

Assessment Service

ADULT QUESTIONNAIRE

Please answer the following questions to the best of your ability; some questions may not apply to you.

PERSONAL DETAILS	
Name:	Date of Birth:
Home Address:	Home Tel: Mobile: Work Tel: Email:
GP Name: GP Tel No:	GP Address:
List of people living at home: ■ ■ ■ ■	

KEY CONCERNS

Why do you want to come to the Assessment Service? (Briefly list your main concerns)

1.

2.

3.

4.

Please give more information in the box if necessary

EARLY HISTORY		
	YES	NO
Do you know whether you had any difficulties at your birth or just after you were born?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know if you had any difficulties in your early infancy e.g. late sitting, crawling, walking, talking?	<input type="checkbox"/>	<input type="checkbox"/>
Can you remember if you had any problems when you first went to school? If so, what?	<input type="checkbox"/>	<input type="checkbox"/>
As you moved through primary school, can you recall what you found difficult and how you felt?		
Did these problems get worse or get better in secondary school years?	<input type="checkbox"/>	<input type="checkbox"/>
Were you bullied at school?	<input type="checkbox"/>	<input type="checkbox"/>
Did you miss much time from school?	<input type="checkbox"/>	<input type="checkbox"/>
How would you describe your behaviour at school, e.g. quiet, withdrawn etc?		
Were you impulsive or disorganised?	<input type="checkbox"/>	<input type="checkbox"/>
Did you find it hard to concentrate?	<input type="checkbox"/>	<input type="checkbox"/>
Did you get any help or support at school?	<input type="checkbox"/>	<input type="checkbox"/>

What were the subjects/tasks you found most difficult?

Please describe any other difficulties you may have had at school.

Are you:

Left Handed Right Handed

Left Footed Right Footed

Left Eyed Right Eyed

ASSESSMENT HISTORY			
Have you ever had an assessment with a ...			
	<input type="checkbox"/>	Date	Date
Occupational Therapist Outcome:	<input type="checkbox"/>	/ /	Behavioural Optometrist Outcome:
Physiotherapist Outcome:	<input type="checkbox"/>	/ /	Paediatrician Outcome:
Educational Psychologist Outcome:	<input type="checkbox"/>	/ /	Speech & Lang. Therapist Outcome:
Psychiatrist Outcome:	<input type="checkbox"/>	/ /	Dietician Outcome:
Clinical Psychologist Outcome:	<input type="checkbox"/>	/ /	Other (please state): Outcome:

MEDICAL HISTORY

Do you have, or have you ever had...

If so, please describe and give dates.

- A serious illness
- A serious injury including head injury
- Surgery
- Any allergies
- Convulsions/fits
- History of glue ear
- Headaches/migraine
- Mental health problems
- Current medication

Please name medication and reason for prescription.

Medication & Dose (if known)	Reason

Please state any other treatments - prescribed and over the counter (such as herbal medication):

Hearing test Date: _____

Sight test Date: _____

Do you wear glasses? Yes No

If so, what for?

CURRENT EDUCATION / EMPLOYMENT

	Yes	No
Education		
If you are currently attending a College/University, what are you doing?		
If at college, do you still continue to experience similar difficulties to those at school? If so, please describe:	<input type="checkbox"/>	<input type="checkbox"/>
Do you get any help for your difficulties at college?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aiming for a particular career? If Yes, please describe?	<input type="checkbox"/>	<input type="checkbox"/>
Employment		
If you are currently working what are you doing?		
Do you experience any difficulties with the job? If so, please describe.	<input type="checkbox"/>	<input type="checkbox"/>

Do you find it difficult to use general equipment such as...		
Photocopiers	<input type="checkbox"/>	<input type="checkbox"/>
Shredders	<input type="checkbox"/>	<input type="checkbox"/>
Machinery (<i>Answer only if you work on a factory floor or similar</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Other...	<input type="checkbox"/>	<input type="checkbox"/>
At work do you:		
➤ Manage your time well e.g. organise your workload, get to meetings on time?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Find it difficult to copy words and numbers accurately?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Find it difficult to take messages?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Find it hard to do more than one thing at once?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Frequently get lost or lose things in your work environment?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Find it difficult to explain things to other people?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Have difficulty completing forms?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Find you are better in an organised environment?	<input type="checkbox"/>	<input type="checkbox"/>

Checklist

This is a checklist to discover a little more about you, each point describes an activity for which we would like you to make a judgement. Read each sentence and mark your ability in that area by placing an **X** in the most suitable box. **Please try to be as honest as possible, there are no right or wrong answers and confidentiality is assured.** Please check that each point has a corresponding **X**, please do not leave blank answers.

	my ability				
	very poor	poor	average	good	very good
e.g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read and understand work given to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cope with number work/calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working on my own without support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking and following orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to constructive criticism (someone correcting you if you have made a mistake)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing on keyboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following the rules in a work setting e.g. dress code, time to arrive and leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality - being on time or a little early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation of work, written reports etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation skills - ability to organise work & time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping my attention on one task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not getting distracted by others talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing down and remembering tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of specialist equipment or tools (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tidiness of writing (others able to read it)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cope with changes to routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembering to do tasks and assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checklist continued.

	my ability				
	very poor	poor	average	good	very good
Getting work done quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finishing off work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational skills - keeping my desk/equipment in good order/files or notes well kept - tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making notes when someone is telling you to do something or in a meeting/lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receive several instructions at once without getting confused or muddled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finishing the same amount of work, compared to others in a similar position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping objects and possessions safe and knowing where they are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-ordination - e.g. sport, eating, doing DIY tasks, generally not clumsy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriately arguing my ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not losing my temper, controlling anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting correctly in social situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Starting a new conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make and maintain appropriate eye contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group situations, discussions, meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreting the intentions of others correctly e.g. getting the joke, understanding sarcasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self esteem - feeling positive about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Checklist continued.

	my ability				
	very poor	poor	average	good	very good
Keeping in touch with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand and maintain comfortable social distance i.e. do not stand to close or to far away.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being self assured (know I am doing the right thing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making new friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding a bike(as a child or now as an adult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding your way around new places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to places on time, reading maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising going to airport, ferry, holidays, by train or bus etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading street signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Money managing, paying bills, finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping - handling money and change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing hair, shaving, cleaning teeth, makeup (if applicable!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking microwave meals/TV dinners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing a snack, sandwich, soup etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of can openers, cutlery, cork screws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking whole hot meals from raw ingredients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list some of your strengths?

1	
2	
3	
4	

What support have you found useful in the past?

1	
2	
3	
4	

Are there any other areas that you feel you would like support with?

1	
2	
3	
4	

HISTORICAL OVERVIEW

Please provide below any additional information about yourself, which you think might be useful

Before returning your information to us please ensure you have read and understood the terms and conditions stated in the information pack.

Also check you have enclosed:

- the administration fee
- all relevant reports and background information
- a photograph of yourself

Signed..... Date.....

THANK YOU. PLEASE RETURN QUESTIONNAIRE TO:

National Learning Network Assessment Service, Block A, Institute of Technology Blanchardstown,
Blanchardstown Rd. North. Blanchardstown. Dublin 15