

QUESTIONNAIRE ON ATTENTION-DEFICIT HYPERACTIVITY DISORDER

To:

Re:

SSN:

DOB:

A. Please note whether your patient has any of the following symptoms, consider criteria met only if the behavior is considerably more frequent than that of most people of the same age.

Yes No often fidgets with hands or feet or squirms in seat

Yes No has difficulty remaining seated when required to do so

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Yes No is easily distracted by extraneous stimuli

Yes No has difficulty awaiting turn in games or group situations

Yes No often blurts out answers to questions before they have been completed

Yes No has difficulty following through on instructions from others (not due to oppositional behavior or failure of comprehension), e.g., fails to finish chores

- Yes No has difficulty sustaining attention in tasks or play activities
- Yes No often shifts from one uncompleted activity to another
- Yes No has difficulty playing quietly
- Yes No often talks excessively
- Yes No often interrupts or intrudes on others, e.g., butts into other children's games
- Yes No often does not seem to listen to what is being said to him or her
- Yes No often loses things necessary for tasks or activities at school or at home (e.g., toys, pencils, books, assignments)
- Yes No often engages in physically dangerous activities without considering possible consequences (not for the purposes of thrill-seeking), e.g., runs into street without looking

B. If it is your opinion that this child has Attention-deficit Hyperactivity Disorder, please comment as to the severity.

\_\_\_\_\_Mild. (Few, if any, symptoms in excess of those required to make the diagnosis and only minimal or no impairment in school and social functioning)

\_\_\_\_\_Moderate (Symptoms or functional impairment between "mild" and "severe")

\_\_\_\_\_Severe (Many symptoms in excess of those required to make the diagnosis and

significant and pervasive impairment in functioning at home and school  
and with peers)

C. Does this child meet the criteria for Pervasive Developmental Disorder?

\_\_\_\_\_yes      \_\_\_\_\_no

D. Does this child have problems in any of the following areas:

a. low self-esteem      \_\_\_\_\_yes      \_\_\_\_\_no

b. mood lability      \_\_\_\_\_yes      \_\_\_\_\_no

c. low frustration tolerance      \_\_\_\_\_yes      \_\_\_\_\_no

d. temper outbursts      \_\_\_\_\_yes      \_\_\_\_\_no

E. If this child is taking medication, please comment as to its effectiveness and any side effects.

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F. Please use the space below to add any additional information necessary to understand this child's situation and degree of impairment.



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