

**Initial ADHD Evaluation 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 problems \_\_\_\_\_

**Areas of concern:**

- |                         |                         |                           |                        |                              |
|-------------------------|-------------------------|---------------------------|------------------------|------------------------------|
| ___ absenteeism         | ___ peer relations      | ___ memory                | ___ written expression | ___ classwork completion     |
| ___ anger control       | ___ risk taking         | ___ motor skills          | ___ attention          | ___ homework                 |
| ___ disobedience        | ___ self esteem         | ___ reading               | ___ distractibility    | ___ health problems          |
| ___ disruptive behavior | ___ unhappy @ school    | ___ receptive language    | ___ hyperactivity      | ___ inconsistent performance |
| ___ immaturity          | ___ expressive language | ___ retaining information | ___ test taking        |                              |
| ___ motivation          | ___ math                | ___ spelling              |                        |                              |

Comments on items \_\_\_\_\_

**II. PAST MEDICAL HISTORY / REVIEW OF SYSTEMS** This section to be completed by Parents

- |   |   |
|---|---|
| 1. Does the patient have any ongoing medical problems? <input type="checkbox"/> Y <input type="checkbox"/> N  | 5. Did the mother have any medical problems during pregnancy, labor, delivery or post delivery period? <input type="checkbox"/> Y <input type="checkbox"/> N                          |
| 2. Do you have concerns about diet, sleep, exercise? <input type="checkbox"/> Y <input type="checkbox"/> N  | 6. Did the patient have difficulty breathing or crying after delivery, have poor color, poor suck, slow growth and development? <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. Has the patient had any of the following conditions: surgical procedures, significant allergies or allergic reactions to medications, head injury, seizures, facial tics or other repeated body movements, meningitis encephalitis or poisoning of any type? <input type="checkbox"/> Y <input type="checkbox"/> N | 7. Is the patient taking any medication at present? <input type="checkbox"/> Y <input type="checkbox"/> N<br>If yes, list medications:  |
| 4. Has the patient had any of the following problems: bed wetting, stool soiling, temper outbursts, mood changes, anxiety, depression, getting along with peers, lying, stealing, fire setting, destructiveness, cruelty to animals or self injury? <input type="checkbox"/> Y <input type="checkbox"/> N             | 8. Has your child been evaluated by an MD or mental health professional in the past for school or attentional problems? <input type="checkbox"/> Y <input type="checkbox"/> N         |

If Yes to any of the above please comment \_\_\_\_\_

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<b>III. SOCIAL / FAMILY HISTORY</b> This section to be completed by Parents
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Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Patient lives with: \_\_\_\_\_

Siblings – names and ages: \_\_\_\_\_

Is there a family history of Attention Deficit Disorder, depression or substance abuse?    Yes                   No

If Yes please comment \_\_\_\_\_

<b>IV. VANDERBILT ADHD DIAGNOSTIC PARENT RATING SCALE</b> This section to be completed by Parents
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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<br>(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 |

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- |  |   |   |   |   |
|--|---|---|---|---|
| 15. Talks too much   | 0 | 1 | 2 | 3 |
| 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 |
| 19. Argues with adults   | 0 | 1 | 2 | 3 |
| 20. Loses temper   | 0 | 1 | 2 | 3 |
| 21. Actively defies or refuses to comply with adults' requests or rules            | 0 | 1 | 2 | 3 |
| 22. Deliberately annoys people   | 0 | 1 | 2 | 3 |
| 23. Blames others for his or her mistakes or misbehaviors                          | 0 | 1 | 2 | 3 |
| 24. Is touchy or easily annoyed by others  | 0 | 1 | 2 | 3 |
| 25. Is angry or resentful  | 0 | 1 | 2 | 3 |
| 26. Is spiteful and vindictive   | 0 | 1 | 2 | 3 |
| 27. Bullies, threatens, or intimidates others                                      | 0 | 1 | 2 | 3 |
| 28. Initiates physical fights  | 0 | 1 | 2 | 3 |
| 29. Lies to obtain goods for favors or to avoid obligations (i.e...."cons" others) | 0 | 1 | 2 | 3 |
| 30. Is truant from school (skips school) without permission                        | 0 | 1 | 2 | 3 |
| 31. Is physically cruel to people  | 0 | 1 | 2 | 3 |
| 32. Has stolen items of nontrivial value   | 0 | 1 | 2 | 3 |
| 33. Deliberately destroys others' property   | 0 | 1 | 2 | 3 |
| 34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)         | 0 | 1 | 2 | 3 |
| 35. Is physically cruel to animals   | 0 | 1 | 2 | 3 |
| 36. Has deliberately set fires to cause damage                                     | 0 | 1 | 2 | 3 |
| 37. Has broken into someone else's home, business, or car                          | 0 | 1 | 2 | 3 |
| 38. Has stayed out at night without permission                                     | 0 | 1 | 2 | 3 |
| 39. Has run away from home overnight   | 0 | 1 | 2 | 3 |
| 40. Has forced someone into sexual activity  | 0 | 1 | 2 | 3 |
| 41. Is fearful, anxious, or worried  | 0 | 1 | 2 | 3 |
| 42. Is afraid to try new things for fear of making mistakes                        | 0 | 1 | 2 | 3 |
| 43. Feels worthless or inferior  | 0 | 1 | 2 | 3 |
| 44. Blames self for problems, feels guilty   | 0 | 1 | 2 | 3 |
| 45. Feels lonely, unwanted, or unloved: complains that "no one loves him/her"      | 0 | 1 | 2 | 3 |
| 46. Is sad, unhappy, or depressed  | 0 | 1 | 2 | 3 |
| 47. Is self-conscious or easily embarrassed  | 0 | 1 | 2 | 3 |

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**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 when complete.**