

## ADHD (Hyperactive 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's approach to things as excessive; wanting everything all of the time?
- Y / N **2.** Does your child demand all of your attention immediately, not accepting "no" for an answer?
- Y / N **3.** Does it seem that your child does even mundane daily things in a rapid fire way, such as playing, eating, talking and projects and seems to move the entire time?
- Y / N **4.** Is it hard for your child to be anywhere for longer than a few minutes before they are up and moving, touching everything, unable to sit still anywhere, even at the movies?
- Y / N **5.** Does your child have difficulty socially; does he or she have problems maintaining friendships?
- Y / N **6.** Is your child socially rejected by classmates or like age peers due to seeming to noisy, demanding or active all of the time?
- Y / N **7.** Has your child been expelled from preschool, elementary school, junior high or high school due to disobeying the rules; seeming to live by their own set of rules?
- Y / N **8.** Does it seem that your child is engaged in continual movement, even while sleeping, as though he or she is in constant motion?

Y / N **9.** Is a traditional classroom structure difficult for your child at school; he or she can't seem to stop shouting out, getting up from their seat or follow basic classroom rules?

Y / N **10.** Does your child have difficulty reading?

Y / N **11.** Is it hard for your child to write or draw?

Y / N **12.** Is your child behind in school with deficits that seem to increase through each grade?

Y / N **13.** Does your child ever study for a test and then forget the material when it's time to take a test on it?

Y / N **14.** In spelling, does your child ever pass a spelling test and then forget the correct spelling of the word when writing a sentence?

Y / N **15.** 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 **16.** 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 **17.** Does your child act first and think later?

Y / N **18.** Does your child have any problems sleeping?

Y / N **19.** Once asleep, does your child seem restless; moving or thrashing in his/her sleep?

Y / N **20.** Is your child afraid of the dark?

Y / N **21.** Is it difficult to wake him/her up in the morning?

- Y / N **22.** Does your child have emotional or physical outbursts that they can't remember later?
- Y / N **23.** Do you find your child seeming to stare at nothing at times; as though they're staring right through you?
- Y / N **24.** Does your child ever struggle with memory; such as letters of the alphabet that they seemed to know before?
- Y / N **25.** If yes, have you noticed an increase in these memory lapses?
- Y / N **26.** Does your child snore or mouth breathe in his/her sleep?
- Y / N **27.** Does your child ever walk or talk in their sleep?
- Y / N **28.** Do you think that your child requires more sleep than other children his/her age?