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?
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?

10. Does your child have difficulty reading?

11. Is it hard for your child to write or draw?

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

13. Does your child ever study for a test and then forget the material when it’s time to take a test on it?

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

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?

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?

17. Does your child act first and think later?

18. Does your child have any problems sleeping?

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

20. Is your child afraid of the dark?

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

Y / N