**Survey – ADHD Services in Stockton-on-Tees**

**for those with a formal diagnosis and those waiting for diagnosis**

Healthwatch Stockton-on-Tees recently worked closely with a service user with lived experience of ADHD to develop a case study on the impact ADHD has on health and wellbeing.

This work is now being developed into a more in-depth study on the support available for those waiting diagnosis, both for themselves and family, while ascertaining the impact this has on access to health and care services and information that could support improvement.

Through the survey below and online, the feedback and intelligence gathered will be shared with the local authority and Public Health and will help to shape local services and further support future planning and commissioning.

For anyone who would like extra support in completing the survey, the team at Healthwatch Stockton-on-Tees would be happy to help go through the questions and fill in the form together.

Please contact us:

Email: healthwatchstockton@pcp.uk.net

Telephone: 01642 688312

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| --- |
| **Questions for those with a formal diagnosis of ADHD** |

1. **Have you or someone you care for had a formal diagnosis for ADHD?**

Yes

No

**IF NO, PLEASE GO TO QUESTION 14 ON PAGE 8**

1. **Who did you go to for help and advice to support the referral process? (please select all that apply)**

GP

Health visitor

School

Other (please comment below)

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1. **Were you informed how long it will take for the initial and full assessments?**

Initial estimated time

Yes ………………………………………………………………………………..

No

Actual Time

Yes …………………………………………………………………………………

No

1. **Were you offered any additional support while waiting for assessment?**

Yes, I was provided with information and advice

No, I was not provided with information and advice

If you were offered support, please select all that apply

Printed information such as leaflets

Website

Peer support or groups

Mental health support

Signposting

Other (please comment below)

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|  |

1. **What support do you currently receive e.g. family, mental health/counselling etc?**

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| --- |
|  |

1. **Do you find this support useful?**

Yes ………………………………………………………………………………..

No

Comments

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1. **What coping strategies have you developed e.g. exercise, meeting like-minded people?**

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| --- |
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1. **Does this diagnosis impact your access to health and care services? (please select all that apply)**

GP

Dentist

Ophthalmology

Other

If other, please give details.

1. **How have these health and care services been impacted for you? Please comment below.**

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| --- |
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1. **Have you been prescribed medication?**

Yes

No

Comments

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If yes:

What medication were you prescribed?

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| --- |
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Was there a delay in getting the medication?

Yes

No

Comments

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| --- |
|  |

Have you found the medication has helped?

Yes

No

Comments

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|  |

If no:

Are you currently on a waiting list for medication?

Yes

No

Have you been informed how long this may take?

Yes

No

Comments

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1. **Is there any further support you would feel would be useful e.g. Easy Read?**

|  |
| --- |
|  |

1. **Would you be interested in attending a peer support group?**

Yes

No

Comments

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|  |

1. **Any other comments?**

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| **Questions for those who have not had a formal diagnosis of ADHD** |

1. **Are you currently waiting for an assessment?**

Yes

No

**IF NO, PLEASE SKIP TO QUESTION 17**

**If yes, please select which assessment type:**

Initial

Formal

****

1. **Were you given an estimated time of how long it may take for an assessment?**

Yes ………………………………………………………………………………..

No

Other (please comment below)

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1. **Have you been offered any other support while waiting for either assessment?**

Yes, I was provided with information and advice

No, I was not provided with information

If you were offered support, please select all that apply

Printed information such as leaflets

Website

Peer support or groups

Mental health support

Signposting

Other (please comment below)

|  |
| --- |
|  |

1. **What support do you currently receive e.g. family, mental health/counselling?**

|  |
| --- |
|  |

1. **Do you find this support useful?**

Yes ………………………………………………………………………………..

No

 Comments

|  |
| --- |
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1. **What coping strategies have you developed e.g. exercise, meeting like-minded people?**

|  |
| --- |
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1. **Is there any further support you would feel would be useful e.g. Easy Read?**

|  |
| --- |
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1. **Would you be interested in attending a peer support group?**

Yes

No

Comments

|  |
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1. **Any other comments?**

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**Demographic data**

**The next questions are about you.**

**We will use these answers to make sure we have asked a range of different people about their views and experiences.**

1. ***Age category***
* 12 and under -------
* 13 – 17 years ------
* 18 – 24 years ------
* 25 – 34 years ------
* 35 – 44 years ------
* 45 – 54 years ------
* 55 – 64 years ------
* 65 – 74 years ------
* 75+ years -----------
* Prefer not to say -------
1. ***Gender***
* Woman ----------
* Man ---------------
* Non-binary ------
* Other -------------
* Prefer not to say --------
1. ***Ethnic background:***
* Arab -----------
* Asian / Asian British: Bangladeshi ------------
* Asian / Asian British: Chinese ------------
* Asian / Asian British: Indian ----------
* Asian / Asian British: Pakistani ------------
* Asian / Asian British: Any other Asian / Asian British background -------------
* Black / Black British: African -------------
* Black / Black British: Caribbean ------------
* Black / Black British: Any other Black / Black British background -----------
* Gypsy, Roma or Traveller ------------
* Mixed / Multiple ethnic groups: Asian and White ----------
* Mixed / Multiple ethnic groups: Black African and White -------------
* Mixed / Multiple ethnic groups: Black Caribbean and White ------------
* Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background ---------
* White: British / English / Northern Irish / Scottish / Welsh ------------
* White: Irish ------------------
* White: Any other White background ------------
* Another ethnic background -------------
* Prefer not to say -----------
1. **S*exual orientation***
* Asexual ------------
* Bisexual -----------
* Gay ----------------
* Heterosexual / Straight ---------------
* Lesbian -----------------
* Pansexual ---------------
* Other ----------------
* Prefer not to say ----------
1. ***Religion or beliefs:***
* Buddhist ----------------
* Christian ----------------
* Hindu --------------
* Jewish -------------
* Muslim ----------------
* Sikh ----------------
* No religion ---------------
* Other ---------------
* Prefer not to say ---------
1. ***Marital or civil partnership status:***
* Single --------------
* Married -------------
* In a civil partnership ----------------
* Cohabiting ---------------
* Separated ------------
* Divorced / dissolved civil partnership ----------------
* Widowed -------------
* Prefer not to say -----------------
1. ***Carer, have a disability or a long-term health condition? (Please select all that apply):***
* Yes, I consider myself to be a carer ------------
* Yes, I consider myself to have a disability ----------
* Yes, I consider myself to have a long-term condition -----------
* None of the above --------------
* Prefer not to say --------------