

Developmental disorders assessment service

QUESTIONNAIRE FOR PARENTS OR CARERS

Here are some questions about your child's development. Please note down any comments you have. Most of the questions will refer to your child at present and others will refer to your child when very young. It should be clear from the question which age is relevant. If you have any queries or would like to discuss the questionnaire, please contact Pat Watterson, the administrator at Dilemma (see above for contact details)

CONFIDENTIALITY

A Court may require disclosure of all the information that you provide. Members of staff in the clinic do undertake research. Occasionally this may mean that a member of the clinic staff wishes to publish details of your particular treatment. You will be asked for your written consent before publication takes place. If you refuse, it will not affect the patient's treatment in any way. Members of staff do sometimes refer to what patients and parents have told them in lectures and publications. When this happens, the details will be altered, for example by combining details from several patients, so that none of the individuals concerned can be identified. Some information will be stored on a computer database, which has been registered under the Database Protection Act. This, too, will be confidential. Information from the database may be used for research to improve the service that we offer. If this happens, we will ensure that you can never be identified in any report or publication. Please note that if you decide not to complete the questionnaire, it will not affect our willingness to try to help the patient, or the type of help that the patient is offered, although it may affect the doctor's ability to make a definite diagnosis.

In the following questions, please ring the correct answer. If you do not know it, please write "don't know". If the question is not applicable to your child, please write "not applicable". If you have any comments, please write them in, too. If you want to comment on the questionnaire itself, please contact the administrator by post, or by email at administrator@dilemmas.org. Thank you.

PLEASE TRY NOT TO LEAVE ANY QUESTIONS UNANSWERED

Full name of the person about whom you are completing this questionnaire:

And their date of birth: _____

Your name and relationship to the person:



Professor Digby Tantam
MA MPH PhD AFBPsS FRCPsych FBACP UKCPF FHEA ECP

Consultant Psychiatrist
Head of Developmental Disorders Services

Dilemma Consultancy Ltd.
27 Brocco Bank // Sheffield S11 8RQ

t/f +44 (0) 114 266 0543
e administrator@dilemmas.org
w www.dilemmas.org

Dilemma Consultancy Ltd.
3rd Floor // Royal Waterloo House
51-55 Waterloo Road // London SE1 8TX

t +44 (0) 20 7928 4344
f +44 (0) 20 7401 2231
e london@dilemmas.org
w www.dilemmas.org

Was the development of your child delayed in any of the following aspects?

1.1 Understanding speech?.....	1 - NO	2 - YES
1.2 Talking?.....	1 - NO	2 - YES
1.3 Understanding or using facial expressions or gestures - e.g. like pointing, waving or frowning?.....	1 - NO	2 - YES
1.4 Physical co-ordination, for example, dressing himself/herself, playing ball games or riding a bike?.....	1 - NO	2 - YES
1.5 Doing things with his/her hands - like modelling or making things with building blocks?.....	1 - NO	2 - YES
1.6 Moving his/her body in small spaces without knocking things over?	1 - NO	2 - YES
1.7 Finding his/her way and going from A to B?	1 - NO	2 - YES
1.8 Catching, throwing at a target, or other activities involving hand and eye coordination?	1 - NO	2 - YES
1.9 Remembering what he/she has been told?	1 - NO	2 - YES
1.10 Remembering what has happened?	1 - NO	2 - YES
1.11 Calculating and using numbers?	1 - NO	2 - YES
1.12 Playing with other children?	1 - NO	2 - YES

Next, some questions about particular types of behaviour. Here is a brief explanation about the four answers you have to choose from:

1. Rarely or never - is the best answer if you remember the behaviour occurring on only one or two occasions ever, or you never remember it occurring. If the behaviour has begun only in adolescence or adulthood, write 1 and also write in the age when it started.
2. Occasionally as a child - is the best answer if the behaviour occurred between 5 and 10 times when he/she was a child.
3. Frequently as a child, but has now stopped - is the best answer if the behaviour occurred more often than 10 times when he/she was a child, but either he/she is not yet grown-up, or the behaviour stopped when he/she did.
4. Frequently as a child, and still persists - is the best answer if he/she has grown-up, and the behaviour was both frequent in the past and has persisted into the present.

Here is an example:

2.0 Has he/she ever screamed or had temper tantrums?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

Please ring the one answer that is closest to your child's situation, or write "don't know" or "not applicable". If you have any other comments, please write them in.

PLEASE DO TRY NOT TO LEAVE ANY QUESTIONS BLANK.

Start your answers here:

2.1 Has he/she ever seemed to dislike cuddling or other displays of affection?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.2 Has he/she ever seemed not be able to pick up the signs of other people being upset, pleased or otherwise emotional?

