

Feedback form Self report for young people in secondary school (North Hertfordshire CDC, Lister Hospital ADHD Clinic)

EAST AND NORTH HERTFORDSHIRE NHS TRUST

Patient Sticker or Details

**ADHD NURSE SPECIALIST
CHILD DEVELOPMENT CENTRE
DANESTRETE
STEVENAGE
HERTS**

FAX: 01438 781470

Young Person Self-Report (Secondary School). Please complete the following on your own so we can get your views and review your treatment effectively. Handover the form to your parent/carer when completed

Month in which report should be completed _____

Completed by:

Name _____ Age _____

School/College _____

Date form was completed

Name of your current medication and dose

HAVE YOU EXPERIENCED ANY SIDE EFFECTS WITH THE MEDICATION	YES	NO	COMMENTS/DETAILS
Appetite			
Sleep			
Mood			
Behaviour			

changes			
Are there times you don't take your medication if so add reasons why			

Do you feel that your current medication treatment has had an effect on your behaviour in the following areas:

IMPACT	Positive impact	Negative impact	No Impact	ANY OTHER COMMENTS
Relationships with friends				
Relationships with brothers/sisters				
Relationships with parents/carers				
Completing Homework				
Organising yourself				
Attending School				
How you feel about yourself				
Your mood				
Others (please specify)				

ARE YOU INVOLVED IN ANY OF THE FOLLOWING	YES	NO	COMMENTS/DETAILS
Smoking			
Drugs			

Alcohol			
Anti-social Behaviour			

Please tick any support that you receive:

SUPPORT	PREVIOUSLY HAD	CURRENTLY HAVING	NOT HAD THIS SUPPORT	COMMENTS/DETAILS
Extra help in school				
Community groups				
CAMHS (child and adolescent mental health services)				
Counselling				
Art/Music Therapy				
Extra Curricular Activities/Clubs e.g. taek won do				
Other – please state				

Please attach any further additional information to this report if appropriate.

Many thanks for your time in completing this report. Your comments are very important to us when we are reviewing your care and medication.

WHEN COMPLETED PLEASE GET YOUR PARENT/CARER TO RETURN OR FAX IT TO THE ADDRESS AT THE START OF THESE FORMS