

Addressograph
Name: _____
Address: _____

DOB: ____/____/____
NHS No. _____

Parental Neurodevelopmental Questionnaire

We apologise for the length of this questionnaire, but we are grateful to you for completing it. It is most helpful to us if you give details or tell us about an actual incident rather than answering with a Yes or No answer.

Infancy

1. How would you describe your child as a baby?
2. Did you ever wonder if your child might be struggling to hear?
3. Did your child point at things they wanted? e.g. Food or a toy?
4. Did your child point out interesting things and look to see whether you were interested to? E.g. cars in the street, animals?
5. Did your child get anxious if separated from you?

Speech Development

1. Do you have any concerns about your child's speech development?
2. Does your child now talk about a range of topics, if not, what do they prefer to talk about?
3. Does your child start conversations off, listen to your response and then respond appropriately so that the conversation goes back and forth?
4. Is there anything unusual about your child's voice or tone, the way they speak, the fluency of speech, use of loudness or softness of the voice?
5. Has your child ever echoed your speech or repeated phrases over and over again? If yes, at what sort of age, how long did it last?

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6. Has your child made up words of their own? If yes, can you give an example?
7. Does your child ever tend to talk non-stop at you?
8. Does your child ever tend to take language literally? Can you give an example?
9. Does your child understand body language and facial expression? If they have a problem – what difficulties do they have? - Do they know how you feel by your facial expression?

Concentration and impulsivity

Do you have any concerns about your child's concentration? If so, please give examples:
Does your child have difficulties with organisation? If so, please give examples:
Is your child forgetful? If so, please give examples:
Does your child get easily distracted? If so, please give examples:
Is your child often on-the go and restless? If so, please give examples:
Does your child have a good awareness of danger? If so, please give examples:
Does your child do and say things without thinking? If so, please give examples:

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Social

1. How does your child get on with adults?
2. How does your child get on with children their own age?
3. Does your child have any problems making friends? - Meeting people they know? - Meeting new people? - Coping in a strange situation
4. How does your child react if they are hurt?
5. How does your child react if you are hurt?
6. Does your child have any problems in different social situations, e.g. supermarket, big gatherings etc.
7. Can your child put themselves in other people's shoes and understand how other people feel?

Play

1. How did your child's play develop?
2. Give an example of your child's pretend play now

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3. Does your child:

- Take turns
- Share
- Wait for their go
- Ask others to join in
- Win or lose gracefully
- Understand rules in games like football

4. What is your child's favourite play now?

Other Behaviours

1. Does your child ever cover their ears to sound?

2. Does your child look sideways out of their eyes at things?

3. Has your child ever shown any fascinations with lights, patterns, shiny things, water, spinning things?
Please describe

4. Has your child ever seemed unaware of hot, cold pain?

5. Has your child ever been fascinated by, or obsessional about anything? Please give details

6. Have you ever felt that your child was particularly knowledgeable about anything or collected unusual things? Please give details

7. What happens if you change your child's routine or the way things are done in your family? Can you go on holiday with no problems?

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8. Does your child have any rituals, i.e. are there certain things that they has to do a certain way, perhaps in relation to mealtimes, bedtime, toys, where things are placed etc? Please give details

9. Are there any other problems with behaviour in your child that you are concerned about?

Summary

1. Is your child different from any siblings they have?

2. Are there any other concerns about your child that you would like to mention?

3. Please provide information about your child's concerns / understanding of their difficulties

4. What do you wish to gain from this referral?

Thank you for completing this form.