

NeSS Referral Part B: Client section for ADHD assessment

Attention and organisation

1. Tell us about any challenges you have with:

- concentration,
- organising yourself and your things,
- starting or finishing tasks,
- remembering tasks or activities.

2. How often is this a difficulty for you, and how does this affect your life?

Childhood examples (e.g. at school, at home, with friends and family):

Adulthood examples (e.g. at work, at home, at university, with friends and family):

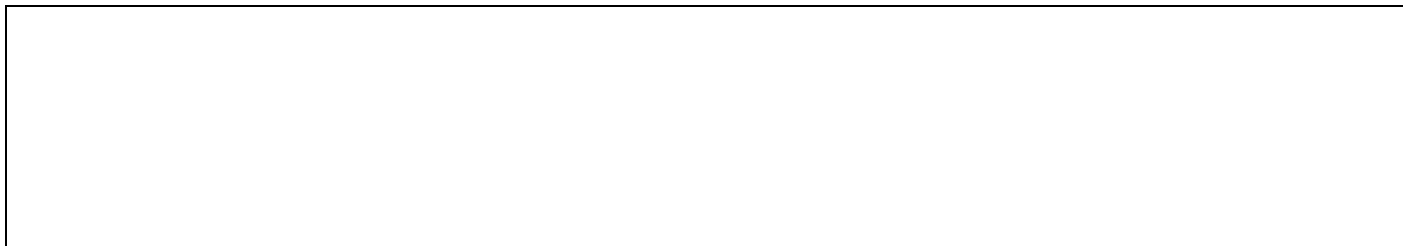
Overactivity and impulse control

1. Tell us about times when you have:
 - struggled to stay still when you were supposed to,
 - acted without thinking of the consequences.

2. How often is this a difficulty for you, and how does this affect your life?

Childhood examples (e.g. at school, at home, with friends and family):

Adulthood examples (e.g. at work, at home, at university, with friends and family):



[Please now complete questionnaires on page 8-10](#)

NeSS Referral Part B: Client section for autism assessment

Social communication and interaction

1. Tell us about challenges with getting along with people and making friends
2. Tell us about any challenges in conversation, such as small talk or understanding jokes and sarcasm
3. Tell us about challenges understanding other people and their behaviour

Childhood examples (e.g. at school, at home, with friends and family):

Recent examples (e.g. at work, at home, at university, with friends and family):

Interests and routines

1. Tell us about any specific interests you have and how they impact on your life (this can be any interest but you may find it difficult to stop doing/talking about it)
2. Tell us about any set routines that impact on your daily life and how you deal with any changes to these

Childhood examples (e.g. at school, at home):

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Recent examples (e.g. at work, at home, at university):

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Your senses
1. Tell us about any sensitivity to noise, smell, taste, textures, light, or other sensory input

Childhood examples (e.g. at school, at home):

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Recent examples (e.g. at work, at home, at university):

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NeSS Referral: Please complete all questionnaires

Please answer the questions below, rating yourself on each of the criteria shown using the scale at the top of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself OVER THE PAST 6 MONTHS.	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project once the challenging parts have been done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often do you have difficulty getting things in order when you have to do a task that requires organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you have problems remembering appointments or obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never	Rarely	Sometimes	Often	Very often

Place an X in the response box for each question.	Definitely Agree	Slightly Agree	Slightly Disagree	Definitely Disagree
1. I often notice small sounds when others do not.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I usually concentrate more on the whole picture, rather than the small details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I find it easy to do more than one thing at once.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If there is an interruption, I can switch back to what I was doing very quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I find it easy to 'read between the lines' when someone is talking to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I know how to tell if someone listening to me is getting bored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I'm reading a story I find it difficult to work out the characters' intentions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I like to collect information about categories of things (e.g. types of car, types of bird, types of train, types of plant etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I find it easy to work out what someone is thinking or feeling just by looking at their face.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I find it difficult to work out people's intentions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BFIS Quick Screen: Self-Report

Instructions

How much difficulty do you have functioning effectively in each of these major life activities? Please circle the number (or make **bold** if using electronic version) next to each item that best describes your difficulties in functioning DURING THE PAST 6 MONTHS. If the situation does not apply to you, please circle the 99 in the last column (under 'does not apply')

Major Life Activities	Not at all	Somewhat		Mild		Moderate			Severe		Does not apply
		1	2	3	4	5	6	7	8	9	
1. In your home life with your immediate family	0	1	2	3	4	5	6	7	8	9	99
2. In getting chores completed at home and managing your household	0	1	2	3	4	5	6	7	8	9	99
3. In your work or occupation	0	1	2	3	4	5	6	7	8	9	99
4. In your relationships with friends	0	1	2	3	4	5	6	7	8	9	99
5. In educational activities (college, night classes, occupational training)	0	1	2	3	4	5	6	7	8	9	99
6. In caring for yourself daily (dressing, bathing and hygiene, eating, sleeping, etc)	0	1	2	3	4	5	6	7	8	9	99
	Not at all	Somewhat		Mild		Moderate			Severe		Does not apply