



ADVANCED PEDIATRIC ASSOCIATES
Hand in Hand for Healthy Kids

Date _____

Child's Name _____

Date of Birth _____

Phone Number _____

Dear Parent:

Our records indicate your child is due for an ADHD medication evaluation visit. A new evaluation is required before a prescription can be refilled. It is the standard of care and our policy to see your child every three (3) months to monitor your child's progress.

Enclosed please find questionnaires for you and your child's teacher(s) to complete. Please return the questionnaires to us by fax, email, or drop them off at a clinical office.

- Fax: 720-974-7189
- Email: apa.ref@advanced-pediatrics.com
- Clinical office locations:
 - 5657 S. Himalaya St., #100, Centennial, CO 80015
 - 1300 S. Potomac St., #156, Aurora, CO 80012
 - 9397 Crown Crest Blvd., #330, Alpine Building, Parker, CO 80138

After the forms have been received and reviewed by the provider, we will contact you to schedule an appointment for a medication evaluation.

Additional charges will be added to the next office visit for the provider's time to score and evaluate the questionnaires.

Please contact us at (720) 974-7188 if you have questions.

Sincerely,

ADHD Coordinator

Enclosures

APA ADD305 11/2023

Aurora Office
1300 S. Potomac Street, Suite 156 | Aurora, CO 80012

Centennial Office
5657 S. Himalaya Street, Suite 100 | Centennial, CO 80015

Parker Office
9397 Crown Crest Boulevard, Suite 330 | Parker, CO 80138

Administrative Office
3300 S. Parker Road, Suite 404 | Aurora, CO 80014



FOLLOW-UP ADHD QUESTIONNAIRE FOR PARENTS

Child's Name _____ DOB: _____ Age: _____ Today's Date _____

School Grade _____ Learning Plan in place 504 IEP

Name of Person completing this form _____ Relationship _____

Current ADHD or mental health medication (s)

Medication	Dosage	Time	Circle One
_____	_____ mg	_____ : _____	AM / PM
_____	_____ mg	_____ : _____	AM / PM
_____	_____ mg	_____ : _____	AM / PM

Consider the following as you answer the questions below.

Physical	Emotional	Everyday Activities Child's ability to:	Family/Home Life (Parents)	Time of Day
Appetite Sleep patterns General well-being Energy level Hygiene	Interactions with family Interactions with friends	Works independently Focuses on an activity Completes tasks Participates in groups	Stress level Energy level Tension levels at home Confidence in child's future	Morning During school After school Evening Bedtime

1. What has improved since your child's last visit?

2. Is anything worse since your child's last visit?

3. What strengths (sports, clubs, music) does your child exhibit at this time?

4. What could be improved for your child?



NICHQ Vanderbilt Assessment Follow-up: Parent Informant

Today's Date: _____

Child's Name: _____

Child's Date of Birth: _____

Parent's Name: _____

Directions: Each rating should be answered reflecting your child on medication.

Symptoms	Never (0)	Occasionally (1)	Often (2)	Very Often (3)	
1 Does not pay attention to details or makes careless mistakes with, for example, homework	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
2 Has difficulty keeping attention to what needs to be done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3 Does not seem to listen when spoken to directly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4 Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5 Has difficulty organizing tasks and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6 Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7 Loses things necessary for tasks or activities (toys, assignments, pencils, books)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8 Is easily distracted by noises or other stimuli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9 Is forgetful in daily activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For office use only: 2 & 3s: /9
10 Fidgets with hands or feet or squirms in seat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11 Leaves seat when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12 Runs about or climbs too much when remaining seated is expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13 Has difficulty playing or beginning quiet play activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
14 Is "on the go" or often acts as if "driven by a motor"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
15 Talks too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
16 Blurts out answers before questions have been completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
17 Has difficulty waiting his or her turn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
18 Interrupts or intrudes in on others' conversations and/or activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For office use only: 2 & 3s: /9
19 Argues with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
20 Loses temper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
21 actively defies or refuses to go along with adults' requests or rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
22 Deliberately annoys people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
23 Blames others for his or her mistakes or misbehaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
24 Is touchy or easily annoyed by others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
25 Is angry or resentful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
26 Is spiteful and wants to get even	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For office use only: 2 & 3s: /8
27 Bullies, threatens, or intimidates others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
28 Starts physical fights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
29 Lies to get out of trouble or to avoid obligations (ie. "cons" others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
30 Is truant from school (skips school) without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



