

Initial ADHD Evaluation Parent Questionnaire

Date:

Name:

D.O.B.:

Teacher:

Subject:

I. EDUCATION HISTORY This section to be completed by Parents

School:

Current Grade:

Primary Teacher:

Total # of Teachers:

What grade did school problems start?

Is your child currently receiving additional help? SSD Other:

Has your child had educational testing? No: Yes: If yes, by whom?

Results of testing:

Other problems:

Areas of concern:

- | | | | | |
|----------------------------------------------|----------------------------------------------|------------------------------------------------|---------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> absenteeism | <input type="checkbox"/> peer relations | <input type="checkbox"/> memory | <input type="checkbox"/> written expression | <input type="checkbox"/> classwork completion |
| <input type="checkbox"/> anger control | <input type="checkbox"/> risk taking | <input type="checkbox"/> motor skills | <input type="checkbox"/> attention | <input type="checkbox"/> homework |
| <input type="checkbox"/> disobedience | <input type="checkbox"/> self esteem | <input type="checkbox"/> reading | <input type="checkbox"/> distractibility | <input type="checkbox"/> health problems |
| <input type="checkbox"/> disruptive behavior | <input type="checkbox"/> unhappy @ school | <input type="checkbox"/> receptive language | <input type="checkbox"/> hyperactivity | <input type="checkbox"/> inconsistent performance |
| <input type="checkbox"/> immaturity | <input type="checkbox"/> expressive language | <input type="checkbox"/> retaining information | | <input type="checkbox"/> test taking |
| <input type="checkbox"/> motivation | <input type="checkbox"/> math | <input type="checkbox"/> spelling | | |

Comments on items:

II PAST MEDICAL HISTORY / REVIEW OF SYSTEMS This section completed by Parents

1. Does the patient have any ongoing medical problems? Yes No
2. Do you have concerns about diet, sleep, exercise? Yes No
3. Has the patient had any of the following conditions: surgical procedures, significant allergies or allergic reactions to medications, head injury, seizures, facial tics or other repeated body movements, meningitis encephalitis or poisoning of any type? Yes No
4. Has the patient had any of the following problems: bed wetting, stool soiling, temper outbursts, mood changes, anxiety, depression, getting along with peers, lying, stealing, fire setting, destructiveness, cruelty to animals or self injury? Yes No
5. Did the mother have any medical problems during pregnancy, labor, delivery or post delivery period? Yes No
6. Did the patient have difficulty breathing or crying after delivery, have poor color, poor suck, slow growth and development? Yes No
7. Is the patient taking any medication at present? Yes No
8. Has your child been evaluated by an MD or mental health professional in the past for school or attentional problems? Yes No

If Yes to any of the above, please comment:

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III. SOCIAL / FAMILY HISTORY This section to be completed by Parents

Mother's name: Father's name:
Occupation: Occupation:

Parents: Married Divorced Separated

Patient lives with:

Siblings - names and ages:

Is there a family history of Attention Deficit Disorder, depression or substance abuse? Yes No

If Yes, please comment:

NICHQ Vanderbilt Assessment Scale - PARENT Informant

Today's Date:

Child's Name: Date of Birth:

Parent's Name:

Parent's Phone Number:

Date Assessment Completed:

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child: child was on medication
 child was not on medication
 not sure if child was on medication

| Symptoms | Never | Occasionally | Often | Very Often |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Does not pay attention to details or makes careless mistakes with, for example, homework | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 2. Has difficulty keeping attention to what needs to be done | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 3. Does not seem to listen when spoken to directly | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand) | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 5. Has difficulty organizing tasks and activities | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books) | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 8. Is easily distracted by noises or other stimuli | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 9. Is forgetful in daily activities | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| | Never | Occasionally | Often | Very Often |
| 10. Fidgets with hands or feet or squirms in seat | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 11. Leaves seat when remaining seated is expected | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 12. Runs about or climbs too much when remaining seated is expected | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 13. Has difficulty playing or beginning quiet play activities | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 14. Is "on the go" or often acts as if "driven by a motor" | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 15. Talks too much | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 16. Blurts out answers before questions have been completed | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 17. Has difficulty waiting his or her turn | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 18. Interrupts or intrudes in on others' conversations and/or activities | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| | Never | Occasionally | Often | Very Often |
| 19. Argues with adults | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 20. Loses temper | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

- | | | | | | |
|-----|-------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 21. | Actively defies or refuses to go along with adults' requests or rules | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 22. | Deliberately annoys people | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 23. | Blames others for his or her mistakes or misbehaviors | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 24. | Is touchy or easily annoyed by others | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 25. | Is angry or resentful | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 26. | Is spiteful and wants to get even | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| | | Never | Occasionally | Often | Very Often |
| 27. | Bullies, threatens or intimidates others | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 28. | Starts physical fights | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 29. | Lies to get out of trouble or to avoid obligations (ie, "cons" others) | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 30. | Is truant from school (skips school) without permission | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 31. | Is physically cruel to people | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 32. | Has stolen things that have value | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 33. | Deliberately destroys others' property | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 34. | Has used a weapon that can cause serious harm (bats, knife, brick, gun) | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 35. | Is physically cruel to animals | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 36. | Has deliberately set fires to cause damage | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 37. | Has broken into someone else's home, business or car | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 38. | Has stayed out at night without permission | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 39. | Has run away from home overnight | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 40. | Has forced someone into sexual activity | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| | | Never | Occasionally | Often | Very Often |
| 41. | Is fearful, anxious, or worried | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 42. | Is afraid to try new things for fear of making mistakes | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 43. | Feels worthless or inferior | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 44. | Blames self for problems; feels guilty | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 45. | Feels lonely, unwanted, or unloved; complains that "no one loves her" | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 46. | Is sad, unhappy, or depressed | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 47. | Is self-conscious or easily embarrassed | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

| Performance | Excellent | Above Average | Average | Somewhat of A Problem | Problematic |
|----------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 48. Overall school performance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 49. Reading | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 50. Writing | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 51. Mathematics | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 52. Relationship with parents | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 53. Relationship with siblings | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 54. Relationship with peers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| 55. Participation in organized activities (eg, teams) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

Comments:

Tic Behaviors:

To the best of your knowledge, please indicate if this child displays the following behaviors:

1. Motor Tics: Rapid, repetitive movements such as eye-blinking, grimacing, nose twitching, head jerks, shoulder shrugs, arm jerks, body jerks, rapid kicks.

- No tics present
- Yes, they occur nearly every day, but go unnoticed by most people
- Yes, noticeable tics occur nearly every day.

2. Phonic (Vocal) Tics: Repetitive noises including but not limited to throat clearing, coughing, whistling, sniffing, snorting, screeching, barking, grunting, repetition of words or short phrases.

- No tics present
- Yes, they occur nearly every day, but go unnoticed by most people.
- Yes, noticeable tics occur nearly every day.

3. If YES to 1 or 2, Do these tics interfere with the child's activities (like reading, writing, walking, talking or eating)?

- No
- Yes