



# ESSENCE-Q-ADULT

Name:				Date:	
Age:				Completed by (provide relationship to the person that the questions concern):	
Woman:	<input type="checkbox"/>	Man:	<input type="checkbox"/>		

Please take a few minutes to read the following items and check the box that is most applicable for each item.

During your childhood, were you, (or anyone else, who? \_\_\_\_\_) concerned about your development regarding

	Yes	Maybe/ A little	No
1. General development			
2. Motor development/milestones			
3. Reactions regarding touch, sound, light, smell, taste, heat, cold, pain			
4. Communication/language/babble			
5. Activity (overactivity/passivity) or impulsivity			
6. Attention/concentration/"ability to listen"			
7. Social interaction/interest in peers			
8. Behaviour (e.g. repetitive, routine insistence)			
9. Mood (depressed, elated/manic, extreme irritability, crying spells)			
10. Sleep			
11. Eating habits			
12. "Funny spells"/absences			

If **Yes**, or **Maybe/A little** to any of the above, please elaborate briefly here:

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