



# Clinique FOCUS Portfolio: ADHD Assessment for Children

## INSTRUCTIONS

*Your child is currently being assessed for attention deficit disorder with or without hyperactivity (ADHD).*

*Please complete the following questionnaires.*

*Your participation is very important.*

➤ *This document contains 3 sections.*

- Section 1: To be completed by each parent*
- Section 2: To be completed by your child's teacher*
- Section 3: Useful Information*

- *There are no right or wrong answers. If you are not sure about the answer, go with the first one that comes to mind.*
- *If your child lives in two homes, it is important for the people in each home to complete these questionnaires.*
- *Please read the instructions carefully and bring the completed portfolio to your first appointment.*

*NB: All the questionnaires must be completed before your first appointment.*



**CLINIQUE FOCUS**

cliniquefocus.com / attentiondeficit-info.com

Developed by Clinique FOCUS under the coordination of  
Dr. Annick Vincent (Revised: September 2014)

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# Clinique FOCUS Portfolio:

## ADHD Assessment for Children

### QUESTIONNAIRES

#### Section 1: Parents

*Have each of the parents complete the following questionnaires.*

*(2 sets of documents are provided with each questionnaire because it is important for each parent to complete a separate questionnaire)*

- SNAP-IV 26**
- ADHD Checklist**
- Weiss Symptom Record** *This tool helps identify the types of problems that the child has had during his or her life.*
- Weiss Functional Impairment Rating Scale - P (WFIRS-P)** *This tool measures the functional impacts associated with the symptoms.*

*Please complete this form if your child is currently taking medication for ADHD.*

#### **CADDRA Patient ADHD Medication Form**



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# Clinique FOCUS Portfolio: ADHD Assessment for Children

## QUESTIONNAIRES

### Section 1, Part A: Parent A

**Name:**

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**Date:**

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*It is important to complete each questionnaire.*

- SNAP-IV 26**
- ADHD Checklist**
- Weiss Symptom Record** *This tool helps identify the types of problems that the child has had during his or her life.*
- Weiss Functional Impairment Rating Scale - P (WFIRS-P)** *This tool measures the functional impacts associated with the symptoms.*

*Please complete this form if your child is currently taking medication for ADHD.*

- CADDRA Patient ADHD Medication Form**



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Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## SNAP-IV 26 – Teacher and Parent Rating Scale

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Ethnicity:  African-American  Asian  Caucasian  Hispanic Other: \_\_\_\_\_

Completed by: \_\_\_\_\_ Type of Class: \_\_\_\_\_ Class size: \_\_\_\_\_

<i>For each item, check the column which best describes this child:</i>	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often has difficulty maintaining alertness, orienting to requests, or executing directions				
11. Often fidgets with hands or feet or squirms in seat				
12. Often leaves seat in classroom or in other situations in which remaining seated is expected				
13. Often runs about or climbs excessively in situations in which it is inappropriate				
14. Often has difficulty playing or engaging in leisure activities quietly				
15. Often is "on the go" or often acts as if "driven by a motor"				
16. Often talks excessively				
17. Often blurts out answers before questions have been completed				
18. Often has difficulty awaiting turn				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehavior				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				



Patient Name:

Date of Birth:

Physician Name:

MRN/File No:

Date:

## ADHD CHECKLIST

Retrospective assessment of childhood symptoms

Current symptoms

Current medication: \_\_\_\_\_

<i>SYMPTOMS: Check the appropriate box</i>	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	Diagnoses
<b>ATTENTION 314.00 (≥6/9)</b>	<b>SEVERITY</b>				<b>TOTAL</b>
Fails to give close attention to details, careless mistakes					
Difficulty sustaining attention in tasks or fun activities					
Does not seem to listen when spoken to directly					
Does not follow through on instructions and fails to finish work					
Difficulty organizing tasks and activities					
Avoids tasks that require sustained mental effort (boring)					
Losing things					
Easily distracted					_/9
Forgetful in daily activities					≥6/9
<b>HYPERACTIVE/IMPULSIVE 314.01 (≥6/9)</b>					
Fidgety or squirms in seat					
Leaves seat when sitting is expected					
Feels restless					
Difficulty in doing fun things quietly					
Always on the go or acts as if "driven by a motor"					
Talks excessively					
Blurts answers before questions have been completed					
Difficulty awaiting turn					≥6/9
Interrupting or intruding on others					_/9
<b>OPPOSITIONAL DEFIANT DISORDER 313.81 (&gt;4/8)</b>					
Loses temper					
Argues with adults					
Actively defies or refuses to comply with requests or rules					
Deliberately annoys people					
Blames others for his or her mistakes or misbehavior					
Touchy or easily annoyed by others					
Angry or resentful					≥4/8
Spiteful or vindictive					_/8
<b>COMMENTS</b>					



Patient Name:

Date of Birth:

Physician Name:

MRN/File No:

Date:

## Weiss Symptom Record (WSR)

<i>Instructions to Informant: Check the box that best describes typical behavior</i> <i>Instructions to Physician: Symptoms rated 2 or 3 are positive and total count completed below</i>	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	# items scored 2 or 3 (DSM Criteria)
<b>ADHD COMBINED TYPE 314.01</b>						<b>≥6/9 IA &amp; HI</b>
<b>ATTENTION 314.00</b>						
Fails to give close attention to details, careless mistakes						
Difficulty sustaining attention in tasks or fun activities						
Does not seem to listen when spoken to directly						
Does not follow through on instructions and fails to finish work						
Difficult organizing tasks and activities						
Avoids tasks that require sustained mental effort (boring)						
Losing things						
Easily distracted						
Forgetful in daily activities						/9 (≥6/9)
<b>HYPERACTIVE/IMPULSIVE 314.01</b>						
Fidgety or squirms in seat						
Leaves seat when sitting is expected						
Feels restless						
Difficulty in doing fun things quietly						
Always on the go or acts as if "driven by a motor"						
Talks excessively						
Blurts answers before questions have been completed						
Difficulty awaiting turn						
Interrupting or intruding on others						/9 (≥6/9)
<b>OPPOSITIONAL DEFIANT DISORDER 313.81</b>						
Loses temper						
Argues with adults						
Actively defies or refuses to comply with requests or rules						
Deliberately annoys people						
Blames others for his or her mistakes or misbehaviour						
Touchy or easily annoyed by others						
Angry or resentful						
Spiteful or vindictive						/8 (≥4/8)

