

## 18+ADD/ADHD Medication Follow Up Questionnaire

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_

### CURRENT MEDICATIONS, EFFECTIVENESS & SIDE EFFECT SCREENING

List below all current medications and the dosage

Indicate with a check mark when these medications are taken

| Medication | Dosage | Morning | Afternoon | Evening |
|------------|--------|---------|-----------|---------|
|            |        |         |           |         |
|            |        |         |           |         |
|            |        |         |           |         |
|            |        |         |           |         |
|            |        |         |           |         |

### Section 1. -SLEEP QUALITY & REGULARITY

For the following questions, please place an "X" or an appropriate answer that most closely relates to you.

**1. Following dinner, do you tend to wind down at night or wind up? That is, do you appear to become gradually more tired or more energetic as bedtime approaches?**

**2. What time do you go to bed at night?**

**3. Do you follow or attempt to follow the same bedtime routine each night?**

My bedtime routine is very well established. I follow the same steps nearly every night. (0) \_\_

My bedtime routine is generally the same each night. (0) \_\_

No matter how hard I try, bedtime is chaos or near-chaos. (1) \_\_

I do not follow a routine, but bedtime is not a problem, anyway. (1) \_\_

**4. Once in bed, do you fall asleep at a reasonable time or seem to stay awake for long periods of time before finally falling asleep?**

I usually fall asleep within 10-15 minutes of lights out, sometimes earlier or later depending on the kind of day I had (0) \_\_

I fall asleep usually taking 30 minutes to do so, sometimes reading or listening to music as a transition to sleep. (1) \_\_

It generally takes an extraordinary amount of time to fall asleep, an hour or more. (1) \_\_

**5. Once asleep, do you sleep through the night?**

I sleep through the night, maybe getting up to go to the bathroom. (0) \_\_

I get up in the middle of the night at times, but seem to go back to sleep. (1) \_\_

I get up in the middle of the night regularly. (1) \_\_

**6. How do you get up in the morning?**

I get up on my own without an alarm clock (0) \_\_

I wake up with help from an alarm clock (1) \_\_

I wake up but it's an absolute struggle (1) \_\_

Someone wakes me up, I get up without an issue (1) \_\_

**7. Once up, which statement below best describes your behavior?**

I'm actually pretty happy in the morning, up and ready to go. (0) \_\_

I get up a little tired and seem to come awake in the first 15-30 minutes. (0) \_\_

I'm moody in the morning and avoid contact with others until I'm fully awake. (1) \_\_

I'm an absolute bear in the morning. It is impossible to get ready and out the door. (1) \_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Please rate your behavior while on medication since your last visit**