- | | | | |
|-----------------------|-----------------|---|---|
| 1. Rarely
or never | 2. Occasionally | 3. Frequently as a child
but has now stopped | 4. Frequently as a child,
and still persists |
|-----------------------|-----------------|---|---|

If yes, please give an example of an occasion when this became obvious:

2.3 Has he/she ever seemed to take no notice of other people being upset, pleased or otherwise emotional?

- | | | | |
|-----------------------|-----------------|---|---|
| 1. Rarely
or never | 2. Occasionally | 3. Frequently as a child
but has now stopped | 4. Frequently as a child,
and still persists |
|-----------------------|-----------------|---|---|

If yes, please give an example of an occasion when this became obvious:

2.4 Has he/she ever seemed unusually passive?

- | | | | |
|-----------------------|-----------------|---|---|
| 1. Rarely
or never | 2. Occasionally | 3. Frequently as a child
but has now stopped | 4. Frequently as a child,
and still persists |
|-----------------------|-----------------|---|---|

2.5 Has he/she had difficulty copying movements or actions?

- | | | | |
|-----------------------|-----------------|---|---|
| 1. Rarely
or never | 2. Occasionally | 3. Frequently as a child
but has now stopped | 4. Frequently as a child,
and still persists |
|-----------------------|-----------------|---|---|

2.6 Have people ever thought he/she was deaf?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.7 Was his/her voice ever flat, monotonous or mechanical?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.8 Have you ever had difficulty telling what he/she was feeling from his/her facial expressions?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.9 Has he/she ever repeated words like a parrot?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.10 Has he/she ever used stock phrases in a peculiar way?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
Or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.11 Did he/she have unusual difficulty with personal pronouns like "you" and "I"?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
Or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.12 Were his/her words ever muddled (in the wrong order) (e.g. "Put salt it on", "Take park to doggy", "Shake-milk")?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
Or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.13 Did he/she seem to be unusually restricted in his play?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

Please describe how he/she would most often play in the pre-school years:

2.14 Did he/she just copy his games from others?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.15 Has he/she ever been unable to understand or use make believe?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.16 Has he/she ever twisted or flicked his hands or other things near his eyes?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.17 Has he/she ever jumped up and down in a peculiar way?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.18 Has he/she ever flapped his hands or arms?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.19 Has he/she ever been fascinated by spinning round and round?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.20 Has he/she ever rocked, either sitting or standing up?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.21 Has he/she ever gone through a period of walking on tiptoe for no apparent reason?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.22 Have his/her movements ever seemed aimless or purposeless?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.23 Was he/she ever fascinated by certain sounds?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

Please give an example:

2.24 Was he/she ever fascinated by bright lights or shiny objects?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.25 Has he/she ever got excited just by watching things spin?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.26 Has he/she ever become absorbed looking at an object from every angle or with unusual intensity?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.27 Did he/she ever seem to put everything in his mouth?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.28 Has he/she ever explored objects or people by smelling them?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.29 Was he/she ever fascinated by particular sensations of touch?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.30 Was he/she ever fascinated by the noise of scratching or tapping on different things?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.31 Has he/she ever flicked things like pieces of string (not near his eyes)?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.32 Has he/she ever been unusually attached to a particular object?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

Please give an example if you can:

2.33 Have any sounds ever upset him/her?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

Please give an example if you can:

2.34 Has he/she ever seemed unduly distressed if the daily routine changed?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.35 Has he/she ever made up special routines of his own?

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

Please give an example if you can:

2.36 *Has he/she ever had food fads?*

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.37 *Has he/she ever been fascinated by one particular object?*

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

Please give an example if you can:

2.38 *Has he/she ever had an unusually narrow or engrossing interest?*

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

Please give an example if you can:

2.39 *How often does he/she have trouble finishing a task or project once the challenging parts have been done?*

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.40 *How does he/she have difficulty getting things in order when he/she has to do a task requiring organization?*

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.41 *How often does he/she have problems remembering appointments or obligations?*

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.42 *When he/she has a task that requires a lot of thought, how often does he/she avoid or delay getting started?*

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.43 *How often does he/she fidget or squirm with his/ her hands or feet when sitting down for a long time?*

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

2.44 *How often does he/she seem to be overly active and compelled to do things, like he/she was being driven by a motor?*

- | | | | |
|-----------------------|-------------------------------|---|---|
| 1. Rarely
or never | 2. Occasionally
as a child | 3. Frequently as a child
but has now stopped | 4. Frequently as a child, and
still persists |
|-----------------------|-------------------------------|---|---|

