



ADHD SCREENING & DEVELOPMENTAL QUESTIONNAIRE: FOR PARENT TO COMPLETE

Child's Name: _____ DOB: _____ Grade in School: _____

Today's Date: _____ Form Completed by: _____ Relationship to Child: _____

GESTATIONAL RISK FACTORS

Did any of these occur during the pregnancy?

- | | | | |
|---------------------------------------------------|-----|----|-----|
| <input type="checkbox"/> Mother took medication | Yes | No | N/A |
| <input type="checkbox"/> Mother smoked cigarettes | Yes | No | N/A |
| → Mother drank alcohol | Yes | No | N/A |
| → Mother used illicit drugs | Yes | No | N/A |
| → Premature birth | Yes | No | N/A |
- IF YES, GESTATIONAL AGE: _____

DELIVERY RISK FACTORS

How about at the time of birth, did any of these occur?

- | | | | |
|------------------------------------------|-----|----|-----|
| → Fetal distress | Yes | No | N/A |
| → Low birth weight (<5 pounds or 2000 g) | Yes | No | N/A |
| → Anoxia (lack of oxygen, blue baby) | Yes | No | N/A |

INFANT BEHAVIOR

As an infant and toddler, did your child exhibit any of the following?

- | | | | |
|------------------------------------------|-----|----|-----|
| → High activity level – Unusually active | Yes | No | N/A |
| → Impulsive | Yes | No | N/A |
| → Fearful | Yes | No | N/A |
| → Fearless | Yes | No | N/A |
| → Accident prone | Yes | No | N/A |
| → Short attention span | Yes | No | N/A |
| → Irritable | Yes | No | N/A |

| | | | |
|-----------------------------------------------------|-----|----|-----|
| → Poor adaptation to change – slow to accept change | Yes | No | N/A |
| → Colic | Yes | No | N/A |
| → Have frequent temper tantrums | Yes | No | N/A |
| → Eating problems | Yes | No | N/A |
| → Sleep problems | Yes | No | N/A |
| → Clumsiness | Yes | No | N/A |
| → Rigid, tense instead of cuddly | Yes | No | N/A |
| → Slow to walk | Yes | No | N/A |
| → Slow to talk | Yes | No | N/A |
| → Difficult to potty train | Yes | No | N/A |

ENVIRONMENTAL RISK FACTORS

As a child or adolescent, did your child experience any of the following?

| | | | |
|--------------------------------------|-----|----|-----|
| → Significant financial disadvantage | Yes | No | N/A |
| → Neglect | Yes | No | N/A |
| → Extreme family stress | Yes | No | N/A |

MEDICAL HISTORY

RISK FACTORS

DID YOUR CHILD HAVE ANY OF THE FOLLOWING?

| | | | | IF YES, WAS THIS TREATED? | | |
|------------------|-----|----|-----|---------------------------|----|-----|
| Tics | Yes | No | N/A | Yes | No | N/A |
| Hearing problems | Yes | No | N/A | Yes | No | N/A |
| Vision problems | Yes | No | N/A | Yes | No | N/A |
| Lead poisoning | Yes | No | N/A | Yes | No | N/A |
| Head injury | Yes | No | N/A | Yes | No | N/A |

ACADEMIC HISTORY

INDICATE OVERALL PERFORMANCE IN EACH GRADE:

| | Academic Performance | | |
|-------|----------------------|------|------|
| Grade | Poor | Fair | Good |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

| | Behavioral Performance | | |
|-------|------------------------|------|------|
| Grade | Poor | Fair | Good |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

DID ANY OF THE FOLLOWING EVER OCCUR?

| Place a <input type="checkbox"/> in the box to indicate which of the following occurred and at which grade | GRADE LEVEL | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|----|----|----|
| | PreK | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Achieved failing grades | | | | | | | | | | | | | | |
| Retained | | | | | | | | | | | | | | |
| Took special classes | | | | | | | | | | | | | | |
| Evaluated by school | | | | | | | | | | | | | | |
| Labeled by school | | | | | | | | | | | | | | |
| Had learning difficulties | | | | | | | | | | | | | | |
| Received tutorial assistance | | | | | | | | | | | | | | |
| Suspended from school | | | | | | | | | | | | | | |
| Expelled from school | | | | | | | | | | | | | | |
| Reading problems | | | | | | | | | | | | | | |
| Arithmetic problems | | | | | | | | | | | | | | |
| Writing problems | | | | | | | | | | | | | | |
| Performance was variable or unpredictable | | | | | | | | | | | | | | |

| | Medication#1 | | | Medication#2 | | | Medication #3 | | |
|--------------------------------------------|--------------|----|-----|--------------|----|-----|---------------|----|-----|
| Drug Name | | | | | | | | | |
| Prescribed By | | | | | | | | | |
| Age Started | | | | | | | | | |
| Age Stopped | | | | | | | | | |
| For what problems | | | | | | | | | |
| Total daily dose | | | | | | | | | |
| Benefits | | | | | | | | | |
| Side Effects | | | | | | | | | |
| Are They Currently Taking This Medication? | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |

FAMILY HISTORY RISK FACTORS

Is there anyone in the **Immediate Family** (parents, brothers or sisters) who you think may have or had ADHD, whether or not they were actually diagnosed or treated? *If yes, who?*

| RELATIONSHIP TO PATIENT? | DIAGNOSED? | | | TREATED? | | |
|--------------------------|------------|----|-----|----------|----|-----|
| | Yes | No | N/A | Yes | No | N/A |
| | Yes | No | N/A | Yes | No | N/A |
| | Yes | No | N/A | Yes | No | N/A |
| | Yes | No | N/A | Yes | No | N/A |

How about other relatives (aunts, uncles, grandparents, cousins, nieces, nephews) who you think may have or had ADHD? Were they diagnosed and/or received treatment? *If yes, who?*

| RELATIONSHIP TO PATIENT? | DIAGNOSED? | | | TREATED? | | |
|--------------------------|------------|----|-----|----------|----|-----|
| | Yes | No | N/A | Yes | No | N/A |
| | Yes | No | N/A | Yes | No | N/A |
| | Yes | No | N/A | Yes | No | N/A |
| | Yes | No | N/A | Yes | No | N/A |

DO ANY OF YOUR RELATIVES HAVE ANY OF THE FOLLOWING PSYCHOLOGICAL/PSYCHIATRIC DISORDERS?

| | | | | RELATIONSHIP |
|----------------------------------------|-----|----|-----|--------------|
| Depression | Yes | No | N/A | |
| Manic-depression (or Bipolar Disorder) | Yes | No | N/A | |
| Anxiety or lots of worrying | Yes | No | N/A | |
| Alcohol abuse | Yes | No | N/A | |
| Other Substance Abuse | Yes | No | N/A | |
| Conduct problems, trouble with the law | Yes | No | N/A | |
| Learning problems | Yes | No | N/A | |

ADDITIONAL COMMENTS

Please use this space for any further information/comments you wish to share with us about your child or family.