| <b><u>PART I: INDICATORS OF POTENTIALLY INATTENTIVE BEHAVIORS</u></b>                                                    | <b>Never<br/>0</b> | <b>Occasionally<br/>0</b> | <b>Often<br/>3</b> | <b>Very Often<br/>4</b> |
|--------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------|--------------------|-------------------------|
| 1. I do not pay attention to details or make careless mistakes with, for example school work or homework                 |                    |                           |                    |                         |
| 2. I have difficulty paying attention to what needs to be done                                                           |                    |                           |                    |                         |
| 3. I do not seem to listen when spoken to directly                                                                       |                    |                           |                    |                         |
| 4. I do not follow through when given directions/fail to finish activities (not due to refusal or failure to understand) |                    |                           |                    |                         |
| 5. I have difficulty organizing tasks and activities                                                                     |                    |                           |                    |                         |
| 6. Avoid, dislike, or do not want to start tasks that require ongoing mental effort                                      |                    |                           |                    |                         |
| 7. Lose things necessary for tasks or activities (assignments, pencils, or books)                                        |                    |                           |                    |                         |
| 8. Am easily distracted by noises or other stimuli                                                                       |                    |                           |                    |                         |
| 9. Am forgetful in daily activities                                                                                      |                    |                           |                    |                         |
| <b><u>PART II: INDICATORS OF POTENTIALLY HYPERACTIVE BEHAVIORS</u></b>                                                   | <b>Never<br/>0</b> | <b>Occasionally<br/>0</b> | <b>Often<br/>3</b> | <b>Very Often<br/>4</b> |
| 10. Fidget my with hands or feet or squirms in my seat                                                                   |                    |                           |                    |                         |
| 11. Leave my seat when remaining seated expected                                                                         |                    |                           |                    |                         |
| 12. Run or Climb when remaining seated is expected                                                                       |                    |                           |                    |                         |
| 13. Have difficulty playing or beginning quiet play sports                                                               |                    |                           |                    |                         |
| 14. Am "on the go" often acts as if "driven by a motor"                                                                  |                    |                           |                    |                         |
| 15. Talk to much                                                                                                         |                    |                           |                    |                         |
| 16. Blur out answers before questions have been completed                                                                |                    |                           |                    |                         |
| 17. Have difficulty waiting my turn                                                                                      |                    |                           |                    |                         |
| 18. Interrupts or intrudes in others conversations and/or activities                                                     |                    |                           |                    |                         |
| <b><u>PART III: INDICATORS OF POTENTIALLY OPPOSITIONAL DEFIANT BEHAVIORS</u></b>                                         | <b>Never<br/>0</b> | <b>Occasionally<br/>0</b> | <b>Often<br/>3</b> | <b>Very Often<br/>4</b> |
| 19. Argue with adults                                                                                                    |                    |                           |                    |                         |
| 20. Lose my temper                                                                                                       |                    |                           |                    |                         |
| 21. Actively defy or refuse to along with adults request or rules                                                        |                    |                           |                    |                         |
| 22. Deliberately annoy people                                                                                            |                    |                           |                    |                         |
| 23. Blame others for my mistakes or behavior                                                                             |                    |                           |                    |                         |
| 24. Am touchy or easily annoyed                                                                                          |                    |                           |                    |                         |
| 25. Am angry or resentful                                                                                                |                    |                           |                    |                         |
| 26. Is spiteful and wants to get even                                                                                    |                    |                           |                    |                         |

Please complete other side →

| <u>Part IV: INDICATORS OF POTENTIALLY CONDUCT OF DISORDERED BEHAVIORS</u>  | Never<br>0     | Occasionally<br>0     | Often<br>3                    | Very Often<br>4  |
|----------------------------------------------------------------------------|----------------|-----------------------|-------------------------------|------------------|
| 27. Bullies, threatens or intimidates others                               |                |                       |                               |                  |
| 28. Start physical fights                                                  |                |                       |                               |                  |
| 29. Lies to get out of trouble or to avoid obligations (ie, 'cons' others) |                |                       |                               |                  |
| 30. Skips school without permission                                        |                |                       |                               |                  |
| <u>PART V: INDICATORS OF POTENTIALLY ANXIOUS/DEPRESSED BEHAVIORS</u>       |                |                       |                               |                  |
| 31. Am fearful, anxious or worries                                         |                |                       |                               |                  |
| 32. Am afraid to try new things due to fear of making mistakes             |                |                       |                               |                  |
| 33. Feel worthless or inferior                                             |                |                       |                               |                  |
| 34. Blame myself for problems, feel guilty                                 |                |                       |                               |                  |
| 35. Feels lonely, unwanted or unloved; complain that no one loves me       |                |                       |                               |                  |
| 36. Am sad, unhappy or depressed                                           |                |                       |                               |                  |
| 37. Self-conscious or easily embarrassed                                   |                |                       |                               |                  |
| <u>PART VI: SCHOOL &amp; RELATIONSHIPS</u>                                 | Excellent<br>0 | Above<br>Average<br>0 | Somewhat<br>Of a Problem<br>4 | Problematic<br>5 |
| 38. Overall school performance                                             |                |                       |                               |                  |
| 39. Reading                                                                |                |                       |                               |                  |
| 40. Writing                                                                |                |                       |                               |                  |
| 41. Mathematics                                                            |                |                       |                               |                  |
| 42. Relationship with parents                                              |                |                       |                               |                  |
| 43. Relationship with siblings                                             |                |                       |                               |                  |
| 44. Relationship with friends                                              |                |                       |                               |                  |
| 45. Participation in team activities                                       |                |                       |                               |                  |

Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date: \_\_\_\_\_