

Follow-Up ADHD Parent Questionnaire

(BLACK INK ONLY PLEASE)

Date: _____

Name: _____ DOB: _____ MRN: _____

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 interim problems _____

What medications is your child currently taking? _____

Have you noticed any side effects? _____

II. VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE This section to be completed by Parents

Please circle the frequency code which best describes your child in the context of what is appropriate for his/her age.

Frequency Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

- | | | | | |
|--|---|---|---|---|
| 1. Does not pay attention to details or makes careless mistakes, for example homework | 0 | 1 | 2 | 3 |
| 2. Has difficulty sustaining attention to tasks or activities | 0 | 1 | 2 | 3 |
| 3. Does not seem to listen when spoken to directly | 0 | 1 | 2 | 3 |
| 4. Does not follow through on instructions and fails to finish schoolwork
(not due to oppositional behavior or failure to understand) | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks and activities | 0 | 1 | 2 | 3 |
| 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort | 0 | 1 | 2 | 3 |
| 7. Loses thing necessary for tasks or activities (school assignments, pencils, or books) | 0 | 1 | 2 | 3 |
| 8. Is easily distracted by extraneous stimuli | 0 | 1 | 2 | 3 |
| 9. Is forgetful in daily activities | 0 | 1 | 2 | 3 |
| 10. Fidgets with hands or feet or squirms in seat | 0 | 1 | 2 | 3 |
| 11. Leaves seat when remaining seated is expected | 0 | 1 | 2 | 3 |
| 12. Runs about or climbs excessively in situations in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or engaging in leisure/play activities quietly | 0 | 1 | 2 | 3 |
| 14. Is "on the go" or often acts as if "driven by a motor" | 0 | 1 | 2 | 3 |
| 15. Talks too much | 0 | 1 | 2 | 3 |

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|--|---|---|---|---|
| 16. Blurts out answers before questions have been completed | 0 | 1 | 2 | 3 |
| 17. Has difficulty waiting his/her turn | 0 | 1 | 2 | 3 |
| 18. Interrupts or intrudes on others (e.g., butts into conversations or games) | 0 | 1 | 2 | 3 |

PERFORMANCE

	Problematic		Average		Above Average
1. Overall Academic Performance	1	2	3	4	5
a. Reading	1	2	3	4	5
b. Mathematics	1	2	3	4	5
c. Written Expression	1	2	3	4	5
2. Overall Classroom Performance	1	2	3	4	5
a. Relationship with Peers	1	2	3	4	5
b. Following Directions/Rules	1	2	3	4	5
c. Disrupting Class	1	2	3	4	5
d. Assignment Completion	1	2	3	4	5
e. Organizational Skills	1	2	3	4	5

Please include any observations you feel are pertinent: _____

Return form to your pediatrician at your follow-up appointment.