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>TIC DISORDERS 307.2</b>						<b>SEVERITY</b>
Repetitive involuntary movements (blinking, twitching)						
Repetitive involuntary noises (throat clearing, sniffing)						
<b>CONDUCT DISORDER 312.8</b>						
Bullies, threatens, or intimidates others						
Initiates physical fights						
Has used a weapon (bat, brick, bottle, knife, gun)						
Physically cruel to people						
Physically cruel to animals						
Stolen while confronting a victim						
Forced someone into sexual activity						
Fire setting with the intent of damage						
Deliberately destroyed others' property						
Broken into a house, building, or car						
Often lies to obtain goods or benefits or avoid obligations						
Stealing items of nontrivial value without confronting victim						
Stays out at night despite prohibitions						
Run away from home overnight at least twice						
Truant from school						/15(≥3/15)
<b>ANXIETY</b>						
Worries about health, loved ones, catastrophe						300.02
Unable to relax; nervous						300.81
Chronic unexplained aches and pains						300.30
Repetitive thoughts that make no sense						
Repetitive rituals						300.01
Sudden panic attacks with intense anxiety						300.23
Excessively shy						
Refusal to do things in front of others						309.21
Refusal to go to school, work or separate from others						300.29
Unreasonable fears that interfere with activities						312.39
Pulls out hair, eyebrows						
Nail biting, picking						
Refusal to talk in public, but talks at home						mutism
<b>DEPRESSION 296.2 (single) .3 (recurrent)</b>						
Has been feeling sad, unhappy or depressed		Yes	No			Must be present
No interest or pleasure in life		Yes	No			Must be present
Feels worthless						
Has decreased energy and less productive						
Hopeless and pessimistic about the future						
Excessive feelings of guilt or self blame						
Self-injurious or suicidal thoughts						

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>DEPRESSION (CONT'D)</b>						<b>SEVERITY</b>
Social withdrawal						
Weight loss or weight gain						
Change in sleep patterns						≥5/9>2wks
Agitated or sluggish, slowed down						
Decreased concentration or indecisiveness						
Past suicide attempts	#	Serious				
<b>MANIA 296.0(manic) .6(mixes) .5(depressed)</b>						
Distinct period of consistent elevated or irritable mood	Yes	No	Must be present			
Grandiose, sudden increase in self esteem						
Decreased need for sleep						
Racing thoughts						
Too talkative and speech seems pressured						
Sudden increase in goal directed activity, agitated						≥3 >1wk
High risk activities (spending money, promiscuity)						/3 (≥3)
<b>SOCIAL SKILLS 299</b>						
Makes poor eye contact or unusual body language						
Failure to make peer relationships						
Lack of spontaneous sharing of enjoyment						
Lacks reciprocity or sensitivity to emotional needs of others						
Language delay or lack of language communication						
Difficulty communicating, conversing with others						
Speaks in an odd, idiosyncratic or monotonous speech						
Lack of creative, imaginative play or social imitation						
Intensely fixated on one particular interest						
Rigid sticking to nonfunctional routines or rituals						
Preoccupied with objects and parts of objects						
Repetitive motor mannerisms (hand flapping, spinning)						
<b>PSYCHOSIS 295</b>						
Has disorganized, illogical thoughts						
Hears voices or sees things						
Conviction that others are against or will hurt them						
People can read their thoughts, or vice versa						
Belief that the television is talking specifically to them						
A fixed belief that is out of touch with reality						
Thought sequence does not make sense						



	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>SUBSTANCE ABUSE</b>						<b>SEVERITY</b>
Excessive alcohol (> 2 drinks/day, > 4 drinks at once)						305
Smokes cigarettes						
Daily marijuana use						
Use of any other street drugs						
Abuse of prescription drugs						
<b>SLEEP DISORDERS 307.4</b>						
Agitated or sluggish, slowed down						
Has difficulty falling asleep						
Has difficulty staying asleep						
Has abnormal sleep patterns during the day						347
Unanticipated falling asleep during the day						307.4
Sleep walking						307.4
Has nightmares						307.45
Falls asleep late and sleeps in late						3.27
Sleep schedule changes from day to day						
Excessive snoring						
A feeling of restless legs while trying to sleep						
Observed to have sudden kicking while asleep						780.57
Observed to have difficulty breathing at night						
<b>ELIMINATION DISORDERS 307</b>						
Wets the bed at night						
Wets during the day						
Soils self						
<b>EATING DISORDERS 307</b>						
Vomits after meals or bingeing						
Underweight and refuses to eat						307.1
Distorted body image						
Picky eater						
High junk food diet						
<b>LEARNING DISABILITIES 315</b>						
Delayed expressive language						
Stuttering						
Problems articulating words						315
Below grade level in reading						315.1
Below grade level in math						315.2
Trouble with writing (messy, tiring, avoids writing)						
Variable performance in school						
Underachieves at school relative to potential						315.4

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>DEVELOPMENTAL COORDINATION DISORDER</b>						
Difficulty with gross motor skills (i.e. gym, sports, biking)						
Clumsy						
Difficulty with fine motor (buttons, shoe laces, cutting)						
<b>PERSONALITY 301</b>						<b>SEVERITY</b>
Unstable interpersonal relationships						
Frantic efforts to avoid abandonment						
Recurrent suicidal ideation or attempts						
Intense anger						
Major mood swings						BPD 301.83
Impulsive self destructive or self injurious behavior						
Fragile identity or self image						
Chronic feelings of emptiness						
Transient stress related dissociation or paranoia						/9 (≥5/9)
Self centred or entitled						NPD 301.81
Deceitful, aggressive, or lack of remorse						ASP 301.7
<b>COMMENTS:</b>						

ADHD=attention deficit hyperactivity disorder; IA=inattentive subtype; HI=hyperactive impulsive subtype; BPD=borderline personality disorder; NPD=narcissistic personality disorder; ASP=antisocial personality disorder.

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Patient Name:

Date of Birth:

Physician Name:

MRN/File No:

Date:

## WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – PARENT REPORT (WFIRS-P)

Your name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

*Circle the number for the rating that best describes how your child's emotional or behavioural problems have affected each item in the last month.*

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
<b>A</b>	<b>FAMILY</b>					
1	Having problems with brothers & sisters	0	1	2	3	n/a
2	Causing problems between parents	0	1	2	3	n/a
3	Takes time away from family members' work or activities	0	1	2	3	n/a
4	Causing fighting in the family	0	1	2	3	n/a
5	Isolating the family from friends and social activities	0	1	2	3	n/a
6	Makes it hard for the family to have fun together	0	1	2	3	n/a
7	Makes parenting difficult	0	1	2	3	n/a
8	Makes it hard to give fair attention to all family members	0	1	2	3	n/a
9	Provokes others to hit or scream at him/her	0	1	2	3	n/a
10	Costs the family more money	0	1	2	3	n/a
<b>B</b>	<b>SCHOOL</b>					
	<b>Learning</b>					
1	Makes it difficult to keep up with schoolwork	0	1	2	3	n/a
2	Needs extra help at school	0	1	2	3	n/a
3	Needs tutoring	0	1	2	3	n/a
4	Receives grades that are not as good as his/her ability	0	1	2	3	n/a
	<b>Behaviour</b>					
1	Causes problems for the teacher in the classroom	0	1	2	3	n/a
2	Receives "time-out" or removal from the classroom	0	1	2	3	n/a
3	Having problems in the school yard	0	1	2	3	n/a
4	Receives detentions (during or after school)	0	1	2	3	n/a
5	Suspended or expelled from school	0	1	2	3	n/a
6	Misses classes or is late for school	0	1	2	3	n/a
<b>C</b>	<b>LIFE SKILLS</b>					
1	Excessive use of TV, computer, or video games	0	1	2	3	n/a
2	Keeping clean, brushing teeth, brushing hair, bathing, etc.	0	1	2	3	n/a
3	Problems getting ready for school	0	1	2	3	n/a

