

Does My Child Have ADHD?

Many parents worry about this question. The answer comes from children, families, teachers, and doctors working together as a team. Watching your child's behavior at home and in the community is very important to help answer this question. Your doctor will ask you to fill out rating scales about your child. Watching your child's behavior and talking with other adults in the child's life will be important for filling out the forms.

Here are a few tips about what you can do to help answer the question:

Watch your child closely during activities where he or she should pay attention.

- Doing homework
- Doing chores
- During storytelling or reading

Watch your child when you expect him or her to sit for a while or think before acting.

- Sitting through a family meal
- During a religious service
- Crossing the street
- Being frustrated
- With brothers or sisters
- While you are on the phone

Pay attention to how the environment affects your child's behavior. Make changes at home to improve your child's behavior.

- Ensure that your child understands what is expected. Speak slowly to your child. Have your child repeat the instructions.
- Turn off the TV or computer games during meals and homework. Also, close the curtains if it will help your child pay attention to what he or she needs to be doing.
- Provide structure to home life, such as regular mealtimes and bedtime. Write down the schedule and put it where the entire family can see it. Stick to the schedule.
- Provide your child with planned breaks during long assignments.
- Give rewards for paying attention and sitting, not just for getting things right and finishing. Some rewards might be: dessert for sitting through a meal, outdoor play for finishing homework, and praise for talking through problems.
- Try to find out what things set off problem behaviors. See if you can eliminate the triggers.

If your child spends time in 2 households, compare observations.

- Consult your child's other parent about behavior in that home. Cooperation between parents in this area really helps the child.
- If the child behaves differently, consider differences in the environment that may explain the difference in behavior. Differences are common and not a mark of good or bad parenting.

Talk to your child's teacher.

- Learn about your child's behavior at school. Talk about how your child does during academic lessons and also during play with other children.
- Compare your child's behavior in subjects he or she likes and those in which he or she has trouble with the work.
- Determine how the environment at school affects your child's behavior. When does your child perform well? What events trigger problem behaviors?
- Consider with the teacher whether your child's learning abilities should be evaluated at school. If he or she has poor grades in all subjects or in just a few subjects or requires extra time and effort to learn material, then a learning evaluation may be valuable.

Gather impressions from other adult caregivers who know your child well.

- Scout leaders or religious instructors who see your child during structured activities and during play with other children
- Relatives or neighbors who spend time with your child
- Determine how other environments affect your child's behavior. When does your child perform well? What events trigger problem behaviors?

Make an appointment to see your child's doctor.

- Let the receptionist know you are concerned that your child might have ADHD.
- If possible, arrange a visit when both parents can attend.

Adapted from materials by Heidi Feldman, MD, PhD

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Evaluating Your Child for ADHD

So you think your child may have ADHD, attention-deficit/hyperactivity disorder? Or your child's teacher thinks your child may have ADHD? There are steps that need to be taken to make a diagnosis of ADHD. Some children may have a learning disability, some children may have difficulty with

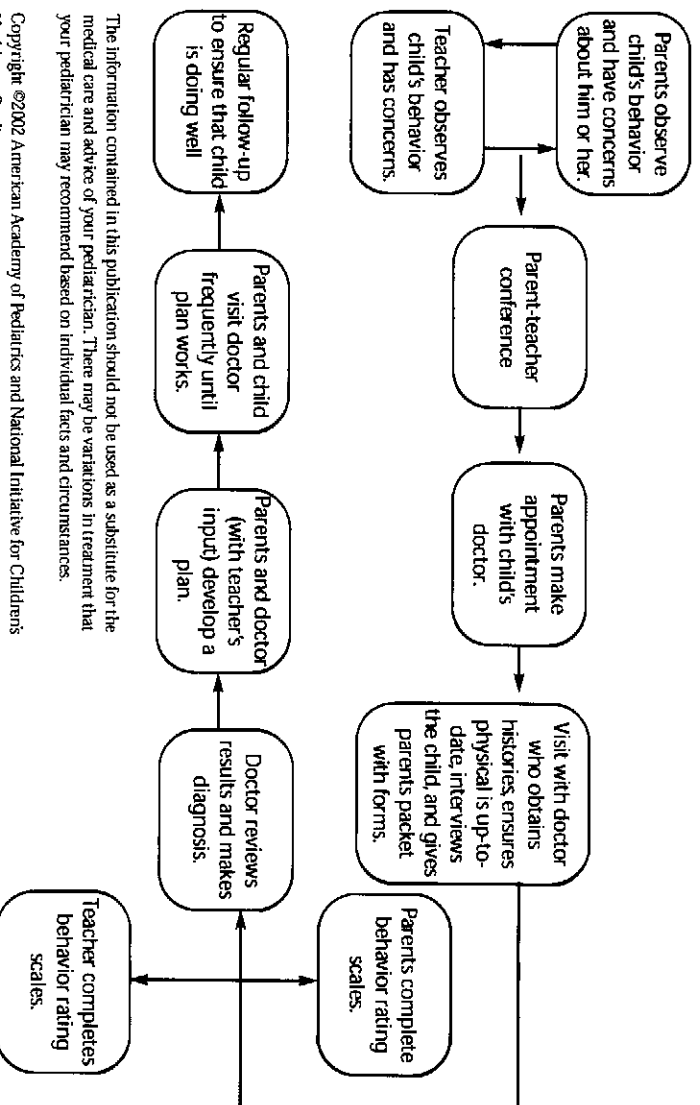
their hearing or vision, and some children may actually have ADHD. The answer comes from the parents, other family members, doctors, and other professionals working as a team. Here are the steps that the *team* needs to take to evaluate your child.

