If **YES**, has this affected the number of friends that you have?	☐	☐
7.a. Do you keep changing the way you present yourself to people because you don’t know who you really are?	☐	☐
7.b. Do you often feel like your beliefs change so much that you don't know what you really believe any more?	☐	☐
8. Do you often get angry or irritated because people don't recognize your special talents or achievements as much as they should?	☐	☐
9.a. Do you often suspect that people you know may be trying to cheat or take advantage of you?	☐	☐
9.b. If **YES**, do you worry about this a lot?	☐	☐
10. Do you tend to hold grudges or give people the silent treatment for days at a time?	☐	☐
11.a. Do you get annoyed when friends or family complain about their problems?	☐	☐
11.b. Do people complain that you're not very sympathetic to their problems?	☐	☐

Social communication (please mark your answer with a tick)

	Yes	No
Do you find social situations confusing?	☐	☐
Do you find it hard to make small talk?	☐	☐
Do you find it difficult to 'read between the lines' when someone is talking to you?	☐	☐
When you are reading a story, do you find it difficult to work out the character's intentions?	☐	☐
Do people frequently tell you that what you have said is impolite, even though you think it is polite?	☐	☐
Do you find it difficult to do things in a new way?	☐	☐
When reading a story, do you find it difficult to imagine what the characters may look like?	☐	☐
Do you find making up stories difficult?	☐	☐
Do you find it difficult to work out what someone is thinking or feeling just by looking at their face?	☐	☐
Do you do certain things in a very inflexible, repetitive way?	☐	☐

Your initial appointment with us

Please let us know who will be coming with you to your appointment. Please note, because we are required to take a full developmental history in order to make an accurate diagnosis, it is very important that where possible you have someone with you who knew you well as a child. If you think you may have difficulties with this, please contact the service on 01924 316490.

Name(s) ☐

Are they your mother/father/other (please specify)? ☐

Please find a questionnaire enclosed for you to ask someone who knew you as a child to complete.

Confidentiality

Anything that is written about a patient or relative is kept strictly confidential and is normally only seen by people working in the service. However, as part of our day-to-day duties as clinicians, we are required to record patient notes on an NHS electronic notes system. This system is protected by the Data Protection Act, and access is monitored and limited to only those clinicians directly involved in the patient's care.

We normally send copies of assessment reports to the referrer and your GP. If you would like yourself or someone else to receive a copy of the report please let us know at one of your appointments or by contacting us in writing.

Members of staff carry out research and also audit their work. Occasionally, clinicians may wish to write up details of any treatments or cases for publication. We will always seek the patients' written consent before this happens. In such cases where material is agreed for publication, all patient data is completed anonymised and non-identifiable. As part of our work we also receive regular clinical supervision which means that we will discuss the patient's case with a qualified colleague. We also have regular team meetings at the clinic to discuss the progress of cases within the service. In all such cases, members of staff are bound by patient confidentiality agreements unless we identify that there is a concern or risk to either the patient or someone else. We will always seek to discuss this with the patient in the first instance.

Do you consent for your data to be used for research purposes: Yes ☐ No ☐

Thank you for taking the time to complete this questionnaire. Please check you have answered all questions before returning it to us.

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