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
4	Problems getting ready for bed	0	1	2	3	n/a
5	Problems with eating (picky eater, junk food)	0	1	2	3	n/a
6	Problems with sleeping	0	1	2	3	n/a
7	Gets hurt or injured	0	1	2	3	n/a
8	Avoids exercise	0	1	2	3	n/a
9	Needs more medical care	0	1	2	3	n/a
10	Has trouble taking medication, getting needles or visiting the doctor/dentist	0	1	2	3	n/a
<b>D</b>	<b>CHILD'S SELF-CONCEPT</b>					
1	My child feels bad about himself/herself	0	1	2	3	n/a
2	My child does not have enough fun	0	1	2	3	n/a
3	My child is not happy with his/her life	0	1	2	3	n/a
<b>E</b>	<b>SOCIAL ACTIVITIES</b>					
1	Being teased or bullied by other children	0	1	2	3	n/a
2	Teases or bullies other children	0	1	2	3	n/a
3	Problems getting along with other children	0	1	2	3	n/a
4	Problems participating in after-school activities (sports, music, clubs)	0	1	2	3	n/a
5	Problems making new friends	0	1	2	3	n/a
6	Problems keeping friends	0	1	2	3	n/a
7	Difficulty with parties (not invited, avoids them, misbehaves)	0	1	2	3	n/a
<b>F</b>	<b>RISKY ACTIVITIES</b>					
1	Easily led by other children (peer pressure)	0	1	2	3	n/a
2	Breaking or damaging things	0	1	2	3	n/a
3	Doing things that are illegal	0	1	2	3	n/a
4	Being involved with the police	0	1	2	3	n/a
5	Smoking cigarettes	0	1	2	3	n/a
6	Taking illegal drugs	0	1	2	3	n/a
7	Doing dangerous things	0	1	2	3	n/a
8	Causes injury to others	0	1	2	3	n/a
9	Says mean or inappropriate things	0	1	2	3	n/a
10	Sexually inappropriate behaviour	0	1	2	3	n/a

**SCORING:**

1. Number of items scored 2 or 3  
*or*
2. Total score  
*or*
3. Mean score

**DO NOT WRITE IN THIS AREA**

A. Family	
B. School Learning Behaviour	
C. Life skills	
D. Child's self-concept	
E. Social activities	
F. Risky activities	
<b>Total</b>	

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Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## CADDRA PATIENT ADHD MEDICATION FORM

Please complete and bring to your next appointment

Patient name: \_\_\_\_\_ Date form is completed: \_\_\_\_\_

Person completing this form (if not the patient): \_\_\_\_\_  Mother  Father  Other

Medication usage since (decided with doctor): \_\_\_\_\_  
 \_\_\_\_\_ (date)

- Medication not started yet
- Takes medication regularly, as prescribed
- Forgets/skips doses occasionally
- Takes medication irregularly
- Medication stopped

### Current Medication List:

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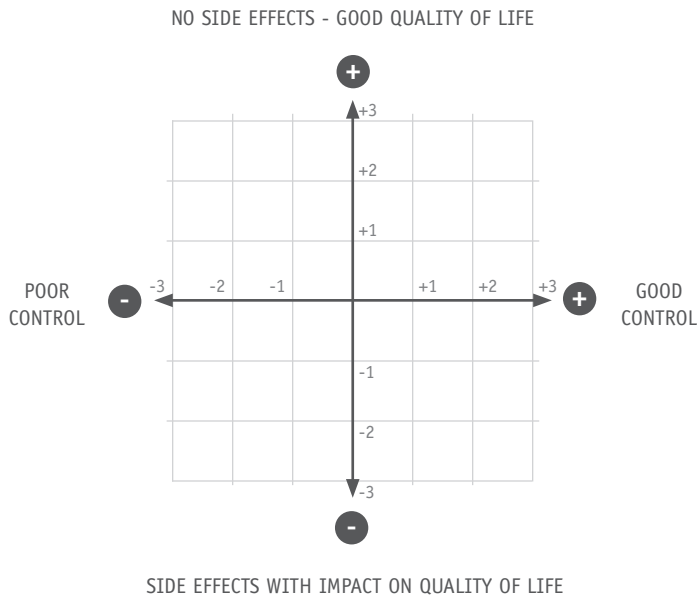
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### Instructions to use the quadrant below:

- Place a mark on the horizontal black line indicating the level of current symptom control between -3 and +3.
- Place a mark on the vertical black line indicating current side effect levels, between -3 to +3
- Draw an X where lines from the marks made on each line would meet to show current patient status



### COMMENTS:

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### What changes have occurred since medication started?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Not applicable: no medication taken | <input type="checkbox"/> No change            | <input type="checkbox"/> Marked Improvement |
| <input type="checkbox"/> Small deterioration                 | <input type="checkbox"/> Improvement          | <input type="checkbox"/> Deterioration      |
| <input type="checkbox"/> Small improvement                   | <input type="checkbox"/> Marked deterioration |   |

Please indicate below the frequency of any side effects experienced since the last medical appointment (mark with an X). Please contact your physician if side effects are significant.

SIDE EFFECT	FREQUENCY				Comments
	Not at all	Sometimes	Often	All the time	
Headache					
Dryness of the skin					
Dryness of the eyes					
Dryness of the mouth					
Thirst					
Sore throat					
Dizziness					
Nausea					
Stomach aches					
Vomiting					
Sweating					
Appetite reduction					
Weight loss					
Weight gain					
Diarrhea					
Frequent urination					
Tics					
Sleep difficulties					
Mood instability					
Irritability					
Agitation/excitability					
Sadness					
Heart palpitations					
Increased blood pressure					
Sexual dysfunction					
Feeling worse or different when the medication wears off (rebound)					
<b>Other:</b>					

**Things to discuss at the next medical appointment:**

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**Clinique FOCUS Portfolio:**  
**ADHD Assessment for Children**

**QUESTIONNAIRES**

**Section 1, Part B:**

**Parent B**

**Name:**

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**Date:**

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*It is important to complete each questionnaire.*

- SNAP-IV 26**
- ADHD Checklist**
- Weiss Symptom Record** *This tool helps identify the types of problems that the child has had during his or her life.*
- Weiss Functional Impairment Rating Scale - P (WFIRS-P)** *This tool measures the functional impacts associated with the symptoms.*

