

ADHD Parent Questionnaires

Child's Name: _____ Date: _____

Parent's Name Completing Form: _____

Activity			
1. How would you rate your child's overall physical activity when compared with other children similar in age, size, etc.?	Less active	About the same	More active
2. When sitting, does your child move his hands, fingers, feet and/or legs excessively?	Rarely	Sometimes	Often
3. Does your child do things impulsively which result in spills, tripping, breaking, bruises, etc.?	Rarely	Sometimes	Often
4. Do you notice that your child talks too much?	Rarely	Sometimes	Often
5. Does your child "take turns" and otherwise play well with other children?	Rarely	Sometimes	Often
6. How well does your child stay with a specific task, such as reading, playing a sit-down game, or some small task?	Rarely	Sometimes	Often
7. Based on your observations of you child dressing himself/herself, rate the following: (check appropriate column): Buttoning clothes Putting on shirt Putting on pants Tying shoe laces	No problem	Can do, but takes time	Can't do alone
8. Compared with children of similar age, etc., does your child: Throw a ball accurately? Catch a ball well?	Yes	Don't know	No
9. Can your child skip?	Yes	Don't know	No
10. Can your child roller skate or ice skate?	Yes	Don't know	No

Language			
11. Does your child have speech problems?	None	Mild	Severe
12. Do you feel your child cannot hear well or cannot remember your instructions when asked to do something?	Rarely	Sometimes	Often
13. Does your child fumble for the right words when trying to tell you something?	Rarely	Sometimes	Often

Emotional Response			
14. Compared with other children his age, is your child: ...to anger? ...to cry? ...to laugh?	Slower	The same	Quicker
15. Are his emotions more intense than other children his age?	Rarely	Sometimes	Often
16. Does your child have trouble keeping a close friend?	Rarely	Sometimes	Often
17. Does your child get extremely upset at disappointments?	Rarely	Sometimes	Often
18. Is your child excitable?	Rarely	Sometimes	Often

School Information			
19. Do school personnel report the following about your child? (check the appropriate column)	No	Don't know	Yes
Poor reader			
Distractible			
Inattentive			
Disturbs other children			
Doesn't complete his/her work			
Excessive talking			
Daydreams			
Slow-moving, slow-responding			
Fights			
Gets out of seat without permission			
Difficulty in following instructions			
Difficulty in thinking of words to say			