

## Young Person questionnaire for assessment of Attention Deficit Hyperactivity Disorder (ADHD)

Thank you for completing this form.

**Please can you return this to school to send with their referral.**

If you are not being referred by school, please can you return this to the referrer or Community Paediatrics, using the address on the accompanying letter.

### Following acceptance of referral:

A link for a Connors Questionnaire about ADHD will be sent prior to an appointment being offered. Please return this as quickly as possible once received.

Today's date	
Name	
Date of birth	
School	
School Year	
Email address to send link to Connors Questionnaire (if not provided a paper copy will be posted)	

Do you know much about ADHD? What do you think about having an assessment for ADHD?
What do you enjoy or do well?
What do you find difficult at either school or home? Are there any lessons or subjects that you find more difficult? Why do you think this is?

Are there ways you try to help yourself overcome any difficulties in school/at home?

At school do you have any support for your learning or behaviour? Do you think it helps?

Do you ever refuse to do things you have been asked to do? Do you argue with teachers or family?

Do you always follow the rules? Do you ever have disciplinary measures put in place? (e.g. detention/consequences) How do you respond to these?

Do you find it hard to be organised? Are you forgetful or often lose things?

How easily can you follow instructions and finish jobs? Do you get distracted easily?

Do you interrupt others' conversations? Do you talk a lot?
Do you feel like you have large amounts of energy and want to move a lot? Do you find it difficult to sit still?
How do you respond to changes being made (e.g. to your plans)? Or moving from one activity to another?
Do you find it easier if you have a schedule or routine in your day?
How easily do you make friends or find being with others?
Do you like team games or group classwork? Do you have difficulties taking turns?

Do you regularly meet up with friends out of school? If so, what sorts of activities do you do? At school, what do you do during breaktime?
Do you think you are different to your friends? If so, in what way?
Do you have any difficulties with showing or controlling your emotions? How would you describe your self-esteem, confidence, and emotional state?
How much exercise do you do each week?
Do you enjoy screen time? How much time do you spend on screens each day? Do you use social media apps? If so, what do you use them for?

Can you describe your eating habits? Do you eat regular meals?
How would you describe your sleep?
Is there anything else you would like us to know?

<b>FEEDBACK:</b> <i>Please can you let us know how you found completing this form.</i>
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