*Please complete this form if your child is currently taking medication for ADHD.*

**CADDRA Patient ADHD Medication Form**

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Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## SNAP-IV 26 – Teacher and Parent Rating Scale

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Ethnicity:  African-American  Asian  Caucasian  Hispanic Other: \_\_\_\_\_

Completed by: \_\_\_\_\_ Type of Class: \_\_\_\_\_ Class size: \_\_\_\_\_

<i>For each item, check the column which best describes this child:</i>	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often has difficulty maintaining alertness, orienting to requests, or executing directions				
11. Often fidgets with hands or feet or squirms in seat				
12. Often leaves seat in classroom or in other situations in which remaining seated is expected				
13. Often runs about or climbs excessively in situations in which it is inappropriate				
14. Often has difficulty playing or engaging in leisure activities quietly				
15. Often is "on the go" or often acts as if "driven by a motor"				
16. Often talks excessively				
17. Often blurts out answers before questions have been completed				
18. Often has difficulty awaiting turn				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehavior				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				





Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## ADHD CHECKLIST

Retrospective assessment of childhood symptoms  Current symptoms   
 Current medication: \_\_\_\_\_

<i>SYMPTOMS: Check the appropriate box</i>	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	Diagnoses
<b>ATTENTION 314.00 (≥6/9)</b>	<b>SEVERITY</b>				<b>TOTAL</b>
Fails to give close attention to details, careless mistakes					
Difficulty sustaining attention in tasks or fun activities					
Does not seem to listen when spoken to directly					
Does not follow through on instructions and fails to finish work					
Difficulty organizing tasks and activities					
Avoids tasks that require sustained mental effort (boring)					
Losing things					
Easily distracted					_/9
Forgetful in daily activities					≥6/9
<b>HYPERACTIVE/IMPULSIVE 314.01 (≥6/9)</b>					
Fidgety or squirms in seat					
Leaves seat when sitting is expected					
Feels restless					
Difficulty in doing fun things quietly					
Always on the go or acts as if "driven by a motor"					
Talks excessively					
Blurts answers before questions have been completed					
Difficulty awaiting turn					≥6/9
Interrupting or intruding on others					_/9
<b>OPPOSITIONAL DEFIANT DISORDER 313.81 (&gt;4/8)</b>					
Loses temper					
Argues with adults					
Actively defies or refuses to comply with requests or rules					
Deliberately annoys people					
Blames others for his or her mistakes or misbehavior					
Touchy or easily annoyed by others					
Angry or resentful					≥4/8
Spiteful or vindictive					_/8
<b>COMMENTS</b>					



Patient Name:

Date of Birth:

Physician Name:

MRN/File No:

Date:

## Weiss Symptom Record (WSR)

<i>Instructions to Informant: Check the box that best describes typical behavior</i> <i>Instructions to Physician: Symptoms rated 2 or 3 are positive and total count completed below</i>	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	# items scored 2 or 3 (DSM Criteria)
<b>ADHD COMBINED TYPE 314.01</b>						<b>≥6/9 IA &amp; HI</b>
<b>ATTENTION 314.00</b>						
Fails to give close attention to details, careless mistakes						
Difficulty sustaining attention in tasks or fun activities						
Does not seem to listen when spoken to directly						
Does not follow through on instructions and fails to finish work						
Difficult organizing tasks and activities						
Avoids tasks that require sustained mental effort (boring)						
Losing things						
Easily distracted						
Forgetful in daily activities						/9 (≥6/9)
<b>HYPERACTIVE/IMPULSIVE 314.01</b>						
Fidgety or squirms in seat						
Leaves seat when sitting is expected						
Feels restless						
Difficulty in doing fun things quietly						
Always on the go or acts as if "driven by a motor"						
Talks excessively						
Blurts answers before questions have been completed						
Difficulty awaiting turn						
Interrupting or intruding on others						/9 (≥6/9)
<b>OPPOSITIONAL DEFIANT DISORDER 313.81</b>						
Loses temper						
Argues with adults						
Actively defies or refuses to comply with requests or rules						
Deliberately annoys people						
Blames others for his or her mistakes or misbehaviour						
Touchy or easily annoyed by others						
Angry or resentful						
Spiteful or vindictive						/8 (≥4/8)

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>TIC DISORDERS 307.2</b>						<b>SEVERITY</b>
Repetitive involuntary movements (blinking, twitching)						
Repetitive involuntary noises (throat clearing, sniffing)						
<b>CONDUCT DISORDER 312.8</b>						
Bullies, threatens, or intimidates others						
Initiates physical fights						
Has used a weapon (bat, brick, bottle, knife, gun)						
Physically cruel to people						
Physically cruel to animals						
Stolen while confronting a victim						
Forced someone into sexual activity						
Fire setting with the intent of damage						
Deliberately destroyed others' property						
Broken into a house, building, or car						
Often lies to obtain goods or benefits or avoid obligations						
Stealing items of nontrivial value without confronting victim						
Stays out at night despite prohibitions						
Run away from home overnight at least twice						
Truant from school						/15(≥3/15)
<b>ANXIETY</b>						
Worries about health, loved ones, catastrophe						300.02
Unable to relax; nervous						300.81
Chronic unexplained aches and pains						300.30
Repetitive thoughts that make no sense						
Repetitive rituals						300.01
Sudden panic attacks with intense anxiety						300.23
Excessively shy						
Refusal to do things in front of others						309.21
Refusal to go to school, work or separate from others						300.29
Unreasonable fears that interfere with activities						312.39
Pulls out hair, eyebrows						
Nail biting, picking						
Refusal to talk in public, but talks at home						mutism
<b>DEPRESSION 296.2 (single) .3 (recurrent)</b>						
Has been feeling sad, unhappy or depressed		Yes	No			Must be present
No interest or pleasure in life		Yes	No			Must be present
Feels worthless						
Has decreased energy and less productive						
Hopeless and pessimistic about the future						
Excessive feelings of guilt or self blame						
Self-injurious or suicidal thoughts						

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>DEPRESSION (CONT'D)</b>						<b>SEVERITY</b>
Social withdrawal						
Weight loss or weight gain						
Change in sleep patterns						≥5/9>2wks
Agitated or sluggish, slowed down						
Decreased concentration or indecisiveness						
Past suicide attempts	#	Serious				
<b>MANIA 296.0(manic) .6(mixes) .5(depressed)</b>						
Distinct period of consistent elevated or irritable mood	Yes	No	Must be present			
Grandiose, sudden increase in self esteem						
Decreased need for sleep						
Racing thoughts						
Too talkative and speech seems pressured						
Sudden increase in goal directed activity, agitated						≥3 >1wk
High risk activities (spending money, promiscuity)						/3 (≥3)
<b>SOCIAL SKILLS 299</b>						
Makes poor eye contact or unusual body language						
Failure to make peer relationships						
Lack of spontaneous sharing of enjoyment						
Lacks reciprocity or sensitivity to emotional needs of others						
Language delay or lack of language communication						
Difficulty communicating, conversing with others						
Speaks in an odd, idiosyncratic or monotonous speech						
Lack of creative, imaginative play or social imitation						
Intensely fixated on one particular interest						
Rigid sticking to nonfunctional routines or rituals						
Preoccupied with objects and parts of objects						
Repetitive motor mannerisms (hand flapping, spinning)						
<b>PSYCHOSIS 295</b>						
Has disorganized, illogical thoughts						
Hears voices or sees things						
Conviction that others are against or will hurt them						
People can read their thoughts, or vice versa						
Belief that the television is talking specifically to them						
A fixed belief that is out of touch with reality						
Thought sequence does not make sense						

