**FORM 2: Self-Assessment by Service User**

Please complete all sections of this form and return it to your referrer.

The focus of this form is at times negative and may be challenging to complete. Please bear with us as we need this information for diagnostic purposes.

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| --- |
| **Personal details**  |
| Full Name: |  |
| Date of birth: |   |
| Home address: | Postcode:  |
| Contact number: |  |
| Email address: |  |
| Describe reasonable adjustments you require. |  |
| **Do you consent to us contacting you by:** |
|

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Phone  |[ ] [ ]
| Letter |[ ] [ ]
| Text Message (including appointment reminders) |[ ] [ ]
| Voicemail message |[ ] [ ]
| Email |[ ] [ ]

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| **Reason for referral** |
| Please explain why you are seeking an assessment: |

|  |
| --- |
| **Childhood symptoms** |
| Have your symptoms of ADHD been present since you were a child (before the age of 12)?[ ]  Yes[ ]  No |
| If you have reports from school, then please include these with the referral. |
| For each question, tick the box that best describes your **ADHD symptoms in childhood.****The scale refers to:** Rarely = could happen but no more than expected / almost never happenedSometimes = could happen but not often Often = more likely to happen than not  Very often = issues on an almost daily basis |
| **How often did you have issues with attention in childhood?** *For example, difficulty sustaining focus, being easily distracted, poor listening skills, disorganisation.* |
| Rarely[ ]  | Sometimes[ ]  | Often[ ]  | Very Often[ ]  |
| **How often did you have issues with hyperactivity in childhood?** *For example, constantly on the move, excessive talking, difficulty being quiet.* |
| Rarely[ ]  | Sometimes[ ]  | Often[ ]  | Very Often[ ]  |
| **How often did you have issues with impulsivity in childhood?***For example, interrupting others, blurting out answers, emotional outbursts, acting without thinking.* |
| Rarely[ ]  | Sometimes[ ]  | Often[ ]  | Very Often[ ]  |

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| **Current symptoms** |
| Tick the box for each item that best describes you **OVER THE PAST 6 MONTHS****The scale refers to:** Rarely = could happen but no more than expected / almost never happensSometimes = could happen but not often Often = more likely to happen than not Very often = issues on an almost daily basis |
| How often do you often find yourself not paying close attention to details, or making careless mistakes in things like your education, at work, or during other activities? *(For example, overlooking details in a project or missing small errors in your work.)* | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you often have difficulty keeping your attention when you are doing tasks or playing activities? *(For example, do you struggle to stay focused during lectures, following conversations, or while reading a book?)* | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| When someone speaks directly to you, how often do you find that your mind seems elsewhere, even without any obvious distractions? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you start tasks but quickly lose focus and get sidetracked, leading to unfinished educational tasks, chores, or duties at your job? *(For instance, beginning a chore at home or a task at work but not completing it.)* | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often are you challenged by organising tasks and activities?*(This could involve trouble managing sequential tasks e.g. morning routine, planning a trip, shopping for groceries, cooking a meal, assembling furniture, or paying bills.)* | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you avoid tasks that require sustained mental effort, such as administrative tasks?*(For example, do you put off preparing reports, completing forms, or reviewing lengthy documents?)* | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you lose items necessary for tasks or activities, such as, pencils, books, tools, wallets, keys, paperwork, eyeglasses, or mobile phones? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you find that unrelated thoughts or things happening nearby often take your attention away from what you're doing? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you forget to carry out daily activities, such as doing chores, running errands, returning calls, or keeping appointments? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |

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| --- |
| **Current symptoms** |
| Tick the box for each item that best describes you **OVER THE PAST 6 MONTHS****The scale refers to:** Rarely = could happen but no more than expected / almost never happensSometimes = could happen but not often Often = more likely to happen than not Very often = issues on an almost daily basis |
| How often do you find yourself fidgeting, tapping your hands or feet, or squirming in your seat? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you leave your seat in situations where you’re expected to remain seated, like in classrooms or at work? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you feel physically restless, especially in situations where high levels of physical activity would be inappropriate? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you struggle to engage in activities or tasks quietly?  | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you have a feeling of being 'on the go' or act as if 'driven by a motor', making it difficult to relax? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you talk excessively, when in the company of family, friends, and trusted colleagues? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you find yourself finishing the sentences of others or answering a question before it has been completed? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you have difficulty waiting your turn in group situations, like standing in line or during group discussions? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |
| How often do you interrupt others **or** intrude in their activities, such as butting into conversations or games without being asked, or do you take over what others are doing? | **Rarely**[ ]  | **Sometimes**[ ]  | **Often**[ ]  | **Very Often**[ ]  |

