**ASD SELF REPORT PRE-ASSESSMENT QUESTIONNAIRE**

**Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for assessment:**

|  |
| --- |
| **What do you hope to achieve in this meeting?** |
|  |
| **Was it your idea or someone else’s to seek this assessment?** |
|  |
| **Please tell us about your family** *E.g., your parents, siblings, spouse/partner, children,**grandparents etc?* |
|  |
| **How do you get along with your family? Who is closest to you?** *If you don’t get along with any**family members, why do you think this is?* |
|  |
| **How often do you have contact with your family and by what means?** *E.g., text, face to face**contact, talk on phone etc* |
|  |

**Personal History**

*(You may not know the answer to these questions, please just provide the information you have)*

***Early Years:***

|  |
| --- |
| **Have you been/ are you a clumsy person?** |
|  |
|  |
| **What age did you do the following things?***(Please write the age you first could do the activity)* |
| **Activity** | **Age** |
| Babble |  |
| Talk |  |
| Walk |  |
| No longer need nappies (potty trained) |  |
| Tie shoelaces |  |
| Fasten and undo buttons |  |
| Use zips |  |
| Ride a bicycle |  |
| Throw and catch balls |  |
| **Did you like cuddles as a child?** *If so, was this with any specific people?* |
|  |
| **If you have siblings, did you like to play with them as a child or did you prefer to play alone?** |
|  |
| **If you did play with siblings, what types of games/play did you do?** |
|  |
| **Did you use to enjoy playing with children in neighbourhood as a little child? Did you initiate play with other children?**  |
|  |
| **What were your favourite toys as a child?** |
|  |
| **Did you ever collect toys/memorabilia? If so, what were they and do you still have them?** |
|  |
| **Did you use to go on holidays with your family? Did you use to enjoy them?** |
|  |
| **Did you use to attend family parties/gatherings? Did you use to enjoy them?** |
|  |
| **Did you have any significant illness, accident or specific needs that required intervention from professionals in your early childhood?** |
|  |

**School Years**

**Please write in the table below, what nursery, pre-school, infant, primary and secondary schools you went to and at what age:**

|  |  |  |
| --- | --- | --- |
|  | Name of school / facility | Ages you attended |
| Nursery |  |  |
| Pre-school |  |  |
| Infants |  |  |
| Primary School |  |  |
| Secondary School |  |  |
|  |
| **Did you need to change schools at any time? If so, what were the reasons for this?** |
|  |
| **Did you enjoy nursery?** *Why, or why not? Do you know what teacher’s feedback said about you? if so,**what was it?* |
|  |
| **Did you enjoy pre-school?** *Why, or why not? Do you know what teachers’ feedback was about you? if so,**what was it?* |
|  |
| **Did you enjoy infants?** *Why or why not? Do you know what teachers’ feedback was about you? if so,**what was it?* |
|  |
| **Did you enjoy primary school?** *Why or why not? Do you know what teacher’s feedback was about you? if so,**what was it?* |
|  |
| **Did you enjoy secondary school?** *Why or why not? Do you know what teacher’s feedback was about you? if so,**what was it?* |
|  |
| **How well did you cope with the transitions between schools?** |
|  |
| **What subjects did you enjoy during school?** |
|  |
| **Did you make friends at school? If so, who were your friends at school? Did you see any friends out of school? If so, what did you do?** *e.g., birthday parties, sleepovers, did you enjoy**them?* |
| **Did you use to go to any clubs or do out of school activities?** *e.g., sports clubs, girl guides/boy**scouts etc, did you enjoy these?* |
|  |

**Communication**

|  |
| --- |
| **Do people ever misinterpret what you say and mean? If so, in what way?** |
|  |
| **Do you ever misinterpret what people say to you or what they intend? If so, in what way?** |
|  |
| **Do you ever find it difficult to be in social situations with people you know, or you don’t know? If so why and what helps you cope in these situations?** |
|  |
| **Can you easily understand non-verbal communication?** *e.g. body language, gesture, facial**expression, group dynamics etc If you struggle with any, which ones are more difficult for you?* |
|  |
| **Do you understand humour, banter, sarcasm, metaphors or euphemism? If you struggle with any, which ones do you find more difficult to understand?** |
|  |
| **Are you able to imagine how other people may be feeling? If not, in what way do you struggle with this?** |
|  |
| **Can you feel empathy? And are you able to show empathy? How do you express it?** |
|  |
| **Can you initiate conversations? Can you maintain conversations with people even if the topic does not interest you? If not, what do you struggle with?** |
|  |
| **Are you able to routinely look people in the eyes when you talk to them? Do you routinely use gestures and change the tone of your voice to enhance what you are saying to someone? If you struggle with any of these, which ones and what do you find difficult.** |
|  |
| **Do people describe you as an opinionated person?** **Do you have a black and white thinking?****Do you think literally?** |
|  |

**Routines /Repetitive Interests/Sensitivities**

|  |
| --- |
| **Do you currently have any routines? If so, what are these?** *e.g., things that you like to do at a**set time or in a set way?* |
|  |
| **Do you have difficulties coping with change?** *e.g., if your plans change unexpectantly. If so,**can you give some examples and how it affects you?* |
|  |
| **How do you spend your time at home? Are you satisfied with how you spend your time?** |
|  |
| **Do you like having any order to your belongings? If so, can you provide examples?** |
|  |
| **If you have to do something new or go somewhere new, how do you prepare yourself?** |
|  |
| **What are your interests? How much time each week do you engage in these interests?** |
|  |
| **Do you do anything repetitively and if so what?** *e.g., buy same brands, eat same foods,**repeated body movements, intense interests etc****.*** |
|  |
| **Do you have any sensitivity to light, sound, taste, smell or touch? If so which ones and in what way?** |
|  |

**Daily Living Activities:**

**Are you able to:** (please tick the relevant box)

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Yes** | **Yes, with support** | **No** |
| Cook |  |  |  |
| Shop for food |  |  |  |
| Shop for clothes |  |  |  |
| Housework |  |  |  |
| Laundry |  |  |  |
| Make appointments |  |  |  |
| Attend appointments |  |  |  |
| Use public transport |  |  |  |
| Manage money |  |  |  |
| Use a phone |  |  |  |
| Drive |  |  |  |
| Ask for help |  |  |  |

**Your overall health and well- being.**

|  |
| --- |
| **Do you have any health conditions (physical or mental)? If so, what are these?** |
|  |
| **Are you currently receiving any treatment for a condition? If so, what? e.g. medication, counselling, talking therapy** |
|  |
| **Are you receiving input from any specialist agencies/health professionals? If so, who?** |
|  |
| **Do you take alcohol? How often and how much?****Do you take street drugs? What are they? How often do you use them?** |
| **What do you think your strengths are?** |
|  |
| **What are your aspirations?** |
|  |
| **How would you like your life to be different from what it is now?** |
|  |
| **Is there anything else that would be helpful for us to know?** |
|  |

**Thank you**