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>SUBSTANCE ABUSE</b>						<b>SEVERITY</b>
Excessive alcohol (> 2 drinks/day, > 4 drinks at once)						305
Smokes cigarettes						
Daily marijuana use						
Use of any other street drugs						
Abuse of prescription drugs						
<b>SLEEP DISORDERS 307.4</b>						
Agitated or sluggish, slowed down						
Has difficulty falling asleep						
Has difficulty staying asleep						
Has abnormal sleep patterns during the day						347
Unanticipated falling asleep during the day						307.4
Sleep walking						307.4
Has nightmares						307.45
Falls asleep late and sleeps in late						3.27
Sleep schedule changes from day to day						
Excessive snoring						
A feeling of restless legs while trying to sleep						
Observed to have sudden kicking while asleep						780.57
Observed to have difficulty breathing at night						
<b>ELIMINATION DISORDERS 307</b>						
Wets the bed at night						
Wets during the day						
Soils self						
<b>EATING DISORDERS 307</b>						
Vomits after meals or bingeing						
Underweight and refuses to eat						307.1
Distorted body image						
Picky eater						
High junk food diet						
<b>LEARNING DISABILITIES 315</b>						
Delayed expressive language						
Stuttering						
Problems articulating words						315
Below grade level in reading						315.1
Below grade level in math						315.2
Trouble with writing (messy, tiring, avoids writing)						
Variable performance in school						
Underachieves at school relative to potential						315.4

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>DEVELOPMENTAL COORDINATION DISORDER</b>						
Difficulty with gross motor skills (i.e. gym, sports, biking)						
Clumsy						
Difficulty with fine motor (buttons, shoe laces, cutting)						
<b>PERSONALITY 301</b>						<b>SEVERITY</b>
Unstable interpersonal relationships						
Frantic efforts to avoid abandonment						
Recurrent suicidal ideation or attempts						
Intense anger						
Major mood swings						BPD 301.83
Impulsive self destructive or self injurious behavior						
Fragile identity or self image						
Chronic feelings of emptiness						
Transient stress related dissociation or paranoia						/9 (≥5/9)
Self centred or entitled						NPD 301.81
Deceitful, aggressive, or lack of remorse						ASP 301.7
<b>COMMENTS:</b>						

ADHD=attention deficit hyperactivity disorder; IA=inattentive subtype; HI=hyperactive impulsive subtype; BPD=borderline personality disorder; NPD=narcissistic personality disorder; ASP=antisocial personality disorder.

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Patient Name:

Date of Birth:

Physician Name:

MRN/File No:

Date:

## WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – PARENT REPORT (WFIRS-P)

Your name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

*Circle the number for the rating that best describes how your child's emotional or behavioural problems have affected each item in the last month.*

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
<b>A</b>	<b>FAMILY</b>					
1	Having problems with brothers & sisters	0	1	2	3	n/a
2	Causing problems between parents	0	1	2	3	n/a
3	Takes time away from family members' work or activities	0	1	2	3	n/a
4	Causing fighting in the family	0	1	2	3	n/a
5	Isolating the family from friends and social activities	0	1	2	3	n/a
6	Makes it hard for the family to have fun together	0	1	2	3	n/a
7	Makes parenting difficult	0	1	2	3	n/a
8	Makes it hard to give fair attention to all family members	0	1	2	3	n/a
9	Provokes others to hit or scream at him/her	0	1	2	3	n/a
10	Costs the family more money	0	1	2	3	n/a
<b>B</b>	<b>SCHOOL</b>					
	<b>Learning</b>					
1	Makes it difficult to keep up with schoolwork	0	1	2	3	n/a
2	Needs extra help at school	0	1	2	3	n/a
3	Needs tutoring	0	1	2	3	n/a
4	Receives grades that are not as good as his/her ability	0	1	2	3	n/a
	<b>Behaviour</b>					
1	Causes problems for the teacher in the classroom	0	1	2	3	n/a
2	Receives "time-out" or removal from the classroom	0	1	2	3	n/a
3	Having problems in the school yard	0	1	2	3	n/a
4	Receives detentions (during or after school)	0	1	2	3	n/a
5	Suspended or expelled from school	0	1	2	3	n/a
6	Misses classes or is late for school	0	1	2	3	n/a
<b>C</b>	<b>LIFE SKILLS</b>					
1	Excessive use of TV, computer, or video games	0	1	2	3	n/a
2	Keeping clean, brushing teeth, brushing hair, bathing, etc.	0	1	2	3	n/a
3	Problems getting ready for school	0	1	2	3	n/a

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
4	Problems getting ready for bed	0	1	2	3	n/a
5	Problems with eating (picky eater, junk food)	0	1	2	3	n/a
6	Problems with sleeping	0	1	2	3	n/a
7	Gets hurt or injured	0	1	2	3	n/a
8	Avoids exercise	0	1	2	3	n/a
9	Needs more medical care	0	1	2	3	n/a
10	Has trouble taking medication, getting needles or visiting the doctor/dentist	0	1	2	3	n/a
<b>D</b>	<b>CHILD'S SELF-CONCEPT</b>					
1	My child feels bad about himself/herself	0	1	2	3	n/a
2	My child does not have enough fun	0	1	2	3	n/a
3	My child is not happy with his/her life	0	1	2	3	n/a
<b>E</b>	<b>SOCIAL ACTIVITIES</b>					
1	Being teased or bullied by other children	0	1	2	3	n/a
2	Teases or bullies other children	0	1	2	3	n/a
3	Problems getting along with other children	0	1	2	3	n/a
4	Problems participating in after-school activities (sports, music, clubs)	0	1	2	3	n/a
5	Problems making new friends	0	1	2	3	n/a
6	Problems keeping friends	0	1	2	3	n/a
7	Difficulty with parties (not invited, avoids them, misbehaves)	0	1	2	3	n/a
<b>F</b>	<b>RISKY ACTIVITIES</b>					
1	Easily led by other children (peer pressure)	0	1	2	3	n/a
2	Breaking or damaging things	0	1	2	3	n/a
3	Doing things that are illegal	0	1	2	3	n/a
4	Being involved with the police	0	1	2	3	n/a
5	Smoking cigarettes	0	1	2	3	n/a
6	Taking illegal drugs	0	1	2	3	n/a
7	Doing dangerous things	0	1	2	3	n/a
8	Causes injury to others	0	1	2	3	n/a
9	Says mean or inappropriate things	0	1	2	3	n/a
10	Sexually inappropriate behaviour	0	1	2	3	n/a