31	Is physically cruel to people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
32	Has stolen things that have value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
33	Deliberately destroys others' property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
34	Has used a weapon that can cause serious harm (bat, knife, brick, gun)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
35	Is physically cruel to animals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
36	Has deliberately set fires to cause damage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
37	Has broken into someone's home, business, or car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
38	Has stayed out at night without permission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
39	Has run away from home overnight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
40	Has forced someone into sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For office use only: 2 & 3s: /14
41	Is fearful, anxious, or worried	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
42	Is afraid to try new things for fear of making mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
43	Feels worthless or inferior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
44	Blames self for problems, feels guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
45	Feels lonely, unwanted, or unloved; complains "no one loves him/her"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
46	Is sad, unhappy, or depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
47	Is self-conscious or easily embarrassed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For office use only: 2 & 3s: /7

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

	Excellent (1)	Above Average (2)	Average (3)	Somewhat of a Problem (4)	Problematic (5)	
Performance						
48 Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
49 Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For office use only: 4s: /3
50 Mathematics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For office use only: 5s: /3
51 Relationship with parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
52 Relationship with siblings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
53 Relationship with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For office use only: 4s: /4
54 Participation in organized activities (eg. teams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	For office use only: 5s: /4

Are these side effects currently a problem? _____ (Y/N)

Side Effects - Has your child experienced any of the following side effects or problems in the past week?	None (0)	Mild (1)	Moderate (2)	Severe (3)
Headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stomachache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change of Appetite - Explain Below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritability in the late morning, late afternoon, or evening - explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Socially withdrawn - decreased interaction with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extreme sadness or unusual crying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dull, tired, listless behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tremors/feeling shaky	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repetitive movements, tics, jerking, twitching, eye blinking - explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Picking at skin or fingers, nail biting, lip or cheek chewing - explain below	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sees or hears things that aren't there	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Adolescent Current Symptoms Scale – Self Report Form

Name: _____ Date: _____

Instructions: Please circle the number next to each item that best describes your behavior during the past 6 months.

Items	Never or Rarely	Sometimes	Often	Very Often
Fail to give close attention to details or make careless mistakes in my work	0	1	2	3
Fidget with hands or feet or squirm in seat	0	1	2	3
Have difficulty sustaining my attention in tasks or fun activities	0	1	2	3
Leave my seat in situations in which seating is expected	0	1	2	3
Don't listen when spoken to directly	0	1	2	3
Feel restless	0	1	2	3
Don't follow through on instructions and fail to finish work	0	1	2	3
Have difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
Have difficulty organizing tasks and activities	0	1	2	3
Feel "on the go" or "driven by a motor"	0	1	2	3
Avoid, dislike, or am reluctant to engage in work that requires sustained mental effort	0	1	2	3
Talk excessively	0	1	2	3
Lose things necessary for tasks or activities	0	1	2	3
Blurt out answers before questions have been completed	0	1	2	3
Am easily distracted	0	1	2	3
Have difficulty awaiting turn	0	1	2	3
Am forgetful in daily activities	0	1	2	3
Interrupt or intrude on others	0	1	2	3

From *Attention-Deficit Hyperactivity Disorder: A Clinical Workbook* (2nd ed.) by Russel A. Barkley and Kevin R. Murphy. Copyright 1998 by The Guilford Press.

Total Symptom Score _____