The steps in an evaluation are as follows:

- Step 1:** Parents make careful observations of the child's behavior at home.
- Step 2:** Teacher(s) makes careful observations of the child at school.
- Step 3:** Parents and the child's teacher(s) have a meeting about concerns.
- Step 4:** Parents make an appointment with the child's doctor. Parents give the doctor the name and phone number of the teacher(s) and school.
- Step 5:** The doctor obtains a history, completes a physical examination (if not done recently), screens the child's hearing and vision, and interviews the child.
- Step 6:** Parents are given a packet of information about ADHD, including parent and teacher behavior questionnaires, to be filled out before the next visit.
- Step 7:** The teacher(s) returns the questionnaire by mail or fax.
- Step 8:** At a second doctor visit, the doctor reviews the results of the parent and teacher questionnaires and determines if any other testing is required to make a diagnosis of ADHD or other condition.
- Step 9:** The doctor makes a diagnosis and reviews a plan for improvement with the parents.
- Step 10:** The child will need to revisit the doctor until the plan is in place and the child begins to show improvement, and then regularly for monitoring. Parents and teachers may be asked to provide behavior ratings at many times in this process.

Adapted from materials by Heidi Feldman, MD, PhD

ADHD Evaluation Timeline



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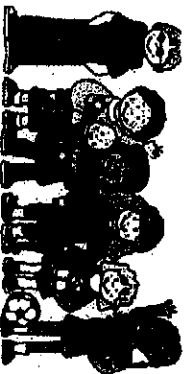


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pediatrics west, p.c.
health care for the growing years

Parent Consent Form

I hereby give my consent to release information regarding my child's visits, lab tests, and copy of the cumulative file for clinical use by Pediatrics West. This consent includes permission for my child's care givers and other professionals to discuss my child directly with the staff and providers of Pediatrics West.

I am aware that this information will be kept highly confidential and reviewed only by the necessary professionals.

I understand that I may withdraw this consent at any time.

Parent's Name: _____

Address: _____

City, State, Zip Code: _____

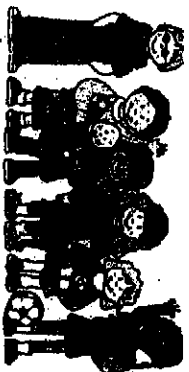
Child's Name: _____ **Date of Birth:** _____

Facility: _____ **Telephone Number:** _____

Address: _____

Parent(s) Signature: _____ **Date:** _____

_____ **Date:** _____



Pediatrics West, P.C.
health care for the growing years

Parent Consent Form

I hereby give my consent to my child's school to release information regarding my child's grades, test scores, psycho-educational status, and copy of the cumulative file for clinical use by Pediatrics West.

This consent includes permission for my child's teachers, principal, school psychologist and other professionals to discuss my child directly with the staff and providers of Pediatrics West. I also understand that the appropriate teachers will be asked to complete questionnaires about my child's academic performance, limitations (if any), behavior problems (if any), and placement in special programs (if applicable).

I also give permission for the staff of Pediatrics West to share their findings and recommendations with my child's school.

I am aware that this information will be kept highly confidential and reviewed only by the necessary professionals.

I understand that I may withdraw this consent at any time.

Parent's Name: _____

Address: _____

City, State, Zip Code: _____

Child's Name: _____

School: _____ Telephone Number: _____

School Address: _____

Name of Principal: _____

Name of primary Teacher or Counselor: _____

Parent(s) Signature: _____ Date: _____

_____ Date: _____

NICHO Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____
 Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child.
 When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

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

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 Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.
 Revised - 11/02

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NICHO Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____
 Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Problem	Somewhat of a Problem	Very Problematic
48. Overall school performance	1	2	3	4	5	5
49. Reading	1	2	3	4	5	5
50. Writing	1	2	3	4	5	5
51. Mathematics	1	2	3	4	5	5
52. Relationship with parents	1	2	3	4	5	5
53. Relationship with siblings	1	2	3	4	5	5
54. Relationship with peers	1	2	3	4	5	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: _____

Total number of questions scored 2 or 3 in questions 10-18: _____

Total Symptom Score for questions 1-18: _____

Total number of questions scored 2 or 3 in questions 19-26: _____

Total number of questions scored 2 or 3 in questions 27-40: _____

Total number of questions scored 2 or 3 in questions 41-47: _____

Total number of questions scored 4 or 5 in questions 48-55: _____

Average Performance Score: _____

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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child was on medication was not on medication not sure?

