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# ADHD Parent Questionnaire

ADHD (Attention Deficit Hyperactivity Disorder)

Child's Name \_\_\_\_\_

Parents' Name(s) \_\_\_\_\_

## Assessment

**Choice of Doctor:** (mark an "X" by your choice of doctor)

\_\_\_ Dr. Ted Mandelkorn

\_\_\_ Dr. Janice Woolley

\_\_\_ No preference

**Puget Sound Behavioral Medicine**

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<http://psbmed.com/>

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# Patient Information

Please send these completed forms along with copies of report cards from all grades completed, all psychological reports, and any counseling evaluations. Do not send original copies. Please complete all information. After reviewing this information, our office will contact you for an appointment.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent or Guardian Work Phone \_\_\_\_\_

Child's School: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_

Present placement of child (please check in appropriate box)	Adult with whom child is living	Non-residential adults involved with child
Natural Mother		
Natural Father		
Stepmother		
Stepfather		
Adoptive Mother		
Adoptive Father		
Other (Specify)		

Source of referral \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Briefly state your concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# School History

1. Please list schools attended in chronological order:

School	Grades Attended	City
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Please summarize the child's progress (e.g. academic, social) within each of these grade levels:

Preschool \_\_\_\_\_

Kindergarten \_\_\_\_\_

Grades 1 through 3 \_\_\_\_\_

Grades 4 through 6 \_\_\_\_\_

Grades 7 through 12 \_\_\_\_\_

3. To the best of your knowledge, at what grade level is your child functioning:

Reading \_\_\_\_\_ Spelling \_\_\_\_\_ Arithmetic \_\_\_\_\_

4. Has your child ever had to repeat a grade. If so when? \_\_\_\_\_

5. Present class placement: Regular Class \_\_\_\_\_

Special Class (If so, specify) \_\_\_\_\_

6. Has the child ever been in any type of special education program, and if so, how long?

Yes	No	Duration	
			Learning disabilities class
			Behavioral disorders class
			Resource room
			Private tutoring
			Other (please specify)

7. Have any additional instructional modifications been attempted?

Yes	No	When	
			Private tutoring
			Behavioral modification program
			Daily or weekly progress report cards
			Class note taker assistants
			Books on tape for school text
			Training and usage of computer

8. Has your child ever been?

Yes	No	When	
			Suspended from school
			Expelled from school
			Repeated a grade

9. Please list any academic testing, psychological evaluations and medical evaluations previously done for your child's learning problems. (MAT, WISC-R WRAT, etc.)

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10. Does your child have difficulty verbally expressing him/herself? \_\_\_\_\_

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11. Do you think that your child understands spoken directions as well as peers? \_\_\_\_\_

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12. Does your child have any speech impediments? \_\_\_\_\_

If so, has the child had any speech therapy? \_\_\_\_\_

Duration of therapy \_\_\_\_\_

13. How do you rate your child's overall level of intelligence compared to peers? \_\_\_\_\_

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# Current Behavioral Concerns

Primary Concerns

Other Related Concerns

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1. Rate your child's *school experiences* related to *behavior*:

	Good	Average	Poor
Pre-school			
Kindergarten			
Current Grade			

2. Does your child's teacher describe any of the following as significant problems *in the classroom*?

Yes	No	
		Fidgeting or hyperactive
		Difficulty remaining seated
		Easily distracted
		Difficulty awaiting turn
		Often blurts out answers to questions before they have been completed
		Difficulty following instructions
		Difficulty sustaining attention (off task daydreaming)
		Frequently shifts from one activity to another
		Difficulty playing quietly
		Often talks excessively
		Often interrupts or intrudes on others
		Often does not listen
		Often loses things (belongings, schoolwork)
		Often engages in physically dangerous activities

Please comment briefly: \_\_\_\_\_

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When did these problems begin? Specify age \_\_\_\_\_

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3. Many ADHD children appear defiant. Which of the following are significant problems at the present time?

Yes	No	
		Often loses temper
		Often argues with adults
		Often actively defies or refuses adult requests or rules
		Often does things that deliberately annoy other people
		Often blames others for own mistakes
		Is often touchy or easily annoyed by others
		Is often angry or resentful
		Is often spiteful or revengeful
		Often swears or uses obscene language

Please comment briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When did these problems begin? Specify age: \_\_\_\_\_

4. Many ADHD children have personal conduct difficulties. Which of the following are significant problems at the present time?