NOW, SOME BACKGROUND QUESTIONS

Please give details wherever they are applicable and please try not to leave any questions blank

3.1 *Were there any problems with your pregnancy?*

3.2 *or the birth?*

3.3 *Were either you or your baby unwell shortly after he/she was born? Please give details if so:*

3.4 *Was your child a twin?*

3.5 *If so, please say whether identical or not:*

3.6 *Was your child an unusual baby in any way?*

3.7 *As a baby, did your child sometimes get so worked up that he/she would go rigid, or cry without you being able to soothe him/her in any way?*

3.8 *Looking back, do you feel that, as a baby, your child was unusually difficult, unusually placid or just average?*

3.9 *What is your child like at making friends?*

3.10 *Has your child ever had close friends?*

3.11 *Was your child ever teased or bullied?*

3.12 *Did your child have a particular nickname?*

3.13 *Has your child ever had an operation?*

3.14 *If your child is a boy, has he ever been circumcised?*

3.15 *If **yes**, please give his age when the operation was done and the reason for it:*

3.16 *What is your child particularly good at?*

3.17 *What do you like most about your child?*

3.18 *How many months old was your child when you first thought that there was something wrong?*

3.19 *Has a doctor or another professional ever diagnosed autism?*

3.20 *If **yes**, how old was your child when this diagnosis was first made:*

3.21 *and who made it?:*

3.22 *Has your child ever been considered to have another psychological problem? YES/NO*

*If **yes**, have you been told what the diagnosis is? Is it any of the following (please tick one or more)*

4.19 Schizophrenia

4.20 Depression

4.21 Mania

4.22 Anxiety

4.23 Obsessions

4.24 Alcohol or drug problem

4.25 Epilepsy

4.26 Hallucinations

4.27 Psychosis

4.28 Other or unsure (please give details)

*Do you have any concern about your child's behaviour at the moment?
If **yes**, what behaviour worries you? Please tick one or more of the following:*

- 4.29 Not knowing how to behave socially
- 4.30 Repetitive questioning
- 4.31 Slow at school
- 4.32 Shouting
- 4.33 Breaking things in temper
- 4.34 Hitting out in temper
- 4.35 (if grown up) Sexually embarrassing behaviour
- 4.36 Breaking the law
- 4.37 Funny or manneristic behaviour
- 4.38 Poor conversational skills
- 4.39 Other (please give details):

Has your child had any psychological tests?

4.40 If **yes**, please say who performed them,

4.41 and when:

If you have the results, please write them in here:

4.42 Verbal intelligence _____

4.43 Non-verbal intelligence _____

4.44 Full-scale score _____

Have there been problems at school?

*If **yes**, what were or are they? Please tick one or more of the following:*

- 4.45 Behind in class
- 4.46 Teased
- 4.47 Clumsy
- 4.48 Lacks social skills
- 4.49 Other (please give details)

What type of schools has your child attended?

Please ring one or more of the following:

- Ordinary state school
- Ordinary private school
- School for children with severe learning difficulties
- School for children with moderate learning difficulties
- Autistic school
- School for emotionally disturbed children
- School for delicate children
- School for physically handicapped children
- Language unit within a school
- Other (please give details)

*Has your child ever taken any examinations?
If **yes**, Please tick the highest of the following that applies:*

- 4.50 CSE at grade D or below, Scottish standard grade 4-7, or CSE
- 4.51 GCSE at grade C or above, Scottish standard grade 1-3, or O Level
- 4.52 A Level, Scottish Highers, Btech or equivalent
- 4.53 First degree or equivalent professional qualification
- 4.54 Higher degree
- 4.55 Other (please give details)

3.70 *If your child has left school, has he/she ever worked?* YES/NO
 If **yes**, has that been continuous? YES/NO

3.71 *What has been his/her most recent work? Please describe:*

3.72 *Does your child live with you or elsewhere? Please give details:*

*Has your child previously seen any of the following or have you seen any of them about your child?
Please tick one or more of the following:*

- 3.73 Psychiatrist
- 3.74 Psychologist
- 3.75 Social worker
- 3.76 Probation officer
- 3.77 Lawyer
- 3.78 Disability Employment Advisor
- 3.79 General practitioner
- 3.80 Other (please give details)

What sort of help has your child received? Please tick one or more of the following:

