



# ESSENCE-Q Adult English

Name.....

Age.....

Sex .....

Date of birth.....

Completed by.....

Relationship to the adult .....

(If completed by a person other than the person to whom the questions apply)

Date of submission.....

Please take a few minutes to read the following items and write Y, M/AL, or N in the box that is most applicable for item.

- ❖ Y= Yes
- ❖ M/AL = Maybe/A little
- ❖ N= No

During your childhood, were you, or someone else concerned regarding your:

|   | Y | M/AL | N |
|---|---|------|---|
| 1. General development  |   |      |   |
| 2. Motor development/milestones   |   |      |   |
| 3. Sensory reactions (e.g. 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. Feeding   |   |      |   |
| 12. "Funny spells"/ absences  |   |      |   |

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