**ASD INFORMANT REPORT PRE-ASSESSMENT QUESTIONNAIRE**

**Patient’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Relationship to the patient** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How long have you known the patient? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| 1. **How often do you have contact with the patient 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:***

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| 1. **What was he/she like as a baby? *e.g., settled baby, cried a lot, didn’t sleep, often sick etc.*** | |
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| 1. **Has he/she been, or is he/she a clumsy person?** | |
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| 1. **What age did he/she do the following things?** | |
| **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 |  |
| 1. **Did he/she like cuddles as a child? If so, was this with any specific people?** | |
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| 1. **If he/she has siblings, did he/she like to play with them as a child or did he/she prefer to play alone?** | |
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| 1. **If he/she did play with siblings, what types of games/play did he/she do?** | |
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| 1. **Did he/she use to enjoy playing with children in neighbourhood as a little child? Did he/she initiate play with other children?** | |
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| 1. **Did he/she ever collect toys/memorabilia? If so, what were they and does he/she still have them?** | |
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| 1. **Did he/she have any preference for one toy/film/game/character and became very attached and fascinated with it?** **Was it intense, obsessional and dominated his/her time and fantasy?** | |
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| 1. **Did he/she use to go on holidays with the family? What aspects did he/she enjoy and what aspects he/she did not enjoy or found difficult?** | |
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| 1. **Did he/she use to attend family parties/gatherings? What aspects did he/she enjoy and what aspects he/she did not enjoy or found difficult?** | |
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| 1. **Did he/she have any significant illness, accident or specific needs that required intervention from professionals in early childhood?** | |
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**School Years**

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| 1. **Did he/she need to change schools at any time? If so, what were the reasons for this?** |
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| 1. **Did he/she ever get issued with a statement of educational need at school? If so, what was it for?** |
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| 1. **Did he/she receive any additional support in school to help him/her engage in lessons or learn? If so, what was this support, and did it help?** |
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| 1. **Did he/she enjoy nursery? Why, or why not?**   **Do you know what teacher’s feedback said about him/her? If so, what was it?** |
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| 1. **Did he/she enjoy pre-school? Why, or why not? Do you know what teachers’ feedback was about him/her? If so, what was it?** |
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| 1. **Did he/she enjoy infants? Why or why not? Do you know what teachers’ feedback was about him/her? If so, what was it?** |
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| 1. **Did he/she enjoy primary school? Why or why not? Do you know what teacher’s feedback was about him/her? If so, what was it?** |
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| 1. **Did he/she enjoy secondary school? Why or why not? Do you know what teacher’s feedback was about m/her? If so, what was it?** |
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| 1. **How well did he/she cope with the transitions between schools?** |
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| 1. **Did he/she make friends at school? If so, who were his/her friends at school?** |
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| 1. **Did he/she see any friends out of school? If so, what did they do?**   **Did he/she attend birthday parties, sleepovers? Did he/she enjoy them?** |
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| 1. **Does he/she still see his/her old school friends?** |
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| 1. **Did he/she use to go to any clubs or do out of school activities? *e.g., sports clubs, girl guides/boy scouts etc?***   **Did he/she enjoy those?** |
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**Social communication**

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| 1. **Do people ever misinterpret what he/she says and means? If so, in what way?** |
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| 1. **Does he/she ever misinterpret what people say to him/her or what they intend? If so, in what way?** |
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| 1. **Does he/she ever find it difficult to be in social situations with people he/she knows, or he/she doesn’t know? If so why and what helps him/her cope in these situations?** |
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| 1. **Can he/she easily understand non-verbal communication? *e.g. body language, gesture, facial expression, group dynamics etc***   **If he/she struggle with any, which ones are more difficult for him/her?** |
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| 1. **Does he/she understand humour, banter, sarcasm, metaphors or euphemism? If he/she struggles with any, which ones do he/she find more difficult to understand?** |
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| 1. **Is he/she able to imagine how other people may be feeling? If not, in what way does he/she struggle with this?** |
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| 1. **Can he/she feel empathy (the ability to understand another person’s thoughts and feelings in a situation from their point of view rather than his/her own)?**   **Is he/she able to show empathy?**  **How does he/she express it?** |
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| 1. **Can he/she initiate conversations?**   **Can he/she maintain conversations with people even if the topic does not interest him/her?**  **If not, what does he/she struggle with?** |
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| 1. **Is he/she able to routinely look people in the eyes when he/she talks to them?**   **Does he/she routinely use gestures and change the tone of his/her voice to enhance what**  **he/she is saying to someone?**  **If he/she struggles with any of these, which ones and what does he/she find difficult.** |
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| 1. **Do people describe him/her as an opinionated person?**   **Does he/she have a black and white thinking?**  **Does he/she think literally?** |
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**Routines /Repetitive Interests/Sensitivities**

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| 1. **Does he/she currently have any physical or mental routines If so, what are these*? e.g., things that he/she likes to do at a set time or in a set way?*** |
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| 1. **Does he/she have difficulties coping with change? *e.g., if his/her plans change unexpectantly.***   **If so, can you give some examples and how it affects him/her?** |
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| 1. **How does he/she spend his/her time at home?** |
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| 1. **Does he/she like having any order to your belongings? If so, can you provide examples?** |
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| 1. **If he/she have to do something new or go somewhere new, how does he/she prepare himself/herself?** |
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| 1. **What are his/her interests? How all-absorbing are they, how much time spent thinking about them and how much money spent on them.**   **Does he/she like to talk about them a lot?**  **Do his/her friendships and social life revolves solely/mainly around his/her interests?** |
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| 1. **Does he/she do anything repetitively and if so what? *e.g., buy same brands, eat same foods, repeated body movements, intense interests etc.*** |
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| 1. **Does he/she have any sensitivity/ or reduced sensitivity to light, sound, taste, smell, touch, texture pressure, temperature? If so which ones and in what way?** |
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| 1. **What do you think his/her strengths are?** |
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| 1. **In which way do you think his/her difficulties have impacted on his/her life (education, , relationships, mental health, current circumstances)** |
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| 1. **Is there anything else that would be helpful for us to know?** |
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**Thank you**