- 3.81 A diagnosis was made
- 3.82 Treatment with drugs
- 3.83 Counselling or psychotherapy
- 3.84 Behaviour therapy
- 3.85 Speech therapy
- 3.86 Advice
- 3.87 Appointment for someone in mental health service
- 3.88 Appointment for someone in learning disability service
- 3.89 Hospital admission
- 3.90 Day hospital treatment
- 3.91 Place in training programme
- 3.92 Rehousing
- 3.93 Job training
- 3.94 Supported employment
- 3.95 Place at Day centre
- 3.96 Career advice
- 3.97 Accompanied visits
- 3.98 Holiday
- 3.99 Carer coming into home
- 3.100 Teaching aid at school
- 3.101 Statementing by education authority
- 3.102 Befriender
- 3.103 Other (please give details)

Does our child receive any benefits? Please tick any of the following that apply:

- 3.104 Disability Living Allowance (DLA) care component
- 3.105 DLA mobility component

If your child is not receiving DLA, please complete the next page of this questionnaire and discuss this with Professor Tantam/Dr Benning. He/she may be eligible.

- 3.106 Disability Working Allowance
- 3.107 Income support
- 3.108 Unemployment benefit
- 3.109 Disability benefit
- 3.110 Other (please specify)

If your child does not receive Disability Allowance but you think that they might be eligible, please answer the questions below, and then discuss it with Professor Tantam/Dr Benning:

1. Does your child require prompting or encouragement to maintain a reasonable standard of hygiene and nutrition?

If so please provide details.

2. Is your child's condition subject to fluctuations?

It would be helpful if you could describe, within the last 12 months.

2a The nature of the fluctuations.

2b. The frequency.

2c. The severity of the relapses.

2d. The duration of the relapses.

3. Are any changes likely to occur if left unsupervised?

4. Does your child become physically and/or verbally abusive?

5. Is there a history of self-harm or danger to others?

6. Is there an awareness of common dangers?

7. Is there a current substantial risk of serious self-harm?

7a. If so, what are the supervisory arrangements?

8. Please detail the help or supervision needed from someone else to enable your child to get around in:

8a. Familiar places

8b. Unfamiliar places.

9. Taking into account your child's clinical condition, please describe any difficulty your child may have with preparing and cooking a main meal for one, for example:

9a Planning

9b Peeling and chopping vegetables.

9c Coping with hot pans.

9d Using a conventional oven.

FINALLY, SOME QUESTIONS ABOUT YOU AND THE FAMILY

Have you received any of the following? Please ring any that apply:

4.1 Family counselling

4.2 Respite care

4.3 Other social help (please specify)

4.4 *What worries you most now about your child's problem?*

Starting with your child's biological father, can you tell me:

4.5 His/her father's age when the child in question was born?

4.6 Whether his/her father is in good health?

4.7 Whether his/her father has gone out to work recently and, if so, what his occupation is (please give detailed description)?

If your child is currently living with a stepfather or an adoptive father, can you tell me:

4.8 How long he/she has lived with this father?

4.9 Whether this father is in good health?

4.10 Whether this father has gone out to work recently and, if so, what his occupation is (please give detailed description)?

Now, going on to your child's biological mother, can you tell me:

4.11 His/her mother's age when the child was born?

4.12 Whether his/her mother is in good health?

4.13 Whether his/her mother has gone out to work recently and, if so, what her occupation is (please give detailed description)?

If your child is currently living with a stepmother or an adoptive mother, can you tell me:

4.14 How long he/she has lived with this mother?

4.15 Whether this mother is in good health?

4.16 Whether this mother has gone out to work recently and, if so, what her occupation is (please give detailed description)?

4.17 How many children have you altogether?

4.18 Do either of you have children by a previous relationship?

Please give first names and ages of all of your children:

Has anyone else in the family had psychiatric treatment?

If **yes**, which of the following problems has it been for? Please tick one or more:

4.19 Schizophrenia

4.20 Depression

4.21 Mania

4.22 Anxiety

4.23 Obsessions

4.24 Alcohol or drug problem

4.25 Epilepsy

- 4.26 Hallucinations
- 4.27 Psychosis
- 4.28 Other or unsure (please give details)

*If **yes**, which members of the family have been affected? Are they on the mother's or father's side?*

Does anyone in the family have similar problems to your child?

*If **yes**, which of the following has been diagnosed or suspected? Please tick one or more:*

- 4.29 Learning disability
- 4.30 Autism
- 4.31 Asperger Syndrome
- 4.32 Being very introverted
- 4.33 Delay in speaking
- 4.34 Eccentric or odd and socially isolated
- 4.35 Clumsy
- 4.36 Dyslexic
- 4.37 Other (please specify)

*If **yes**, which members of the family have been affected? Are they on the mother's or father's side?*

THANK YOU VERY MUCH FOR ANSWERING THESE QUESTIONS

Before returning the questionnaire, please check that you have not left any answers blank: it's easy to do. If you have any further comments, we would be pleased to have them. Please write them overleaf.