Yes	No	
		Steals
		Has run away from home overnight at least twice
		Often lies
		Deliberately sets fires
		Often truant
		Breaking and entering
		Cruel to animals
		Forces someone else into sexual activity
		Often initiates physical fights
		Physically cruel to people

Please comment briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When did these problems begin? Specify age: \_\_\_\_\_

5. Many ADHD children have separation fears. Which of the following are significant problems at the present time?

Yes	No	
		Unrealistic and persistent worry about possible harm to family members
		Unrealistic and persistent worry that calamitous events will separate child from family members
		Persistent school refusal
		Persistent refusal to sleep alone
		Persistent avoidance of being alone
		Repeated nightmares regarding separation
		Frequent complaints of body aches and pains
		Excessive distress anticipating separation
		Excessive distress separated from home

Please comment briefly regarding separation fears \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When did these problems begin? Specify age: \_\_\_\_\_

6. Many ADHD children appear overanxious. Which of the following are significant problems at the present time?

Yes	No	
		Unrealistic worry about future events
		Unrealistic concern about appropriateness of past behavior
		Unrealistic concern about competence
		Frequent complaints of body aches and pains
		Marked self-consciousness
		Excessive need for reassurance
		Marked inability to relax

Please comment briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When did these problems begin? Specify age: \_\_\_\_\_

7. Many ADHD children appear depressed. Which of the following are significant problems at the present time?

Yes	No	
		Depressed or irritable mood most of day, nearly every day
		Diminished pleasure in activities
		Decreased or increase in appetite associated with possible failure to achieve weight gain
		Insomnia or excessive sleeping nearly everyday
		Marked agitation
		Fatigue or loss of energy
		Feeling of worthlessness or excessive guilt
		Diminished ability to concentrate
		Suicidal thoughts or attempts

Please comment briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When did these problems begin? Specify age: \_\_\_\_\_

8. Which of the following are considered to be significant problems at the present time?

Yes	No	
		Compulsive mannerisms (hand washing, chewing clothes, picking, etc.)
		Motor tics (blinking, squinting, facial jerks)
		Vocal tic (sniffing, clearing throat, noises, humming)
		Other nervous habits

Please comment briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When did these problems begin? Specify age: \_\_\_\_\_

# Home Behavior

1. All children exhibit to some degree the behavior listed below. Check those that you believe your child exhibits *at home* to an excessive or exaggerated degree when compared to other children his/her own age.

Yes	No	
		Hyperactivity (high activity level)
		Poor attention span
		Impulsivity (poor self control)
		Temper outbursts
		Low frustration threshold
		Facial tics, blinking, humming or sniffing
		Interrupts frequently
		Doesn't listen
		Sudden outbursts of physical abuse to other children
		Child acts like they are driven by a motor
		Wears out shoes more frequently than siblings
		Headless to danger
		Excessive number of accidents
		Doesn't learn from experience
		Poor memory
		More active than siblings
		A "different child"

Please comment briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When did these problems begin? Specify age: \_\_\_\_\_

2. Types of discipline you use with your child:

Yes	No	
		Verbal reprimands
		Time out (Isolation)
		Removal of privileges
		Rewards
		Physical punishment
		Give in to child
		Avoidance of child

3. On the average, what percentage of the time does your child comply with initial commands? \_\_\_\_\_

\_\_\_\_\_

4. On the average, what percentage of the time does your child eventually comply with commands? \_\_\_\_\_

\_\_\_\_\_

5. To what extent are you and your spouse consistent with respect to disciplinary strategies? \_\_\_\_\_

\_\_\_\_\_

6. Have any of the following stress events occurred within the past 12 months?

Yes	No	
		Parents divorced or separated
		Family accident or illness
		Death in the family
		Parent changed or lost job
		Changed schools
		Family moved
		Family financial problems
		Other (please specify)



# Interests and Accomplishments

1. What are your child's main hobbies and interests? \_\_\_\_\_

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2. What are your child's areas of greatest accomplishments? \_\_\_\_\_

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3. What does your child enjoy doing most? \_\_\_\_\_

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4. What does your child dislike doing most? \_\_\_\_\_

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# Developmental Factors

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## Pregnancy

Your age when child was born \_\_\_\_\_

Excessive vomiting \_\_\_\_\_

Hospitalization required \_\_\_\_\_

Excessive spotting or blood loss \_\_\_\_\_

Threatened miscarriage \_\_\_\_\_

Infection(s) Specify \_\_\_\_\_

Toxemia \_\_\_\_\_

Rh incompatibility \_\_\_\_\_

Operation(s) Specify \_\_\_\_\_

Other illnesses Specify \_\_\_\_\_

Smoking during pregnancy \_\_\_\_\_ Number of cigarettes per day \_\_\_\_\_

Alcohol consumption during pregnancy (describe) \_\_\_\_\_

Medications taken during pregnancy \_\_\_\_\_

X-ray studies during pregnancy \_\_\_\_\_

Duration of pregnancy (weeks) \_\_\_\_\_

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## Delivery

Type of labor:

Spontaneous \_\_\_\_\_ Induced \_\_\_\_\_ Duration (hr's) \_\_\_\_\_

Type of delivery:

