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Confidential Adult Questionnaire (16+ years)

Full Name: _____

Date of Birth: _____ Age: _____

Home
Address: _____

Telephone Numbers: Home _____ Work _____ Mobile _____

Name of person requesting assessment: _____

Where do you come in your family? 1 2 3 4 5
How many brothers ____ and sisters ____ do you have?

Do other members of your family experience difficulties with reading, spelling or dyslexia?

About Your Educational History

Names of schools/colleges you have attended in order

	Name	Date
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____

Did you receive any further education? yes/no

What courses did you attend?

Course	Date
_____	_____
_____	_____
_____	_____

When did you become aware of your difficulties?

Did you have difficulties at school with:

Reading	yes/no
Spelling	yes/no
Organising and completing written work	yes/no
Handwriting	yes/no
Mathematics	yes/no

Revision
Sports and games

yes/no
yes/no

What help did you receive in school/college?

What help did you receive outside school/college?

Did you receive any assessment or help from other specialists, such as Educational Psychologists, Speech and Language Therapists, etc?

What subjects were you good at?

About Your Employment History

Occupation: _____

What previous work have you done?

Occupation

Date

About Your Birth, Development and Health

Were there any unusual complications with your birth or pre-school development? _____

Have you had any serious accidents, injuries or illness in the past?

Hearing and Vision

When was your vision last tested and is this within normal limits?

Do you experience any difficulties with your eyes e.g. print movement or headaches when reading?

When was your hearing last tested and is this within normal limits?

About Your Current Difficulties

Do you dislike reading long books? yes/no
Do you dislike reading aloud? yes/no
Do you take longer than you should to read a page of a book? yes/no
Do you find it hard to remember the sense of what you have read? yes/no

Is your writing difficult to read? yes/no
Do you write very slowly? yes/no
Do you find forms difficult and confusing? yes/no
Is your spelling poor? yes/no

Do you mix up dates and times or miss appointments? yes/no
Do you find it difficult to read maps or follow directions? yes/no
Do you find it hard to take telephone messages and pass them on correctly? yes/no

Do you mix up telephone numbers when you dial? yes/no
Do you mix up numbers like 85 and 58? yes/no
Can you correctly say the months of the year in order? yes/no
Do you find it difficult to say the months of the year backwards? yes/no
Do you find it hard to do sums in your head without using your fingers or paper? yes/no
When you need to say a long word, do you find it difficult to get all the sounds in the right order? yes/no

What strategies do you use in order to help?

Do you use equipment such as spellcheckers, personal computers with word processing facilities, etc?

Do you have a friend or member of your family to check your work?

What Course are you studying?

Describe below what your main concerns are and how you feel this assessment may help you? (continue on a separate sheet if necessary).

signed: _____

Date _____