**Equality and Inclusion information**

We would be grateful if you could please provide us with the following information. By doing this you are helping us to monitor the uptake of or services and aid the planning process to ensure that a culturally competent service is provided to our patients. Personal data about you is not shared with anybody not directly involved in your care.

**ETHNICITY:**

|  |  |  |
| --- | --- | --- |
| Asian – Pakistani |[ ]  Black – African |[ ]  White – British |[ ]
| Asian – Indian |[ ]  Black – African |[ ]  White – Irish |[ ]
| Asian – Bangladeshi |[ ]  Black – Other |[ ]  White - other |[ ]
| Asian – Other |[ ]  Chinese |[ ]   |  |
| Mixed [ ]  (please specify): Click or tap here to enter text. | Other ethnic group [ ]  (please specify) Click or tap here to enter text. |

**RELIGION:**

|  |  |  |
| --- | --- | --- |
| Baha’I |[ ]  Jain |[ ]  Pagan |[ ]
| Buddhist |[ ]  Jewish |[ ]  Sikh |[ ]
| Christian |[ ]  Muslim |[ ]  Zoroastrian |[ ]
| Hindu |[ ]  None |[ ]  Other |[ ]

**MARITAL STATUS:**

|  |  |  |
| --- | --- | --- |
| Divorced  |[ ]  Surviving partner / widowed |[ ]  Separated |[ ]
| Married/ civil partner |[ ]  Single |[ ]   |  |

**LIVING STATUS:**

|  |  |  |
| --- | --- | --- |
| Lives alone |[ ]  Lives with parent/ guardian |[ ]  Residential care |[ ]
| Lives with family |[ ]  Lives with partner/ spouse |[ ]  Supported living |[ ]
| Lives with other |[ ]  No fixed abode |[ ]   |  |

**EMPLOYMENT STATUS:**

|  |  |  |
| --- | --- | --- |
| Employed |[ ]  Unemployed – Seeking work |[ ]  Student |[ ]
| Looking after Family/ Home |[ ]  Unemployed – Not seeking work |[ ]  Other |[ ]
| Retired  |[ ]  Unemployed – Sick/ Disabled |[ ]  Unpaid/Voluntary |[ ]

 **NEXT-OF-KIN INFORMATION:**

|  |  |
| --- | --- |
| **NAME:** Click or tap here to enter text. | **ADDRESS:** Click or tap here to enter text. |
| **CONTACT INFORMATION:** | **Landline:** Click or tap here to enter text. | **Mobile:** Click or tap here to enter text. |
| **NEXT-OF-KIN RELATIONSHIP TYPE** | Husband/Wife |[ ]  Son/Daughter |[ ]  Father/ Mother |[ ]  Brother/ Sister |[ ]
|  | Grandparents |[ ]  Grandchild |[ ]  Uncle/Aunt |[ ]  Nephew/Niece |[ ]
|  | Common-Law spouse |[ ]  Civil partnership |[ ]  Other (please state) [ ]  Click or tap here to enter text. |

**CARER INFORMATION:**

|  |  |  |
| --- | --- | --- |
| **Do you have a Carer?** | **YES** [ ]  | **NO** [ ]  |
| **Name of Carer:** | **Address of Carer:** |
| **Contact number of carer:** | **Relationship to service user:** |

**SEXUALITY:**

|  |
| --- |
| **Which of the following best describes how you think of yourself? *(please tick)*** |
| Heterosexual or Straight |[ ]  Gay or Lesbian |[ ]  Bisexual |[ ]
| Rather not say |[ ]  Not sure |[ ]  Other Sexual Orientation not listed [ ]  (please state) Click or tap here to enter text. |