



ADHD PARENT QUESTIONNAIRE

Name: _____ Date of Birth: _____ Date: _____

Please answer the following questions as thoroughly as possible.

How is your child doing in school? _____

Are there any problems with learning that you or your child's teacher(s) have noticed? _____

Are you concerned with any behavioral problems in school, at home or when your child is playing in groups or with friends? _____

Is your child having problems completing classwork or homework? _____

Is your child happy in school? _____

How old was your child when he/she started having the above problems? _____

Overall, how are the above problems significantly affecting:

- Your child's ability to learn? _____
- Family and social relationships? _____
- Self-esteem of your child? _____
- Ability to care for himself/herself? _____
- His/Her leisure activities? _____
- His/Her academic achievement? _____

How does your child interact with other children his/her age? _____

How does your child play with groups of children? _____

Is your child frequently sad or prefer isolated activities? _____

Does your child have any problems sleeping? _____

Does your child have persistent defiant, disobedient, or hostile behaviors toward authority figures? _____

Does your child have recurrent behavior problems that affect the rights of others or violate social norms?



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Name: _____ Date of Birth: _____ Date: _____

PAST MEDICAL HISTORY:

Does your child have any chronic medical problems? _____

FAMILY HISTORY:

Learning, attention, or behavior problems? _____
Mental retardation? _____
Neurological problems? (Seizures or Tics) _____
Mental illnesses? (Depression or Anxiety) _____

SOCIAL HISTORY:

Who lives in the household? _____
Parent's education level? Mother: _____ Father: _____
Parent's employment? Mother: _____ Father: _____

NUTRITION:

Please describe your child's typical diet and eating habits: _____

Any additional information you would like us to know about your child and or family? _____

