



Dear Parents/ Carers,

Please see below the ADHD parent/carer questionnaire, please can you complete and return so we can send with your child / young person's referral.

Name of Child: (Forename and Surname)	
Date of Birth:	
Address inc. Postcode:	
Phone Number:	
NHS Number (if known):	
Nursery/School:	
Person completing - Relationship to child:	
Date Completed:	

Parent/Carer/Sibling Details:

Who does the child / Young Person live with?
(Name, DOB & relationship to child/YP)

Details about the difficulty/issue:

What is the reason for the referral and how long have issues been apparent for?

How often are these issues happening & how is it impacting on their daily functioning?

Have other services been involved or are they currently involved to meet the needs of the child, young person or family? i.e.: Healthy Child Program, COMPASS Phoenix, Local Authority Early Help Service.



Please complete for how the child has been over the last month

For each item, select the box that best describes this child. Put only one check per item and add any comments/examples below.

		Not at all (0)	Just a little (1)	Quite a bit (2)	Very much (3)
1	Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Often has difficulty sustaining attention in tasks or play activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Often does not seem to listen when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Often has difficulty organizing tasks and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Often is distracted by extraneous stimuli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Often is forgetful in daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Often fidgets with hands or feet or squirms in seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Often leaves seat in classroom or in other situations in which remaining seated is expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Often runs about or climbs excessively in situations in which it is inappropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Often has difficulty playing or engaging in leisure activities quietly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Often is "on the go" or often acts as if "driven by a motor"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Often talks excessively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Often blurts out answers before questions have been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Often has difficulty awaiting turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Often interrupts or intrudes on others (e.g., butts into conversations/games)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Not at all
(0) Just a
little
(1) Quite a
bit
(2) Very
much
(3)

19	Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Often argues with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Often actively defies or refuses adult requests or rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Often deliberately does things that annoy other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Often blames others for his or her mistakes or misbehaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Often is touchy or easily annoyed by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Often is angry and resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Often is spiteful or vindictive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>