The Informant Briefing

Someone has asked you to describe what they were like as a child, because they're being assessed for ADHD as an adult.

This page explains why you're being asked, what you'll be asked, and how to be genuinely useful. It takes two minutes to read and it will save you a much more awkward hour later.

Why you specifically

ADHD is a developmental condition. To diagnose it, a clinician has to establish that several of the difficulties were already present **before the age of twelve** — not diagnosed then, but present.

That creates an obvious problem: the person being assessed was a child at the time. Nobody is a reliable narrator of their own childhood, and there's a specific complication here. When researchers compare what adults say about their own early years against what their relatives remember, the adult often reports themselves as having coped **better** than the family recalls. Whatever else you're worried about, you are unlikely to be exaggerating.

So you're not a character witness and you're not being asked to vouch for anyone. You're being asked for a piece of evidence only you have.

What you'll be asked

Not "was she difficult." Something closer to this:

- **School.** What did reports say, year after year? Was there a phrase that kept coming back — *bright but, doesn't apply herself, so much potential*? Were teachers ever concerned, and about what?
- **Homework and tasks.** Did things get started and not finished? Did a twenty-minute task take three hours, or a whole evening, or a scene?
- **Losing things.** Constantly, or occasionally? Coats, keys, PE kit, homework that had actually been done?
- **Being told things.** Did instructions have to be repeated? Did they seem to hear you and then not do it?
- **Restlessness.** Fidgeting, unable to sit through a meal or a film, up and down, or the quieter version — present in the room and clearly somewhere else.
- **Blurting and waiting.** Interrupting, answering before the question finished, no patience for a queue or a turn.
- **Temper and upset.** Bigger reactions than the situation seemed to warrant, and how long they took to come down.
- **Friendships.** Easy to make, hard to keep? Intense and then over?
- **Risk.** Did they get hurt more than other children? Act before thinking in ways that frightened you?

You will not be asked to interpret any of it. Description is the whole job.

Why specific beats general — this is the part that matters

If someone asks *"was he a fidgety child?"*, most people shrug and say *"a bit, I suppose — they all are."* That answer is true and it is worth almost nothing.

If someone asks *"did homework regularly turn into a two-hour argument, and did teachers say he wasn't reaching his potential?"*, you'll suddenly remember three specific evenings and a parents' evening in Year 6.

Same childhood. Completely different quality of evidence.

So: **answer with events, not adjectives.** One remembered afternoon is worth more than a paragraph of general impression. If you can date it even roughly, do.

Before the appointment or the form

- **Dig out what exists.** School reports are the single most useful document. Many schools and local education authorities keep them far longer than people assume — it's worth an email. Old letters, a diary, even photographs can prompt real memories.
- **Ask another relative.** Your memory and their other parent's or sibling's will not match, and the gaps are informative rather than embarrassing.
- **Don't rehearse together.** It is natural to want to compare notes with the person being assessed. Resist it. An account you've agreed on in advance is less useful to the clinician than two independent ones, and clinicians can usually tell.

Three things not to do

Don't soften it. The instinct to protect someone by minimising a hard childhood is understandable and it is actively unhelpful here. If it was bad, say it was bad.

Don't inflate it either. You are not helping them get something. You're describing what happened. A clinician working from an exaggerated account may reach the wrong conclusion, and the person you're trying to help is the one who lives with that.

Don't treat it as a test they pass or fail. It isn't. If the assessment concludes something other than ADHD, that's still an answer, and something real is still going on that will now get looked at properly.

If this is uncomfortable — a note for parents

It might be. If it was there the whole time, then it went unnoticed, and you were one of the people who didn't notice.

Worth knowing before you sit down with it: for most of the last forty years, the description of ADHD in use was built around hyperactive boys in classrooms, there was no national guidance for recognising it in adults across much of the world, and children who did well enough academically were almost never referred, whatever it cost them privately. Parents were not the failure point. The description was.

You may also find, doing this, that some of it sounds like you. That happens often — it's one of the more heritable conditions in psychiatry — and it is a conversation for your own doctor rather than for this form.

Practical

Depending on the service, you may be asked to fill in a questionnaire, join part of an appointment by phone or video, or write a short account in your own words. Any of those is normal.

If you don't remember something, say you don't remember. A clear gap is more useful than a guess, and nobody expects a complete record of a childhood thirty years ago.