Attention Deficit Hyperactive Disorder (ADHD)
Parent Questionnaire—Initial Visit

Family Medical Center
2323 Grand Boulevard
New Port Richey, FL 34652

FAMILY DATA

Child's Name _____ Adopted? ____ Date of Birth _____ Age _____
Home Address _____ Home Phone _____
School _____ Grade _____ School Phone _____
Father's Name _____ Age _____ Education _____
Employment _____
Mother's Name _____ Age _____ Education _____
Employment _____
Other Children in Home:
Name & Age: _____ Name & Age: _____
Name & Age: _____ Name & Age: _____
Other Relatives or Persons Living in Home:
_____
_____

CHOOSE THE BEST ANSWER

Child lives with:
- ☐ Both his/her own parents
- ☐ One parent only
- ☐ Stepfather
- ☐ Stepmother

Had similar troubles as a child:
- ☐ Father
- ☐ Mother
- ☐ Both
- ☐ Neither

Child's behavior with family:
- ☐ Disruptive
- ☐ Cooperative

Mostly, the child is the family's source of:
- ☐ Pride
- ☐ Worry
- ☐ Friction

With regard to how to discipline, the parents:
- ☐ Agree
- ☐ Disagree

Child's discipline has been:
- ☐ Strict
- ☐ Lenient
- ☐ Inconsistent
- ☐ All of these

Marital troubles are:
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ None

Parent's have problems of:
- ☐ Alcoholism
- ☐ Chronic disease
- ☐ Mental illness
- ☐ None of the above

Other children at home have problems with:
- ☐ School behavior
- ☐ Grades
- ☐ Illness
- ☐ Emotional adjustment

PREGNANCY HISTORY

While you were pregnant with this child, were you under a doctor's care?..... ☐ Yes ☐ No

During this pregnancy, did you have:

☐ Anemia *When?* _____
Describe: _____

☐ High Blood Pressure *When?* _____
Describe: _____

☐ Toxemia *When?* _____
Describe: _____

☐ Swollen Ankles *When?* _____
Describe: _____

☐ Kidney Disease *When?* _____
Describe: _____

☐ Heart Disease *When?* _____
Describe: _____

☐ Bleeding *When?* _____
Describe: _____

☐ Measles *When?* _____
Describe: _____

☐ German Measles *When?* _____
Describe: _____

☐ Flu *When?* _____
Describe: _____

☐ Other Viruses *When?* _____
Describe: _____

☐ Other Illness *When?* _____
Describe: _____

☐ Vomiting *When?* _____
Describe: _____

☐ Diabetes *When?* _____
Describe: _____

☐ Injury *When?* _____
Describe: _____

☐ Medications *When?* _____
Describe: _____

☐ Emotional Problems *When?* _____
Describe: _____

☐ Threatened Miscarriage *When?* _____
Describe: _____

☐ Early Contractions *When?* _____
Describe: _____

BIRTH HISTORY

How many hours from first contractions to birth? _____

Were you given medications?..... ☐ Yes ☐ No

Did you have natural childbirth?..... ☐ Yes ☐ No

Were you under anesthesia during childbirth?..... ☐ Yes ☐ No

Was labor induced?..... ☐ Yes ☐ No *If so, was induced labor planned?*..... ☐ Yes ☐ No

Was this a breech (feet first) delivery?..... ☐ Yes ☐ No

Was the delivery unusual in any way?... ☐ Yes ☐ No *If so, how?* _____

Did you have a cesarean?.... ☐ Yes ☐ No *Any complications?* _____

Did you have twins?..... ☐ Yes ☐ No *Which was born first?* _____

Did this baby have breathing problems?..... ☐ Yes ☐ No ☐ Don't know

Did this baby have umbilical cord around his/her neck?..... ☐ Yes ☐ No ☐ Don't know

Did this baby dry quickly?..... ☐ Yes ☐ No ☐ Don't know

Was the baby's color normal?..... ☐ Yes ☐ No ☐ Don't know

Was oxygen used for the baby?.... ☐ Yes ☐ No ☐ Don't know *If so, how long?* _____

Was the baby premature?.... ☐ Yes ☐ No *If so, how much?* _____

BIRTH HISTORY (CONT'D)

Did the baby come home with you? ☐ Yes ☐ No *How long after?* _____ Birth weight: _____
Did you have any problems with feeding? ☐ Yes ☐ No *Describe:*_____
Was the baby normally active?..... ☐ Yes ☐ No *Describe:*_____

DEVELOPMENTAL HISTORY*

Please answer as best as you can remember.

Age held head up		Age turned over		Age smiled at parents		Age crawled	
Age sit		Age pull up at crib		Age walk with help		Age walked alone	
Bottle fed?		Breast fed?		Age weaned		Age say 4-10 words	
Age use sentences		Speech problems?		Did he/she hold arms out to be picked up?			
Age say "No, no" to everything				Shy or timid?		Liked attention?	
Friendly baby?		Affectionate?		Wanted to be left alone?		Stubborn?	
More interested in things than people?				Ate well?		Feed self, age	
Temper tantrums?		Breath Holding?		Destructive with toys?		Much too active?	
Bowel trained age?		Dry at what age?		Age helped with dressing?			
Age dressed alone?		Right or left handed?		Age this settled?		Well-coordinated?	
Clumsy?		Good with hands?		Blank spells?		Falling spells?	
Dare-devil behavior?		Impulsiveness?		Unusual fears?		Sleep problems?	
Rocking?		Head bumping?					

*If additional space is needed to answer any questions, use above empty space.

MEDICAL HISTORY OF CHILD

Has your child had:

- ☐ Measles *Age?* _____
  Describe: _____
- ☐ German Measles *Age?* _____
  Describe: _____
- ☐ Mumps *Age?* _____
  Describe: _____
- ☐ Chicken Pox *Age?* _____
  Describe: _____
- ☐ Whooping Cough *Age?* _____
  Describe: _____
- ☐ Diphtheria *Age?* _____
  Describe: _____
- ☐ Flu *Age?* _____
  Describe: _____
- ☐ Meningitis *Age?* _____
  Describe: _____
- ☐ Encephalitis *Age?* _____
  Describe: _____
- ☐ High Fever *Age?* _____
  Describe: _____
- ☐ Ear Infection *Age?* _____
  Describe: _____
- ☐ Allergy *Age?* _____
  Describe: _____
- ☐ Convulsions *Age?* _____
  Describe: _____
- ☐ Injury to head *Age?* _____
  Describe: _____
- ☐ Other injuries *Age?* _____
  Describe: _____
- ☐ Other illnesses *Age?* _____
  Describe: _____
- ☐ Hospitalizations *Age?* _____
  Describe: _____
  _____
- ☐ Operations *Age?* _____
  Describe: _____
  _____

_____

Signature of Parent(s), Guardian, etc.

D3 **NICHQ Vanderbilt Assessment Scale—PARENT Informant**

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other 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 too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	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
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	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 go along 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 wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "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 things that have value	0	1	2	3

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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