Normal \_\_\_\_\_ Breech \_\_\_\_\_ Cesarean \_\_\_\_\_

Birth weight \_\_\_\_\_

Complications? \_\_\_\_\_ Cord around neck \_\_\_\_\_ Hemorrhage \_\_\_\_\_

Any indications of fetal distress during delivery? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Infant injured during delivery \_\_\_\_\_

Other \_\_\_\_\_

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## Post Delivery Period

Jaundice \_\_\_\_\_ Cyanosis (turned blue) \_\_\_\_\_ Incubator care \_\_\_\_\_

Infections? (specify) \_\_\_\_\_

Number of days infant was in hospital after delivery \_\_\_\_\_

Any health complications following birth? \_\_\_\_\_

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## Infancy—Toddler Period

Yes	No	
		Were there feeding problems during early infancy?
		Was the baby difficult to cuddle?
		Was the child colicky?
		Were there sleep pattern difficulties during early infancy?
		Were there problems with the infant's alertness?
		Did the child have any congenital problems?
		Was the child a difficult baby (did not calm easily or follow a schedule, excessive crying)?
		Was the baby excessively restless?
		Did the toddler behave poorly with others?
		Was the toddler insistent and demanding?
		Was the toddler extremely active (into everything)?
		Was the child accident prone (clumsy)?

## Developmental Milestones

	At what age did the child smile?
	At what age did the child sit up?
	At what age did the child crawl?
	At what age did the child walk?
	At what age did the child speak single words? (other than "mama or dada")
	At what age did the child string two or more words together?
	At what age did the child speak in sentences?
	At what age did the child achieve bladder control?
	At what age did the child achieve bowel control?
	At what age did the child learn to ride a tricycle?
	At what age did the child ride a bicycle (without training wheels)?
	At what age did the child button clothing?
	At what age did the child tie shoelaces?
	At what age did the child name colors?
	At what age did the child name coins?
	At what age did the child say the alphabet?
	At what age did the child begin to read?

## Medical History

1. Rate your child on the following:

Good	Average	Poor	
			General health
			Hearing
			Vision
			Walking
			Running
			Throwing
			Catching
			Shoelace tying
			Buttoning
			Handwriting
			Athletic ability

## Medical History continued

2. Has your child had any chronic health problems (e.g., asthma, diabetes, heart condition)? If so please specify \_\_\_\_\_

\_\_\_\_\_

3. When was the onset of any chronic illness? \_\_\_\_\_

4. Has your child had any of the following illnesses:

Yes	No	
		Mumps
		Chicken pox
		Measles
		Whooping Cough
		Scarlet Fever
		Pneumonia
		Encephalitis (Brain Infection)
		Ear Infections
		Lead Poisoning
		Seizures, (Convulsion)

5. Has your child had any accidents resulting in the following:

Yes	No	
		Broken bones
		Severe lacerations
		Head injury, coma, amnesia
		Severe bruises
		Stomach pumped (poisoning)
		Eye injury
		Lost teeth
		Sutures

## Medical History continued

6. Has your child had surgery for any of the following:

Yes	No	
		Tonsillitis
		Adenoids
		Hernia
		Appendicitis
		Eye, ear, nose, throat
		Digestive disorder
		Urinary tract
		Leg or arm
		Burns
		Other

7.. Is there any suspicion of alcohol or drug use? \_\_\_\_\_  
\_\_\_\_\_

8. Is there any history of physical or sexual abuse? \_\_\_\_\_  
\_\_\_\_\_

9. Does the child have any problems sleeping? \_\_\_\_\_  
\_\_\_\_\_

10. Does the child have bladder or bowel control problems? \_\_\_\_\_  
\_\_\_\_\_

11. Does the child have any eating disorder symptoms? \_\_\_\_\_  
\_\_\_\_\_

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## Treatment History

1. List names and addresses of all other professionals consulted:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

## Treatment History continued

2. Has your child ever received any of the following drugs for ADHD:

Yes	No	Duration	
			Ritalin
			Dexedrine
			Cylert
			Imiprimine
			Desiprimine
			Anticonvulsants
			Tranquilizers
			Other prescription drugs (Specify)

3. Has the child ever had any of the following forms of psychological treatment?

Yes	No	Duration	
			Individual psychotherapy
			Group psychotherapy
			Family therapy with child
			Inpatient evaluation and treatment
			Residential treatment (including drug and alcohol)

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## Family History

1. How long have you and the child's father (mother) been married? \_\_\_\_\_

2. Please note whether the child was the product of 1st, 2nd, etc., marriage. \_\_\_\_\_

\_\_\_\_\_

3. How stable is your current marriage? \_\_\_\_\_

4. Siblings

Name	Age
1.	
2.	
3.	
4.	
5.	







