

## Adult Questionnaire

**Please complete as much as you are able to. The major context is the place of work. Reference is also made to educational settings.**

Full Name...

Contact Telephone Number

Date of Birth.

Age            years

Male/Female

Home Address

If Not given Work Address will be used

Current Job Title

What previous work have you done?

Which schools/colleges did you attend?

What were you good at, at school?

How old were you when you first noticed your difficulties?

Did you have difficulties at school with:

Reading

No/ Slight / Moderate / Yes

Spelling

No / Slight / Moderate / Yes

Writing

No / Slight / Moderate / Yes

Mathematics

No / Slight / Moderate / Yes

Essays

No / Slight / Moderate / Yes

Revision

No / Slight / Moderate / Yes

Sports and Games

No / Slight / Moderate / Yes

Did you have any remedial help or other extra help?

Please give details:  
During School  
Post School education

Were you ever assessed for learning difficulties (e.g. dyslexia)?

Who assessed you?

If you have a copy of a report, please may we see this?

What were you told about your difficulties?

Is your vision within normal limits?

Is your hearing within normal limits?

Have you suffered from any serious illnesses?

Do you take regular medication?                      If so, please give details

How many brothers do you have?.....How many sisters?.....

Where do you come in the family?    1                      2                      3                      4

Do they have difficulties with spelling/reading/learning?

	Spelling	Reading	Learning
Parents	.....	.....	.....
Brothers/	.....	.....	.....
Sisters	.....	.....	.....
Cousins	.....	.....	.....
Aunts/Uncles	.....	.....	.....

At work do you have difficulties with any of the following:

Taking notes	Yes/No
Acquiring information from books	Yes/No
Acquiring information from others	Yes/No
Organising information	Yes/No
Meeting work deadlines	Yes/No
Writing quickly	Yes/No
Do you spend more time on your work than other people seem to do?	Yes/No
Is your writing difficult to read?	Yes/No
Does your writing contain a large number of spelling errors?	Yes/No
Do you miss-spell "easy" words if you have to fill in a form or write where others can see you doing so?	Yes/No
Do you miss out little words or the endings of words?	Yes/No
Do you write rambling sentences?	Yes/No
Do you find it difficult to think of the words to express what you are thinking?	Yes/No
Do you avoid using words you can not spell in essays and letters?	Yes/No
Do you miss out full stops, commas and other punctuation marks?	Yes/No
Do you tend to write down everything as it comes into your head?	Yes/No
Do you find that you start sentences and then forget what you were going to put?	Yes/No
Do you find writing essays under examination conditions easy?	Yes/No

Do you find that you often need to read a page more than once in order to understand what is being said? Yes/No

Do you put off starting projects until the last minute? Yes/No

Do you get confused over dates and times and sometimes miss appointments? Yes/No

In seminars and meetings do you "freeze up" when asked a question directly? Yes/No

Do you have difficulties saying long words or words containing particular sounds? Yes/No

Can you give examples?

Do you have concentration difficulties? Yes/No

Do you have motor co-ordination difficulties? Yes/No

Do you get confused if you have to speak in public? Yes/No

Do you sometimes find it difficult to take telephone messages and pass them on correctly? Yes/No

Please list any changes you have made to help overcome these difficulties:

What else do you feel could help?

What other strategies have you developed?

On a separate piece of paper please summarise your difficulties and say what you are seeking from an assessment at this moment in time? Please include any information, which you feel may be relevant.

**Space To Learn is committed to protecting and respecting your privacy.**

**Please review and sign the declaration below:**

**Your declaration**

I understand the following:

Space To Learn will use the information for assessment purposes only.

The information I have provided is considered confidential, will be securely stored by Space To Learn, and will not be disclosed to third parties.

I declare that the information I have given on this form is correct and complete.

Print name: .....

Signature: ..... Date: .....