Symptoms	Never				Occasionally				Often				Very Often			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
15. Talks excessively	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
19. Loses temper	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
21. Is angry or resentful	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
24. Initiates physical fights	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
26. Is physically cruel to people	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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

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Teacher's Name: _____ Class Time: _____ Class Name/Period: _____
 Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Frequency				
	Never	Occasionally	Often	Very Often	
32. Feels worthless or inferior	0	1	2	3	
33. Blames self for problems; feels guilty	0	1	2	3	
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3	
35. Is sad, unhappy, or depressed	0	1	2	3	

Performance

Academic Performance	Severity				
	Excellent	Above Average	Average	Problem	Very Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance

	Severity				
	Excellent	Above Average	Average	Problem	Very Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____
 Mailing address: _____

Fax number: _____

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Total number of questions scored 2 or 3 in questions 1–9: _____
 Total number of questions scored 2 or 3 in questions 10–18: _____
 Total Symptom Score for questions 1–18: _____
 Total number of questions scored 2 or 3 in questions 19–28: _____
 Total number of questions scored 2 or 3 in questions 29–35: _____
 Total number of questions scored 4 or 5 in questions 36–43: _____
 Average Performance Score: _____

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ADHD Resources Available on the Internet

ADHD Information

- About Our Kids**
http://www.aboutourkids.org/articles/about_adhd.html
- ADDitude Magazine for People With ADHD**
<http://www.additudemag.com>
- ADDvance Online Resource for Women and Girls With ADHD**
<http://www.addvance.com>
- American Academy of Family Physicians (AAFP)**
<http://www.aafp.org>
- American Academy of Pediatrics (AAP)**
<http://www.aap.org>
- American Medical Association (AMA)**
<http://www.ama-assn.org>
- Attention-Deficit Disorder Association (ADDA)**
<http://www.add.org>
- Attention Research Update Newsletter**
<http://www.helforadd.com>
- Bright Futures**
<http://www.brightfutures.org>
- Center for Mental Health Services Knowledge Exchange Network**
<http://www.mentalhealth.org>
- Children and Adults With Attention-Deficit/Hyperactivity Disorder (CHADD)**
<http://www.chadd.org>
- Comprehensive Treatment for Attention-Deficit Disorder (CTADD)**
<http://www.ctadd.com>
- Curry School of Education (University of Virginia)**
ADD Resources
<http://teis.virginia.edu/go/ciser/ose/categories/add.html>
- Intermountain Health Care**
<http://www.ihc.com/xp/ihc/physician/clinicalprograms/primariycare/adhd.xml>
- National Center for Complementary and Alternative Medicine (NCCAM)**
<http://nccam.nih.gov>
- National Institute of Mental Health (NIMH)**
<http://www.nimh.nih.gov/publicat/adhdmenu.cfm>
- Northern County Psychiatric Associates**
<http://www.ncparmd.com/adhd.htm>
- One ADD Place**
<http://www.oneadplace.com>
- Pediatric Development and Behavior**
<http://www.dbpsds.org>
- San Diego ADHD Web Page**
<http://www.sandiegoadhd.com>
- Vanderbilt Child Development Center**
<http://peds.mc.vanderbilt.edu/cedc/rating-1.html>

Educational Resources

- American Association of People With Disabilities (AAPD)**
<http://www.aapd.com>
- Consortium for Citizens With Disabilities**
<http://www.c-c-d.org>
- Council for Learning Disabilities**
<http://www.cldinternational.org>
- Education Resources Information Center (ERIC)**
<http://erich.syr.edu>
- Federal Resource Center for Special Education**
<http://www.dscc.org/frc>
- Internet Resource for Special Children**
<http://www.irsc.org>
- Learning Disabilities Association of America**
<http://www.ldanatl.org>
- National Information Center for Children and Youth With Disabilities (NICHCY)**
<http://www.nichcy.org>
- Parent Advocacy Coalition for Educational Rights (PACER) Center**
<http://www.pacer.org>
- SAMSHA**
<http://www.disabilitydirect.gov>
- SandarKief.com**
<http://sandarrief.com>
- TeachingLD**
<http://www.dldec.org>
- US Department of Education**
<http://www.ed.gov>

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