

# ABELS

## Pre-Screen Questionnaire



### Witness Details

Name \_\_\_\_\_  
 Crime Number \_\_\_\_\_  
 Date and Time \_\_\_\_\_  
 Completed by \_\_\_\_\_

### Outcome

- No problems indicated
- Further Adult ABELS screen needed

## 1 BACKGROUND

What's your address?  
 Who do you live with?  
 Do you have any help at home?  
 How long have you lived there? *or*  
 How old were you when you moved there?  
 What's your date of birth? *or* When is your birthday?  
 How old are you?

NOTES

## 2 HEALTH

Do you have any health problems?  
 Do you take any medicine? *(If yes:*  
     What's it for?  
     When do you take it?  
     Does anyone help you with your medicine?  
     Does it have any side effects?)

NOTES

Have you ever been diagnosed with or told you have any of the following? (If yes, ask "how does this affect you?" or say "Tell me about that")

Dyslexia	Y	N	DK
Learning Disability	Y	N	DK
Anxiety or depression	Y	N	DK
Mental Health difficulty	Y	N	DK
ADHD	Y	N	DK
Autism	Y	N	DK
Brain injury (affecting communication)	Y	N	DK

NOTES

### 3 SCHOOL

**Where did you go to school?**

**What type of school was it?**

**How did you get on at school?**

NOTES

**Have you ever...**

Been at a Special Needs School or Unit? Y N DK

Been excluded from school? Y N DK

Had prolonged period of absence from school? Y N DK

Had one to one support at school? Y N DK

Had other extra help at school? Y N DK

Taken any exams? Y N DK

NOTES

### 4 ADDITIONAL HELP

**Do you need help with any of the following?**

Reading Y N DK

Writing Y N DK

Filling in forms Y N DK

Managing money Y N DK

Telling the time Y N DK

Getting to appointments on time Y N DK

NOTES

**Do you ever get confused or in a muddle...**

In a group of people? Y N DK

Talking to people you don't know? Y N DK

Talking to the doctor? Y N DK

NOTES

**Is there anything else you find difficult?**

**Is there anything we can do to help you talk to us?**

**Have you spoken to the police before?**

NOTES