**SCORING:**

1. Number of items scored 2 or 3  
*or*
2. Total score  
*or*
3. Mean score

**DO NOT WRITE IN THIS AREA**

A. Family	
B. School Learning Behaviour	
C. Life skills	
D. Child's self-concept	
E. Social activities	
F. Risky activities	
<b>Total</b>	

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Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## CADDRA PATIENT ADHD MEDICATION FORM

Please complete and bring to your next appointment

Patient name: \_\_\_\_\_ Date form is completed: \_\_\_\_\_

Person completing this form (if not the patient): \_\_\_\_\_  Mother  Father  Other

Medication usage since (decided with doctor): \_\_\_\_\_ (date)

- Medication not started yet
- Takes medication regularly, as prescribed
- Forgets/skips doses occasionally
- Takes medication irregularly
- Medication stopped

### Current Medication List:

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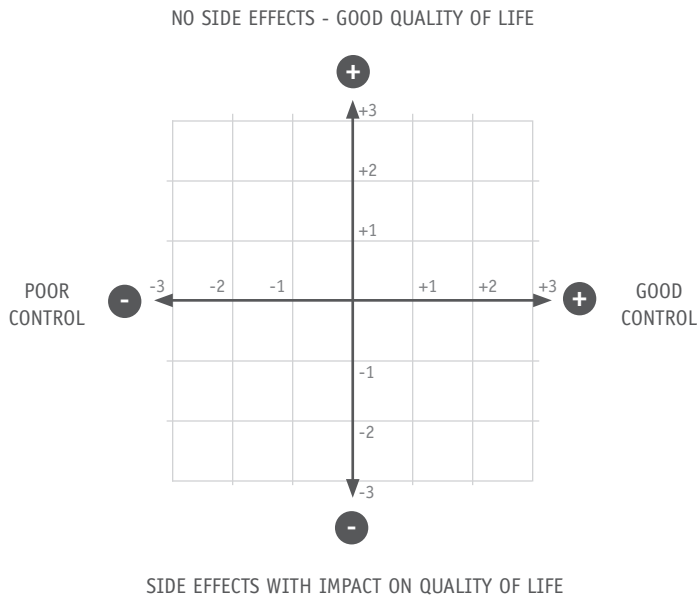
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### Instructions to use the quadrant below:

- Place a mark on the horizontal black line indicating the level of current symptom control between -3 and +3.
- Place a mark on the vertical black line indicating current side effect levels, between -3 to +3
- Draw an X where lines from the marks made on each line would meet to show current patient status



### COMMENTS:

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### What changes have occurred since medication started?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Not applicable: no medication taken | <input type="checkbox"/> No change            | <input type="checkbox"/> Marked Improvement |
| <input type="checkbox"/> Small deterioration                 | <input type="checkbox"/> Improvement          | <input type="checkbox"/> Deterioration      |
| <input type="checkbox"/> Small improvement                   | <input type="checkbox"/> Marked deterioration |   |

Please indicate below the frequency of any side effects experienced since the last medical appointment (mark with an X). Please contact your physician if side effects are significant.

SIDE EFFECT	FREQUENCY				Comments
	Not at all	Sometimes	Often	All the time	
Headache					
Dryness of the skin					
Dryness of the eyes					
Dryness of the mouth					
Thirst					
Sore throat					
Dizziness					
Nausea					
Stomach aches					
Vomiting					
Sweating					
Appetite reduction					
Weight loss					
Weight gain					
Diarrhea					
Frequent urination					
Tics					
Sleep difficulties					
Mood instability					
Irritability					
Agitation/excitability					
Sadness					
Heart palpitations					
Increased blood pressure					
Sexual dysfunction					
Feeling worse or different when the medication wears off (rebound)					
<b>Other:</b>					

**Things to discuss at the next medical appointment:**

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# Clinique FOCUS Portfolio: ADHD Assessment for Children

## QUESTIONNAIRES

### Section 2: Teacher

*Have the following questionnaires completed by a teacher who knows the child well.  
(one copy of each questionnaire is provided in the portfolio)*

- Instructions**
- CADDRA Teacher Assessment Form**
- ADHD Checklist**
- SNAP-IV 26**





Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## CADDRA Teacher Instructions

Name of the educator: \_\_\_\_\_

Name of the student: \_\_\_\_\_ Date: \_\_\_\_\_

Number of hours spent with the student per week: \_\_\_\_\_

Time period for which the form was filled out: \_\_\_\_\_

Hello,

Your student, \_\_\_\_\_, is presently under medical evaluation. To assist with this process, his/her doctor would appreciate your observations on his/her functioning in class. Your feedback will be important in providing knowledge of the student's functioning in the school setting.

As his/her teacher, you are a key part of his/her learning process. We thank you for your input and your assistance in better assessing the needs of this student. The objectives of these forms are to reach an accurate diagnosis and offer interventions and therapeutic solutions that will be individualized for this student.

If you are unsure of your response, go with your first instinct. Do not leave any items blank.

### Questionnaires

- Please complete:
- CADDRA Teacher Assessment Form
  - Weiss Symptom Record
  - SNAP-IV 26 or ADHD Checklist

**Please use this section for other details or comments you would like to provide to your student's doctor:**

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Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

### CADDRA Teacher Assessment Form

*Adapted from Dr Rosemary Tannock's Teacher Telephone Interview.  
Reprinted for clinical use only with permission from the BC Provincial ADHD Program.*

Student's Name:	Age:	Sex:
School:	Grade:	

Educator completing this form: \_\_\_\_\_ Date completed: \_\_\_\_\_  
 How long have you known the student? \_\_\_\_\_ Time spent each day with student: \_\_\_\_\_  
 Student's Placement: \_\_\_\_\_ Special Ed:  Yes  No Hrs per week: \_\_\_\_\_  
 Student's Educational Designation: \_\_\_\_\_  None  
 Does this student have an educational plan?:  Yes  No

ACADEMIC PERFORMANCE	Well Below Grade Level	Somewhat Below Grade Level	At Grade Level	Somewhat Above Grade Level	Well Above Grade Level	n/a
READING						
a) Decoding						
b) Comprehension						
c) Fluency						
WRITING						
d) Handwriting						
e) Spelling						
f) Written syntax (sentence level)						
g) Written composition (text level)						
MATHEMATICS						
h) Computation (accuracy)						
i) Computation (fluency)						
j) Applied mathematical reasoning						
CLASSROOM PERFORMANCE	Well Below Average	Below Average	Average	Above Average	Well Above Average	n/a
Following directions/instructions						
Organizational skills						
Assignment completion						
Peer relationships						
Classroom Behaviour						

