

**ADHD ASSESSMENT FORM:**

CHILD'S NAME: ..... DOB: \_\_/\_\_/\_\_\_\_ Today's Date: \_\_/\_\_/\_\_\_\_

This is a questionnaire that assists you to "quantify" the three main symptoms; inattention, hyperactivity and impulsivity. To suspect ADHD, the child needs at least six of the symptoms of inattention, and/or at least six of the symptoms of combined hyperactivity/impulsivity list. (Often or always in regularity and severe or unbearable in severity.)

This questionnaire needs to be completed in the context of two or more social settings: For example completed by the parent for at home and by the teacher for at school, and/or by another carer/supervisor from another setting where the child spends significant time.

**CIRCLE WHICH SETTING THIS COMPLETED QUESTIONNAIRE IS RELEVANT TO:** HOME 2<sup>nd</sup> HOME SCHOOL CHILD-CARE  
SPORT/RECREATION RELATIVES' HOME OTHER ..... (Specify)

**The inattention checklist:** Tick inside the box which most closely corresponds to the average behaviour of your child for each behaviour listed and in both the regularity and the severity sections. (i.e. You will have two ticks in each row next to each behaviour, one for the regularity of the behaviour and one for the severity.)

Description of behaviour:	REGULARITY					SEVERITY				
	Never	Rarely	Sometimes	Often	Always	None	Mild	Moderate	Severe	Unbearable
Ignores details										
Makes careless mistakes.										
Has trouble sustaining attention in work or play										
Does not seem to listen when directly addressed										
Does not follow through on instructions; fails to finish										
Has difficulty organising tasks and activities										
Avoids activities that require a sustained mental effort										
Loses things he/she needs										
Gets distracted by extraneous noise										
Is forgetful in daily activities										

SAMPLE ONLY

**The impulsivity/hyperactivity checklist:** Tick inside the box which most closely corresponds to the average behaviour of your child for each behaviour listed and in both the regularity and the severity sections. (i.e. You will have two ticks in each row next to each behaviour, one for the regularity of the behaviour and one for the severity.)

Description of behaviour:	REGULARITY					SEVERITY				
	Never	Rarely	Sometimes	Often	Always	None	Mild	Moderate	Severe	Unbearable
Fidgets or squirms										
Has to get up from seat.										
Runs or climbs when he/she shouldn't										
Has difficulty with quiet leisure activities										
"On the go", as if driven by a motor										
Talks excessively										
Blurts out answers before questions have been completed										
Has difficulty waiting his/her turn										
Interrupts or intrudes on others										

SAMPLE ONLY

**Other Questions:**

- 1) Have these behaviours been assessed by a health care or educational professional and been classified as "clinically significant impairment":  
 YES      NO      DON'T KNOW (circle one)
- 2) Has your child been affected by any of the following (tick as many as are relevant):
  - another mental disorder (depression, schizophrenia, mania, psychosis)
  - Recent or current illness or trauma: ..... (specify)
  - Past history of physical, sexual, mental or emotional abuse
  - Recent significant stress (bereavement, moving house/school, shock, family crises)