

# ADHD SYMPTOM REASSESSMENT QUESTIONNAIRE

For caregivers of **CHILDREN** with ADHD

CHILD'S NAME:

SEX: M / F

AGE:

COMPLETED BY:  MOTHER  FATHER  GUARDIAN

The following questionnaire is intended to help reassess your child's ADHD symptoms while on his/her current treatment plan across multiple life settings: School Time, Activity Time, Homework Time, and Family and Play Time.

Once you have completed this questionnaire, please return it to your child's doctor. The doctor can review the results, conduct a clinical evaluation, and if necessary, discuss the results further with you.

## SETTING 1 **School Time**

**INSTRUCTIONS:** Based on teachers' reports, please check the box that best describes to what degree the following symptoms have impacted your child at school over the past 6 months.

1. Pays attention in class or ignores disruptions by peers	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
2. Completes classroom assignments and tests on time	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
3. The extent to which your child interrupts classmates, leaves his/her seat, or blurts out answers	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
4. Speak to doctor about my child's ADHD symptoms at school	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## SETTING 2 **Activity Time**

**INSTRUCTIONS:** Based on feedback from coaches and other after-school caregivers, please check the box that best describes to what degree the following symptoms have impacted your child during after-school activities over the past 6 months.

1. Pays attention and focuses during extracurricular activities (for example, music lessons, sport activities, scout meetings)	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
2. Waits his/her turn during extracurricular activities	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
3. Listens when spoken to directly while participating in extracurricular activities	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
4. Speak to doctor about my child's ADHD symptoms during activity time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

(Please turn page over)

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## SETTING 3 Homework Time

**INSTRUCTIONS:** Based on your observations and input from other family members, please check the box that best describes to what degree the following symptoms have impacted your child during homework time over the past 6 months.

1. Focuses on homework and remains undistracted	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
2. Organizes homework assignments	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
3. The extent to which your child squirms, fidgets, or leaves the seat when expected to sit and finish homework	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
4. Gives close attention to detail (for example, work is not messy or incomplete, or he/she avoids making careless mistakes)	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
5. Speak to doctor about my child's ADHD symptoms during homework time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## SETTING 4 Family and Play Time

**INSTRUCTIONS:** Check the box that best describes to what degree the following symptoms have impacted your child in social settings over the past 6 months.

1. Stays seated while eating dinner with family members	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
2. The extent to which your child talks excessively	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
3. The extent to which your child runs about and climbs excessively in inappropriate situations	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
4. Follows through on chores or other duties requiring multiple steps	<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> A lot
5. Speak to doctor about my child's ADHD symptoms during family and play time	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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