

## **ADHD (Combined 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.** Would you describe your child as being impulsive?
- Y / N      **2.** Does your child demand all of your attention immediately, not accepting "no" for an answer?
- Y / N      **3.** Does your child become overwhelmed or anxious when exposed to excessive noise, or visual stimuli?
- Y / N      **4.** Does your child seem to hear or react to noises in your home, even the most minor noises?
- Y / N      **5.** Is it difficult for your child to make friends? Does he/she resort to being the "class clown" in order to get attention from peers?
- Y / N      **6.** Can he/she be easily provoked to anger (bullying behaviors) if classmates don't pay attention or want to become involved with him/her?
- Y / N      **7.** Is it difficult to hold a conversation with your child because he/she goes off on unrelated topics; often not finishing sentences?
- Y / N      **8.** Does your child require a rigid, unvarying routine to avoid emotional upset or anxiety?

- Y / N **9.** Does your child habitually count things such as toys, steps, floor tiles, etc.?
- Y / N **10.** Does it seem that your child acts without consideration of consequences or an inability to anticipate the consequences of his or her action(s)?
- Y / N **11.** Is it difficult for your child to assume responsibility for his/her mistakes, often blaming others for them, and/or repeats inappropriate actions or mistakes without having learned not to from previous experience?
- Y / N **12.** Do you find that your child engages in dangerous activities without stopping to consider the consequences or anticipate the outcome of their behavior for themselves or others?
- Y / N **13.** Would you say that the major problem with your child's behavior is that he/she refuses to sit still when the situation demands it?
- Y / N **14.** Does your child act first and think later?
- Y / N **15.** Does your child have any problems sleeping?
- Y / N **16.** Does it take more than twenty minutes for your child to fall asleep?
- 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.** Does your child seem to stare at nothing at times; as though he/she is 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, do you notice an increase in these memory lapses?

Y / N

**24.** Does your child snore or mouth breathe in their sleep?

Y / N

**25.** Does your child ever walk or talk in their sleep?

Y / N

**26.** Do you think your child requires more sleep than other children his/her age?