



HARGREAVES STREET MEDICAL PRACTICE
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ASD 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 <i>E.g., your parents, siblings, spouse/partner, children, grandparents etc?</i>
How do you get along with your family? Who is closest to you? <i>If you don't get along with any family members, why do you think this is?</i>



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How often do you have contact with your family and by what means? E.g., text, face to face contact, talk on phone etc

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Personal History

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

Early Years:

What was your mother's pregnancy like whilst she was carrying you? Were there any difficulties or issues? Was your birth at, before or after expected date?

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How were you born? E.g., natural delivery, caesarean, forceps or assisted birth?

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What were you like as a baby? E.g., settled baby, cried a lot, didn't sleep, often sick etc.

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Have you been/ are you a clumsy person?

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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?



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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?



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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 ever get issued with a statement of educational need at school? If so, what was this for?

Did you receive any additional support in school to help you to engage in lessons or learn? If so, what was this support, and did it help?

Did you enjoy nursery? Why, or why not? Do you know what teacher's feedback said about you? if so, what was it?



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Did you enjoy pre-school? *Why, or why not? Do you know what teachers' feedback was about you? if so, what was it?*

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Did you enjoy infants? *Why or why not? Do you know what teachers' feedback was about you? if so, what was it?*

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Did you enjoy primary school? *Why or why not? Do you know what teacher's feedback was about you? if so, what was it?*

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Did you enjoy secondary school? *Why or why not? Do you know what teacher's feedback was about you? if so, what was it?*

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How well did you cope with the transitions between schools?

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What subjects did you enjoy during school?

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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?

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Do you still see your old school friends?

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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?

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Did you get any qualifications from school? If so, what were they?

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Further Education

Did you do any further education after secondary school? If so, what did you do and what did you achieve? E.g., sixth form, college, university, A Levels, NVQ, Degree, Masters, PHD.

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If you attended did you enjoy college/ university? Why, or why not?

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If you attended did you get on with other students when doing further education? Did you make any friends, if so, who were they?

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Employment History

If you have ever worked can you list the jobs you have done, and the years you worked at these jobs below:

Job Role	Employer	Dates of Employment



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How well have you got along with your colleagues in work? e.g., did you form friendships, socialise out of work? Have you ever been bullied in the workplace?

Have you ever experienced any difficulties that resulted in you having to leave your job? If so, what were these?

Communication

Do people ever misinterpret what you say and mean? If so, in what way?



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Do you ever misinterpret what people say to you or what they intend? If so, in what way?

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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?

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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?*

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Do you understand humour, banter, sarcasm, metaphors or euphemism? If you struggle with any, which ones do you find more difficult to understand?

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Are you able to imagine how other people may be feeling? If not, in what way do you struggle with this?

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Can you feel empathy? And are you able to show empathy? How do you express it?

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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?

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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.

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Do people describe you as an opinionated person? Do you have black and white thinking? Do you think literally?

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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 unexpectedly. 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?



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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			



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Your current situation

Present Social Circumstances

Do you live alone or with other people? If you live with other people, who are they?
Are you currently working or in education? If so, what are you doing? How many hours is this each week?
Are you currently in a romantic relationship? If so, who with and for how long have you been in this relationship? Have you had previous relationships? Tell us about them.
Do you have any friends? If so, who are they, how long have you known them and how often do you have contact with them?



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Are you involved in any clubs, groups or other organised e.g. cultural or spiritual activities? If so, what are these and how many hours each week do you participate in them?

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Your overall health and well-being.

Do you have any health conditions (physical or mental)? If so, what are these?

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Are you currently receiving any treatment for a condition? If so, what? e.g. medication, counselling, talking therapy

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Are you receiving input from any specialist agencies/health professionals? If so, who?

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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?