# CADDRA Teacher Assessment Form

**Strengths:** What are this student's strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education plan:** If this student has an education plan, what are the recommendations? Do they work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accommodations:** What accommodations are in place? Are they effective? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Class Instructions:** How well does this student handle large-group instruction? Does s/he follow instructions well? Can s/he wait for a turn to respond? Would s/he stand out from same-sex peers? In what way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual seat work:** How well does this student self-regulate attention and behaviour during assignments to be completed as individual seat work? Is the work generally completed? Would s/he stand out from same-sex peers? In what way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transitions:** How does this student handle transitions such as going in and out for recess, changing classes or changing activities? Does s/he follow routines well? What amount of supervision or reminders does s/he need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Impact on peer relations:** How does this student get along with others? Does this student have friends that seek him/her out? Does s/he initiate play successfully? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conflict and Aggression:** – Is s/he often in conflict with adults or peers? How does s/he resolve arguments? Is the student verbally or physically aggressive? Is s/he the target of verbal or physical aggression by peers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Academic Abilities:** We would like to know about this student's general abilities and academic skills. Does this student appear to learn at a similar rate to others? Does this student appear to have specific weaknesses in learning? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Self-help skills,** independence, problem solving, activities of daily living: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motor Skills (gross/fine):** Does this student have problems with gym, sports, writing? If so, please describe.

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**Written output:** Does this student have problems putting ideas down in writing? If so, please describe.

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**Primary Areas of concern:** What are your major areas of concern/worry for this student? How long has this/these been a concern for you? \_\_\_\_\_

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**Impact on student:** To what extent are these difficulties for the student upsetting or distressing to the student him/herself, to you and/or the other students? \_\_\_\_\_

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**Impact on the class:** Does this student make it difficult for you to teach the class? \_\_\_\_\_

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**Medications:** If this student is on medication, is there anything you would like to highlight about the differences when s/he is on medication compared to off? \_\_\_\_\_

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**Parent involvement:** What has been the involvement of the parent(s)? \_\_\_\_\_

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Are the problems with attention and/or hyperactivity interfering with the student's learning? Peer relationships? \_\_\_\_\_

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Has the student had any particular problems with homework or handing in assignments? \_\_\_\_\_

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Is there anything else you would like us to know? If you feel the need to contact the student's clinician during this assessment please feel free to do so. \_\_\_\_\_

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Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## SNAP-IV 26 – Teacher and Parent Rating Scale

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Ethnicity:  African-American  Asian  Caucasian  Hispanic Other: \_\_\_\_\_

Completed by: \_\_\_\_\_ Type of Class: \_\_\_\_\_ Class size: \_\_\_\_\_

<i>For each item, check the column which best describes this child:</i>	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often has difficulty maintaining alertness, orienting to requests, or executing directions				
11. Often fidgets with hands or feet or squirms in seat				
12. Often leaves seat in classroom or in other situations in which remaining seated is expected				
13. Often runs about or climbs excessively in situations in which it is inappropriate				
14. Often has difficulty playing or engaging in leisure activities quietly				
15. Often is "on the go" or often acts as if "driven by a motor"				
16. Often talks excessively				
17. Often blurts out answers before questions have been completed				
18. Often has difficulty awaiting turn				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehavior				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				





Patient Name:

Date of Birth:

Physician Name:

MRN/File No:

Date:

## ADHD CHECKLIST

Retrospective assessment of childhood symptoms

Current symptoms

Current medication: \_\_\_\_\_

<i>SYMPTOMS: Check the appropriate box</i>	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	Diagnoses
<b>ATTENTION 314.00 (≥6/9)</b>	<b>SEVERITY</b>				<b>TOTAL</b>
Fails to give close attention to details, careless mistakes					
Difficulty sustaining attention in tasks or fun activities					
Does not seem to listen when spoken to directly					
Does not follow through on instructions and fails to finish work					
Difficulty organizing tasks and activities					
Avoids tasks that require sustained mental effort (boring)					
Losing things					
Easily distracted					_/9
Forgetful in daily activities					≥6/9
<b>HYPERACTIVE/IMPULSIVE 314.01 (≥6/9)</b>					
Fidgety or squirms in seat					
Leaves seat when sitting is expected					
Feels restless					
Difficulty in doing fun things quietly					
Always on the go or acts as if "driven by a motor"					
Talks excessively					
Blurts answers before questions have been completed					
Difficulty awaiting turn					≥6/9
Interrupting or intruding on others					_/9
<b>OPPOSITIONAL DEFIANT DISORDER 313.81 (&gt;4/8)</b>					
Loses temper					
Argues with adults					
Actively defies or refuses to comply with requests or rules					
Deliberately annoys people					
Blames others for his or her mistakes or misbehavior					
Touchy or easily annoyed by others					
Angry or resentful					≥4/8
Spiteful or vindictive					_/8
<b>COMMENTS</b>					



# Clinique FOCUS Portfolio:

## ADHD Assessment for Children

### SECTION 3

#### Handouts

- *Read over these handouts.*
- *Please write down any questions you would like to discuss and bring them to your next appointment.*

- CADDRA ADHD Information and Resources**



## **CADDRA ADHD INFORMATION AND RESOURCES**

*Adapted for CADDRA with permission, by Dr Annick Vincent, Centre médical l’Hôtrière, Clinique FOCUS, Québec.*

### **Description**

Attention Deficit Hyperactivity Disorder is a neurological condition that leads to difficulty regulating attention, controlling excessive physical activity, and impulsivity.

ADHD affects about one in twenty children and follow-up studies have shown that symptoms persist into adulthood for more than half of these. A recent U.S. study estimated that 4% of adults have ADHD. Adults with ADHD suffer from distractibility and mental restlessness, disorganization and procrastination, leading to difficulties beginning and completing tasks and with time management and impulsivity. These symptoms can be as impairing at work as in a person's private life. At times, people suffering from ADHD also have difficulty regulating their emotional responses. They are referred to as being “thin-skinned” or “hypersensitive” and as having a “short fuse”. Often, these individuals deal with their physical restlessness by channelling it into work or sports activities. Some will “self-medicate” by taking stimulants such as caffeine or nicotine or illicit drugs such as cannabis or cocaine.

Due to the impact of their symptoms, many people with ADHD also suffer from poor self esteem and a chronic sense of under-achievement.

### **Causes**

While we do not know the exact cause of ADHD, science shows that in most cases ADHD has been inherited. Occasionally, ADHD can also be caused by a traumatic brain injury, lack of oxygen, neurological damage or infection, prematurity, or prenatal exposure to substances such as alcohol or nicotine.

