**Neurodevelopmental Functional Difficulties Questionnaire - example & blank.**

Thank you for taking the time to complete the NHS Lothian Neurodevelopmental Functional Difficulties Questionnaire (ND-FDQ). By completing this questionnaire, we will have a better understanding of how your symptoms have impacted on your functioning in different aspects of your life throughout your life. The information provided will help us guide you to appropriate resources and support.

***Below is an example of a completed questionnaire which will hopefully provide some guidance as to how you might give your own examples. Please provide as much information as possible.***

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| **CHILDHOOD** | **ADULTHOOD** |
| **Education**  Please provide examples of how your symptoms have impacted on your education (*please comment on attendance, performance, achievements, level education acquired, age of leaving school, exclusion):*  *I daydreamed in class and was often late. I left school at 18 having achieved 1 A and 2Cs at higher but probably could have done better if I’d concentrated more.* | **Higher Education/Work**  Please provide examples of how your symptoms have impacted on your higher education/work *(please comment on number & length jobs, performance, achievements, attendance):*  *I went to college and completed a business course but had to do an extra year as I didn’t hand in my assignments. I have had a few short jobs in hospitality since but would like to find something interesting.* |
| **Family**  Please provide examples of how your symptoms have impacted on your relationship with your family *(e.g. how would you describe your family relationships, dynamics etc?):*  *I frequently argued with my older brother because I would be constantly annoying him. I was occasionally punished by my parents for being horrible to him.* | **Family/Relationships**  Please provide examples of how your symptoms have impacted on your relationship with your family *(e.g. how would you describe your relationships, dynamics etc?):*  *I do not talk to my family as we have argued throughout my life. I have not been able to sustain a relationship for long and am currently single.* |
| **Social Contacts**  Please provide examples of how your symptoms have impacted on your social contacts *(e.g. friendships, number of friends, social groups*):  *I had a good group of friends at school but had frequent fall outs because I would immediately say what I thought.* | **Social Contacts**  Please provide examples of how your symptoms have impacted on your social contacts *(e.g. friendships, number of friends, social groups*):  *I still have lots of friends, but people have commented that if I weren’t me they wouldn’t put up with me* |
| **Free time/hobby**  Please provide examples of how your symptoms have impacted on your free time/hobbies *(e.g. leisure activities, accidents, police contact):*  *I was always late for football practise but have never had any injuries. I broke my arm falling from a tree and always had cuts and bruises. I’ve never been in trouble with the police.* | **Free time/hobby**  Please provide examples of how your symptoms have impacted on your free time/hobbies *(e.g. leisure activities, accidents, police contact):*  *No issues.* |
| **Self-confidence/self-image**  Please provide examples of how your symptoms have impacted on self-confidence and self-image *(e.g. how do you feel about yourself and how does this impact on your day-to-day life)*  *I can’t really remember but I’ve been told I was loud and confident.* | **Self-confidence/self-image**  Please provide examples of how your symptoms have impacted on self-confidence and self-image *(e.g. how do you feel about yourself and how does this impact on your day-to-day life)*  *When I think about my childhood, I do see myself as different to others and at times this knocks my confidence, but I don’t think it affects me day-to-day.* |

***Now you have seen an example questionnaire please provide your own answers in the spaces below. Please provide as much detail as possible.***

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| **CHILDHOOD** | **ADULTHOOD** |
| **Education**  Please provide examples of how your symptoms impacted on your education (*e.g. attendance, performance, achievements, level education acquired, age of leaving school):* | **Higher Education/Employment**  Please provide examples of how your symptoms have impacted on your higher education/work *(e.g. number& length jobs, performance, achievements, attendance):* |
| **Family**  Please provide examples of how your symptoms impacted on your relationship with your family in childhood *(e.g. how would you describe your family relationships, dynamics etc?):* | **Family/Relationships**  Please provide examples of how your symptoms have impacted on your relationship with your family or partners *(e.g. how would you describe your relationships, dynamics etc?):* |

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| **Social Contacts**  Please provide examples of how your symptoms impacted on your social contacts in childhood *(e.g. friendships, number of friends, social groups*): | **Social Contacts**  Please provide examples of how your symptoms have impacted on your social contacts *(e.g. friendships, number of friends, social groups*): |
| **Free time/hobbies**  Please provide examples of how your symptoms impacted on your free time/hobbies in childhood *(e.g. leisure activities, accidents, police contact):* | **Free time/hobbies**  Please provide examples of how your symptoms have impacted on your free time/hobbies *(e.g. leisure activities, accidents, police contact):* |

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| **Self-confidence/self-image**  Please provide examples of how your symptoms impacted on self-confidence and self-image in childhood *(e.g. how do you feel about yourself and how does this impact on your day-to-day life)* | **Self-confidence/self-image**  Please provide examples of how your symptoms have impacted on self-confidence and self-image *(e.g. how do you feel about yourself and how does this impact on your day-to-day life)* |
| **Other**  Please use this space to provide any further information that you feel is important or relevant.  GP / SURGERY  Name, DOB, Address  Date: | |