

ADHD: What Parents Should Know:

What is ADHD?

Attention-deficit hyperactivity disorder (ADHD) is the name of a group of behaviors found in many children and adults. People who have ADHD have trouble paying attention in school, at home or at work. They may be much more active and/or impulsive than what is usual for their ages. These behaviors contribute to significant problems in relationships, learning and behavior. For this reason, children who have ADHD are sometimes seen as being “difficult” or as having behavior problems.

ADHD is common, affecting 4% to 12% of school-age children. It’s more common in boys than in girls. You may be more familiar with the term attention deficit disorder (ADD). This disorder was renamed in 1994 by the American Psychiatric Association (APA).

What are the symptoms of ADHD?

The child with ADHD who is inattentive will have 6 or more of the following symptoms:

- Has difficulty following instructions
- Has difficulty keeping attention on work or play activities at school and at home
- Loses things needed for activities at school and at home
- Appears not to listen
- Doesn’t pay close attention to details
- Seems disorganized
- Has trouble with tasks that require planning ahead
- Forgets things
- Is easily distracted

The child with ADHD who is hyperactive/impulsive will have at least 6 of the following symptoms:

- Fidgety
- Runs or climbs inappropriately
- Can’t play quietly
- Blurts out answers
- Interrupts people
- Can’t stay in their seat

- Talks too much
- Is always on the go
- Has trouble waiting his or her turn

What should I do if I think my child has ADHD?

Talk with your child's doctor. A diagnosis of ADHD can be made only by getting information about your child's behavior from several people who know your child. Your doctor will ask questions and may want to get information from your child's teachers or anyone else who is familiar with your child's behavior. Your doctor may have forms or checklists that you and your child's teacher can fill out. This will help you and your doctor compare your child's behavior with other children's behavior.

Your doctor will do vision and hearing tests if these tests haven't been done already.

Your doctor may recommend trying medicine to see if it helps control your child's hyperactive behavior. A trial of medicine alone cannot be the basis for diagnosing ADHD. However, it can be an important part of evaluating your child if ADHD is suspected.

It might be hard for your doctor to tell if your child has ADHD. Many children who have ADHD aren't hyperactive in the doctor's office. For this reason, your doctor may want your child to see someone who specializes in helping children who have behavior problems, such as a psychologist.

What causes ADHD?

Children who have ADHD do not make enough chemicals in key areas in their brain that are responsible for organizing thought. Without enough of these chemicals, the organizing centers of the brain don't work well. This causes the symptoms in children who have ADHD. Research shows that ADHD is more common in children who have close relatives with the disorder. Recent research also links smoking and other substances abuse during pregnancy to ADHD.

Things that don't cause ADHD:

- Bad parenting (though a disorganized home life and school environment can make symptoms worse)
- Too much sugar
- Too little sugar
- Aspartame (brand name: NutraSweet)
- Food additive or colorings
- Food allergies or other allergies
- Lack of vitamins
- Fluorescent lights
- Too much TV
- Video games

What can I do to help my child?

A team effort, with parents, teachers and doctors working together, is the best way to help your child. Children who have ADHD tend to need more structure and clearer expectations. Some children benefit from counseling or from structured therapy. Families may benefit from talking with a specialist in managing ADHD-related behavior and learning problems. Medicine also helps many children. Talk with your doctor about what treatment he or she recommends.

What medicines are used to treat ADHD?

Some of the medicine for ADHD are methylphenidate (some brand names: Ritalin, Concerta), dextroamphetamine (brand names: Dexedrine), pemoline (brand name: Cylert), atomoxetine (Strattera), and a combination drug called Adderall. These medicines improve attention and concentration, and decrease impulsive and overactive behaviors. Other medicines can also be used to treat ADHD.

What can I do at home to help my child?

Children who have ADHD may be difficult to parent. They may have trouble understanding directions. Children who are in a constant state of activity can be challenging for adults. You may need to change your home life a bit to help your child. Here are some things you can go to help.

- **Make a schedule.** Set specific times for waking up, eating, playing, doing homework, doing chores, watching TV or playing video games, and going to bed. Post the schedule where your child will always see it. Explain any changes to the routine in advance.
- **Make simple house rules.** It's important to explain what will happen when the rules are obeyed and when they are broken. Write down the rules and the results of not following them.
- **Make sure your directions are understood.** Get your child's attention and look directly into his or her eyes. Then ask your child in a clear, calm voice specifically what you want. Keep directions simple and short. Ask your child to repeat the directions back to you.
- **Reward good behavior.** Congratulate your child when he or she completes each step of a task.
- **Make sure your child is supervised all the time.** Because they are impulsive, children who have ADHD may need more adult supervision than other children their age.
- **Watch your child around his or her friends.** It's sometimes hard for children who have ADHD to learn social skills. Reward good play behaviors.
- **Set a homework routine.** Pick a regular place for doing homework, away from distractions such as other people, TV and video games. Break homework time into small parts and have breaks.
- **Focus on effort, not grades.** Reward your child when he or she tries to finish school work, not just for good grades. You can give extra rewards for earning better grades.
- **Talk with your child's teachers.** Find out how your child is doing in school—in class, at playtime, at lunchtime. Ask for daily or weekly progress notes from the teacher.

Will my child outgrow ADHD?

