

Parent 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 your child is 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.

Date form completed	
Child/Young person's name	
Date of Birth	
School	
Academic Year	
Name of person completing the form	
Relationship to child/young person	
Email address to send link to Connors Questionnaire (if not provided a paper copy will be posted)	

Please describe your main concerns. How long have you had these concerns?
Are your concerns related to school, the home environment or both?

What are you hoping as an outcome from the assessment?
How would you describe their organisation skills? Are they forgetful or tend to lose things?
Are they able to follow instructions? Complete jobs? Remain focused?
Do they listen when spoken to? Do they interrupt others' conversations? Seem to talk excessively?
Are they noisy? Can they play quietly? Do they have difficulties taking turns with others?

Do they appear to have excessive amounts of energy? Seem to need to always be active e.g. running around, unable to sit still?

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Is their behaviour unpredictable, explosive or aggressive?

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Are there ways you try to help them overcome any difficulties at home?

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How do they respond to changes being made? (e.g. to plans) or transition from one activity to another?

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Do you follow routines at home? If so, how do they respond to these.

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How easily do they make friends or enjoy being with others? What sorts of activities do they do with their friends?

Do they have any difficulties with showing or controlling their emotions? How would you describe their self-esteem, confidence, and emotional state?

How would you describe their sleep?

How much exercise do they do each week?

Can you describe their eating habits? Do they eat regular meals?

<p>Do you have any concerns regarding sensory issues? (including loud noises, difficulties with textures of clothes or food)?</p>	
<p>Have there been any difficult childhood experiences? (stressful or traumatic experiences anytime from before birth to present time) During pregnancy: Exposure to alcohol, drugs, medication, illness in mother, high stress for mother, domestic violence. After birth: Serious physical illness, mental health difficulties in child or close family members, difficulties in family relationships, domestic violence, drug use, changes in family structure, death in family, difficult family circumstances such as asylum seeking, social isolation or poverty, other traumatic events. Have your family received any support from Social Care?</p>	
<p>Resources for parents including a webinar that discussed difficulties with attention, hyperactivity and impulsivity can be found by following this link: Advice and signposting – Children and Young People’s Services (sirona-cic.org.uk) It is important that you utilise these in order to help support your child/young person.</p>	<p>Please confirm if you have watched the webinar:</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Please confirm if you have attended any courses to support your child/young person’s behaviour.</p> <p>Bristol: https://www.bristol.gov.uk/residents/social-care-and-health/children-and-families/support-for-parents-and-carers/parenting-courses-currently-running-in-bristol</p>	<p>Alternative course(s):</p>

South Glos
GlosSupport with parenting | South
Gloucestershire (southglos.gov.uk)

North Somerset: [About parenting and family support](#) | [North Somerset Online Directory](#) (n-somerset.gov.uk)

FEEDBACK: *Please can you let us know how you found completing this form.*