**ADHD Questionnaire – Informant Version**

**Please note: This is to be completed by an adult who knows the child well**

Thank you for taking the time to complete this questionnaire. We really appreciate your responses and would greatly value if you could complete and return this form in a timely way as it constitutes an essential part of the ADHD assessment.

When answering the following questions, please provide descriptive information with examples in as many sections as possible.

It may also be helpful to consider the following:

* Consider what most people would regard as typical for the majority of other young people who are of similar age, general ability, gender and culture.
* Include characteristics that may not be present currently, but which were noticeable or unusual in their earlier life.
* When examples of behaviour are provided in the question, they are illustrative and not exhaustive.

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| **Name of child:** |  |
| **Name of adult completing and their relationship to the child (e.g. teacher, Scout leader, family friend etc):** |  |
| **Date:** |  |

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| **INATTENTION** |
| 1. **Does the child/young person often fail to give close attention to details or makes careless mistakes?** |
| 1. **Does the child/young person often fail to sustain attention in tasks and/or play activities?** |
| 1. **Does the child/young person often appear to not listen to what is being said to him or her?** |
| 1. **Does the child/young person often fail to follow through on instructions to finish tasks?** |
| 1. **Does the child often appear impaired in organising task and activities?** |
| 1. **Does the child/young person often avoid or strongly dislike tasks that require sustained effort?** |
| 1. **Does the child/young person often lose things necessary for certain tasks or activities?** |
| 1. **Does the child often appear easily distracted by external stimuli?** |
| 1. **Does the child often appear forgetful in the course of daily activities?** |
| **RESTLESS AND HYPERACTIVITY** |
| 1. **Does the child/young person often fidget with their hands or feet or squirm on their seat?** |
| 1. **Does the child/young person often leave their seat in situations in which remaining seated is expected?** |
| 1. **Does the child often run about or climb excessively in situations in which it is inappropriate?** |
| 1. **Does the child often appear unduly noisy in playing or have difficulty engaging quietly in leisure activities?** |
| 1. **Does the child often exhibit a persistent pattern of excessive motor activity that is not modified by context?** |
| **IMPUSLIVITY** |
| 1. **Does the child often blurt out answers before questions have been completed?** |
| 1. **Does the child often fail to wait in lines or await turns in games or group situations?** |
| 1. **Does the child often interrupt or intrude on others?** |
| 1. **Does the child often talk excessively without appropriate response to social constraints** |

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| **Additional Information** |
| **Please can you tell us a little bit about the young person and any other concerns you may have about their academic performance, attention, behaviour, social abilities, development or mental health?** |