

## **ADHD Inattentive Type (Child)**

**Answer each question with a Y or N (circle Y for Yes, N for No) for each of the following questions. A Yes response would indicate that the behavior or symptom happens frequently or most of the time.**

**It is important to note that these questions are related to clinical symptoms observed in over 25 years of practice. If you answer yes to five or more (observed over more than 6 months), it suggests that a consultation is advised. You may also e-mail Dr. Fisher from this website with any questions you may have regarding this questionnaire.**

- Y / N     1. Does your child fail to complete homework assignments, or complete them and not turn them in?
- Y / N     2. Does your child seem to ignore you when you are talking; causing you to repeat your question or directive?
- Y / N     3. Does your child follow directions and instructions without reminders; completing the requested task or tasks as directed?
- Y / N     4. Would you describe your child as more "hands on"? For example skipping written directions when doing a project or playing a game?
- Y / N     5. When your child comes home from school, does it seem that he/she missed bits of information needed for homework such as instruction details, directions or due dates?
- Y / N     6. Does your child have difficulties in any aspect of reading such as comprehension or decoding (deciphering the sounds and letters that make up words)?
- Y / N     7. Does your child enjoy reading?
- Y / N     8. Does your child seem dreamy or unfocused to the extent that you are reminding them frequently to pay attention? Does your child's teacher report this happening in the classroom?
- Y / N     9. Does your child tend to procrastinate on homework or other assigned tasks?
- Y / N     10. Are standardized multiple choice tests difficult for your child?
- Y / N     11. Does your child report anxiety when taking tests?

- Y / N **12.** Does your child seem to have difficulty reading test questions or directions correctly?
- Y / N **13.** Does your child often claim that “you never told them” or “never said that” when you question why the task you assigned was not done?
- Y / N **14.** Does your child dislike school?
- Y / N **15.** Is gym and/or recess your child’s favorite school activity(s)?
- Y / N **16.** Does your child have any problems sleeping?
- Y / N **17.** Once asleep, does your child seem restless; moving or thrashing in his/her sleep?
- Y / N **18.** Is your child afraid of the dark?
- Y / N **19.** Is it difficult to wake him/her up in the morning?
- Y / N **20.** Does your child have emotional or physical outbursts that they can’t remember later?
- Y / N **21.** Do you find your child seeming to stare at nothing at times; as though they’re staring right through you?
- Y / N **22.** Does your child ever struggle with memory; such as letters of the alphabet that they seemed to know before?
- Y / N **23.** If yes, have you noticed an increase in these memory lapses?
- Y / N **24.** Does your child snore or mouth breathe in his/her sleep?
- Y / N **25.** Does your child ever walk or talk in their sleep?
- Y / N **26.** Do you think that your child requires more sleep than other children his/her age?