ADHD is a neurodevelopmental condition. It is not caused by poor parenting or by psychological stress, although raising an ADHD child can be both challenging and stressful. However, environment can impact the expression and progression of ADHD. When ADHD is treated properly, physicians are usually able to decrease the symptoms and improve functioning. Physicians can also recommend adaptations at school, college or in the workplace and empower the patient and/or parents so that they do not feel alone.

Scientific research has revealed some dysfunction in particular information neurotransmitters, such as dopamine and noradrenaline. These chemicals help to carry signals across synapses in the brain. Studies of brain function in persons with ADHD have revealed an impairment of the regions responsible for controlling or inhibiting certain behaviours, such as initiating tasks, being able to stop unwanted behaviour, understanding consequences, holding information in the mind and being able to plan for the future. In ADHD, the information transmission network appears to be somewhat impaired - as if the “go” and “stop” signals are delayed.

## **Why consult a doctor?**

Patients seek medical attention for many different reasons. If a child or adolescent is experiencing difficulties regulating his/her attention or is demonstrating hyperactivity in the classroom, educators may report to the parents on what they are seeing and recommend assessment. Increased media and online information on ADHD has resulted in a rise in self-referral among adults. Once a child is diagnosed, parents may seek out an assessment if they recognize ADHD symptoms in themselves. Whatever way a patient comes to a physician, the first task for the individual will be to explain his/her concerns and problems.

## **Assessment**

Just because a person has difficulty concentrating, or can not sit still, this does not mean that he/she has ADHD. The only way to establish this is through a diagnostic assessment. This takes the form of an interview with the patient or his/her parents where symptoms and impairments are discussed. ADHD is only diagnosed if the symptoms are impairing. If this is the case, the doctor, patient and/or family must decide whether treatment is needed and, if so, what kind. It is essential to also look at any associated problems and conditions in order to establish an effective and personalized treatment plan.

Psychological evaluations can assist in assessing whether any learning and/or social impairments exist. This will help to exclude any other possible diagnoses. However, psychological tests and rating scales alone cannot be used to make a diagnosis without a full medical evaluation. While ADHD is a medical diagnosis, there are no laboratory tests to determine if it is present.

## **Diagnosis**

ADHD treatment begins with the confirmation of the diagnosis. This is followed by an explanation on how the symptoms, which the child, adolescent or adult has been exhibiting, can be explained by the diagnosis. A diagnosis can be bittersweet and acceptance may take time. On one hand, a patient and/or parent is often relieved to know what the problem is and, in the case of parents, that poor parenting is not the cause. However receiving a diagnosis of a chronic condition is generally not perceived as good news.

## **Treatment**

While medication can dramatically improve symptoms, medication alone is never enough. In the case of a child or adolescent, the parents, child and school must work together to understand that a diagnosis is not “an excuse” but will require the implementation of learning strategies and new parenting methods. Work place accommodations may be required for adults. Access to resources, such as parent training or (for adults) cognitive behavioural therapy, is slowly becoming more available through the public health care system.

When a person continues to be incapacitated by their ADHD symptoms, medication may be helpful and a medication trial should be initiated. A trial of more than one medication and more than one dose may be required in order to find the optimal one. Medication must be evaluated at least twice a year, so no medication decision is forever.

Medication for ADHD can work somewhat like glasses for those with vision problems. It can help improve the brain’s ability to focus. It improves the flow of signals along synapses allowing better information transmission.

There are many different types of medication available. The most common are stimulants of which there are two types, methylphenidate and amphetamines. Each of these medications comes in short-, intermediate- and long-acting forms. The most common side effects of stimulants are decreased appetite, trouble sleeping and becoming quiet, sad or irritable when the medication wears off.

The second type of medication is called a “nonstimulant”. It works by a completely different mechanism. This medication becomes effective once a certain level is reached in the blood stream. If, after a month of taking the medication at the full dose level, there is a 25% improvement in symptoms, the patient will probably respond well. However, the medication will continue to improve symptom control for up to four months. Your doctor will start all medication at a low dose and slowly increase the dose until maximum symptom control is experienced with the minimum amount of side effects. At this time another evaluation should be carried out to decide if added interventions are required.

Any co-existing mood or anxiety disorder must be taken into account in a treatment plan. Stimulant medication can sometimes aggravate certain anxiety disorders. Several antidepressants act on noradrenaline or dopamine and can also assist with ADHD symptoms but clinical studies have not yet studied the effects of these products specifically on ADHD. When ADHD and depression or anxiety disorder exist together, the doctor may begin treatment with a medication used to treat these disorders before implementing an ADHD-specific treatment. Ideally, the final treatment or treatments will consist of a single medication or a mix of medications that will provide the utmost symptom control with the least number of adverse effects.

ADHD medications have an effective rate of 50% to 70%. Although generally well tolerated, all drugs can produce side effects. Discuss any treatment being considered beforehand with your doctor and pharmacist. Although your doctor will provide you with research-based information on treatment options, the only way to determine the impact on your child or yourself is to go through a supervised medication trial.

Additional information on ADHD medications is available on the CADDAC website ([www.caddac.ca](http://www.caddac.ca)). Select the “ADHD Subjects” tab along the top menu and scroll down to “Treatments” for information on children and adolescent or adult medications.

## **List of Resources on ADHD**

### **Support Groups**

Look for support groups in your area on the CADDAC website ([www.caddac.ca](http://www.caddac.ca)) under Resources.

### **Websites**

Canadian ADHD Resource Alliance (CADDRA) – [www.caddra.ca](http://www.caddra.ca)

Centre for ADD/ADHD Advocacy, Canada (CADDAC) – [www.caddac.ca](http://www.caddac.ca)

Attention Deficit Disorder Association (ADDA) - [www.add.org](http://www.add.org)

Answers to your questions about ADHD (Patricia O. Quinn, MD and Kathleen Nadeau, PhD) - [www.ADDvance.com](http://www.ADDvance.com)

Online catalogue of ADHD resources – [www.addwarehouse.com](http://www.addwarehouse.com)

Quebec-based Dr Annick Vincent's ADHD website - [www.attentiondeficit-info.com](http://www.attentiondeficit-info.com)

Children and Adults with Attention Deficit Hyperactivity Disorder – [www.chadd.org](http://www.chadd.org)

Connecting doctors, parents and teachers – [www.myadhd.com](http://www.myadhd.com)

Online planner - [www.skoach.com](http://www.skoach.com)

Totally ADD – [www.totallyadd.com](http://www.totallyadd.com)

### **Canadian DVDs on ADHD**

*Portrait of Attention Deficit / Hyperactivity Disorder* Dr. Annick Vincent and the educational department of ISMQ (2007); Quebec City (418-663-5146)

*ADHD Across The Lifespan*, Timothy S. Bilkey, Ontario; [www.bilkeyadhdclinic.com](http://www.bilkeyadhdclinic.com)

*Various DVDs for patients, parents and educators* CADDAC, Toronto: [www.caddac.ca](http://www.caddac.ca)

## Books

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