

Today's Date: _____

Appointment Date: _____

ATTENTION DEFICIT DISORDER - Questionnaire for parents

PATIENTS NAME: _____ **DOB:** _____

What are your goals for this consultation?

Tell me about your child's personality. Describe particular strengths

What was your child's birth weight? Was your baby full term? Were there any problems with the pregnancy or in the nursery? Did your baby come home from the hospital with you?

Was your baby colicky? Did he/she require many formula changes? Did your child have many ear infections?

Was your baby's development normal? Did he/she walk by 15 months of age and speak in two word sentences by age 2? Do you feel your child's language and social development has been normal? Please describe any concerns you have in these areas.

If your child was in preschool or other organized activity, did your child's teacher have any concerns about his/her personality, development or behavior? Please describe these concerns.

Did you think that your child was more active, impulsive or inattentive than other children when he/she was less than 7 years old? Any examples of impulsive hyperactive or inattentive behavior stand out in your memory? (i.e. running away at the mall)

Does your child stare often? Does he/she continue to stare when you talk to him/her? Have you ever seen your child have a seizure? Was it associated with a fever?

If your child attends school please discuss any problems with reading or math. Does your child's teacher report any behavioral problems? Has anyone noted difficulty with attention span, getting work done in an expected time period, hyperactivity or impulsivity?

Does your child get along well with others? Is he/she appropriate around other children his/her age?

How is life at home with your child?

Do you feel your child is often sad or irritable?

Please place a check next to any of the following signs or symptoms of inattention or hyperactivity/impulsivity if you feel it applies to your child and has lasted at least 6 months. (This is adapted from the Diagnostic and Statistical Manual IV by the American Psychiatric Association)

1. ____ Often fails to give close attention to details or makes careless mistakes in schoolwork or other activities
2. ____ Often has difficulty sustaining attention in tasks or play activities
3. ____ Often does not seem to listen to what is being said to him/her
4. ____ Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace
5. ____ Often has difficulties organizing tasks and activities
6. ____ Often avoids, expresses reluctant about, or has difficulties engaging in tasks that require sustained mental effort (such as schoolwork or homework)
7. ____ Often loses things necessary for tasks or activities (such as school assignments, pencils, books, tool, or toys)
8. ____ Is often forgetful in daily activities
9. ____ Is often easily distracted by his surroundings (noises, voices, background music, windows, etc)
10. ____ Leaves his/her seat in the classroom or in other situations where remaining seated is an expectation
11. ____ Often fidgets with hands or feet or squirms in seat
12. ____ Often runs about or climbs excessively in situations where it is in appropriate
13. ____ Often has difficulty playing or engaging in leisure activities quietly
14. ____ Often blurts out answers to questions before the questions have been completed
15. ____ Often has difficulty waiting in lines or awaiting his/her turn in games or group situations
16. ____ Often interrupts or intrudes on others (i.e. butts into conversations or games)