

# Background Questionnaire

It can be very helpful to know the answer to the following questions about you. Please feel free to leave blank any part of the questionnaire that you would rather not answer or to which you don't know the answer.

Please feel free to ask for help in completing the questionnaire if you feel you need it.

You will need to discuss some of these questions with a parent if possible, but if you can't do this then please do not worry - just leave the answer blank.

## **GENERAL INFORMATION**

Your name: .....

Male / Female

Date of Birth: .....

Address: .....

..... Telephone: .....

University or college: .....

## **BIRTH AND DEVELOPMENT HISTORY**

1. Were there any problems with your mother's pregnancy and/or your birth?  YES/NO  
(If YES please give details)

2. Was your motor development normal? Consider crawling, sitting up, first steps, manual dexterity, co-ordination and handedness.  YES/NO  
(If YES please give details)

3. Did you have any difficulty learning to feed or dress yourself?  YES/NO  
(If YES please give details)

4. Did you appear clumsy as a child?  YES/NO  
(If YES please give details or examples)

## SPEECH AND LANGUAGE

1. At what age were your first words spoken? .....

2. At what age were you able to put 2 or 3 words together? .....

3. Were you a talkative child?

YES/NO

4. Did you have any problems expressing yourself?  
(If YES please give details)

YES/NO

5. Have there been any difficulties with pronunciation, speech difficulties  
or difficulties with sounds that you have found particularly difficult?  
(If YES please give details)

YES/NO

6. Did you ever need to see a speech and language therapist?  
(If YES please give details)

YES/NO

7. Are any problems with speech and language now resolved?  
(If NO please give details)

YES/NO

8. Can you follow instructions?  
(If NO please give an example)

YES/NO

9. Did you appear to find Nursery Rhymes more difficult to learn than  
your peers?  
(If YES please give details)

YES/NO

## EMOTIONAL WELL-BEING

1. As a child did you have any problems with thumb-sucking / nightmares / nail biting / temper tantrums / bed wetting / eating problems or any other problem which might have had an emotional origin?  
(If YES please give details)

YES/NO

2. Which of the following terms would you use to describe yourself?  
(Please tick **all** the appropriate boxes)

- |                  |                          |                                |                          |
|------------------|--------------------------|--------------------------------|--------------------------|
| hyperactive      | <input type="checkbox"/> | sensitive                      | <input type="checkbox"/> |
| distractible     | <input type="checkbox"/> | placid                         | <input type="checkbox"/> |
| highly strung    | <input type="checkbox"/> | self-contained                 | <input type="checkbox"/> |
| out-going        | <input type="checkbox"/> | sullen                         | <input type="checkbox"/> |
| dreamy           | <input type="checkbox"/> | friendly with children         | <input type="checkbox"/> |
| no close friends | <input type="checkbox"/> | friendly with adults           | <input type="checkbox"/> |
| good at sports   | <input type="checkbox"/> | has difficulty making friends  | <input type="checkbox"/> |
| creative         | <input type="checkbox"/> | a person fantasises            | <input type="checkbox"/> |
| energetic        | <input type="checkbox"/> | a person who needs a routine   | <input type="checkbox"/> |
| quiet            | <input type="checkbox"/> | a person with low self esteem  | <input type="checkbox"/> |
| talkative        | <input type="checkbox"/> | a person with high self esteem | <input type="checkbox"/> |
| loner            | <input type="checkbox"/> | a person who likes college     | <input type="checkbox"/> |
| hates sports     | <input type="checkbox"/> | a person who hates college     | <input type="checkbox"/> |
| disorganised     | <input type="checkbox"/> | organised                      | <input type="checkbox"/> |
| Other            | <input type="checkbox"/> | confident                      | <input type="checkbox"/> |

Please give details below

## MEDICAL HISTORY

1. Any childhood accidents / injuries / operations?  
(If YES please give details)

YES/NO

2. Any allergies  
(If YES please give details)

YES/NO

3. Any hearing difficulties in the past or at the present?  
(If YES please give details)

YES/NO

4. Any sight difficulties in the past or at the present?  
(If YES please give details)

YES/NO

## FAMILY HISTORY

1. Do you have any brothers or sisters?  
What are their ages?

YES/NO

Do any of them have similar difficulties to yourself?  
(If YES please give details)

YES/NO

2. Is there any history of reading or spelling difficulties or speech problems  
in your close or extended family?  
(If YES please give details)

YES/NO

## SCHOOL HISTORY

1. At what age did you start school? .....
2. How did you adjust to the school environment?
3. Please describe your early progress with reading / writing / numbers.
4. At what age did you suspect that you might have a problem? .....
5. How would you describe your schooling and education so far?  
(Please tick **all** the appropriate boxes)

formal	<input type="checkbox"/>	sympathetic	<input type="checkbox"/>
informal	<input type="checkbox"/>	appropriate	<input type="checkbox"/>
child centred	<input type="checkbox"/>	traditional	<input type="checkbox"/>
disrupted	<input type="checkbox"/>	free and easy	<input type="checkbox"/>
open plan	<input type="checkbox"/>	well resourced	<input type="checkbox"/>
Other	<input type="checkbox"/>	poor facilities	<input type="checkbox"/>

Please give details below

## GENERAL

1. Do you think your difficulties have evolved from problems at home, school and / or college or from within yourself?

## GENERAL continued

2. What kinds of activity do you prefer?

Please tick **all** the appropriate boxes.

creative

active

sporting

television

computers

artistic

musical

group

practical

lone

Other

Please give details below

3. Does you have any hobbies or belong to any clubs or societies?

(If YES please give details below)

YES/NO

## OTHER INFORMATION

1. Is there any other information that you feel may be helpful?

(If YES please give details)

YES/NO

2. Father's occupation .....

3. Mother's occupation .....

Please attach copies of any relevant reports (education psychologist, speech and language therapist, etc.) that you may have.

**Thank you for taking the time to complete this questionnaire.**