We used to think children would “grow out” of ADHD. We now know that it is not true for most children. Symptoms of ADHD often get better as children grow older and learn to adjust. Hyperactivity usually stops in the late teenage years. But about half of children who have ADHD continue to be easily distracted, have mood swings, hot tempers and are unable to complete tasks. Children who have loving, supportive parents who work together with school staff, mental health workers and their doctor have the best chance of becoming well-adjusted adults.

Parent/Caregiver Questionnaire

Dear Parent/Caregiver:

To help us learn more about your child, please complete the following questionnaire and return it with any additional information you may have (i.e. report cards, standardized tests, previous evaluation by the school system or a private psychologist, and IEP if applicable). If your child is in school, make certain that you include the completed **School Questionnaire** and **Vanderbilt Assessment Form**. Return all this information to the clinic to get an appointment scheduled. We are looking forward to meeting with you and your child.

Child's Name: _____

Child's birth date: _____ Age: _____ Name of Primary MD: _____

Current Phone Number: _____ Sponsor's SSN: _____

Primary daycare setting (home, family daycare, daycare center, after school care): _____

List your concerns/questions about your child below:

Birth History:

Length of Pregnancy: _____ Birth Weight: _____ Length: _____

Number of previous pregnancies: _____ Ages of children: _____

Pregnancy complication(circle one) YES/NO If "yes," please describe: _____

Parent/Caregiver Questionnaire (continued)

How long was your child in the hospital after birth? _____

Were there any problems? (circle one) YES/NO. If "yes," please describe: _____

PAST MEDICAL HISTORY:	NO	YES	
Immunizations (baby shots) up to date? (if not sure bring shot record)			Explanation if "No"
Has child had normal growth curves?			Explanation if "No"
Frequent ear infections?			Explanation if "No"
Does the child take medications?			Explanation if "No"
Does the child have allergies?			Explanation if "No"
Has the child ever had seizures?			Explanation if "No"
Has the child been hospitalized?			Explanation if "No"
Other?			Explanation if "No"

Has your child had his/her vision test? (circle one) YES/NO. Was it normal? (circle one) YES/NO _____

Parent/Caregiver Questionnaire (continued)

Has your child had his/her hearing tested? (circle one) YES/NO If "yes" when and what were the results? _____

Has your child ever had feeding difficulties? (circle one) YES/NO If "yes" please explain: _____

Developmental History:

Are you concerned about your child's development? (circle one) YES/NO
 If "yes," at what age were you first concerned? _____

What were your concerns at this time? _____

How old does your child act? _____

Please write in the age at which your child first accomplished:

Gross Motor	Age	Adaptive/Self Help	Age	Language	Age
Walk independently		Undressing self		Smiling	
Pedal a tricycle		Dressing self		Cooing	
Ride a 2 wheel bike		Brushing teeth		Babbling	
Skipping		Toilet trained		Saying "mama or dada"	
		Tying shoes		Saying first word	
		Writing name		Using 2 word phrases	
		Printing alphabet/words		Using 3 word phrases	

Parent/Caregiver Questionnaire (continued)

		Writing in cursive		Reciting alphabet	
		Feed self with a spoon		Naming colors	

Is your child RIGHT or LEFT handed? (Please circle)

Behavior History:

How would you describe your child's personality? _____

Does your child play well with others? _____

Does he/she have friends? _____

Favorite toys/hobbies? _____

What are your child's strengths? _____

BEHAVIOR	NO	YES	COMMENTS
Temper Tantrums			
Short attention span			
Hyperactivity			
Impulsivity			
Aggression			
Repetitive behavior			

Parent/Caregiver Questionnaire (continued)

Noncompliance/Defiance			
Sleep problems			
Self-injury			
Truancy			
Play with fire			
Other			

What do you do to correct your child's behavior when he/she misbehaves? _____

Educational History:

Name of school child attends: _____

Grade: _____ Type of class: _____ IEP? (circle one) YES/NO

Additional therapies? (Speech, PT, OT, nursing, counseling, special education) _____

Problems noted by teacher/therapist/parent _____

Past school history: _____

Parent/Caregiver Questionnaire (continued)

Previous Evaluations:

Has your child previously had developmental, psychological, speech therapy or neurologic assessments? If so, please indicate results if possible: _____

Family History:

Please check if any of the following are or have been present in another member of the family:

CONDITION	YES	NO	FAMILY MEMBER/EXPLAIN
Mental retardation			
Learning disability			
ADD or ADHD			
Cerebral Palsy			
Birth Defects			
Psychiatric Problem			
Hereditary Disorder			
Substance Abuse			
Seizures			
Autism or PDD			
Other			

Has your family recently moved to this area? (circle one) YES/NO.

If "yes," from where did you move? _____

Parent/Caregiver Questionnaire (continued)

Who lives at home? List parents, siblings with ages, any extended family members or friends:___

THANK YOU FOR YOUR HELP!

NICHQ Vanderbilt Assessment Scale---PARENT information

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 in 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

NICHQ Vanderbilt Assessment Scale---PARENT information (continued)

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	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
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

NICHQ Vanderbilt Assessment Scale---PARENT information (continued)

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 or 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	Somewhat of a problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5

NICHQ Vanderbilt Assessment Scale---PARENT information (continued)

54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities	1	2	3	4	5

Comments:

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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 symptoms 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: _____

ADHD School Evaluation Form

I. STATISTICS

1. Child's Full Name: _____

2. Sponsors SS#: _____

3. Date of Birth: _____

4. Father's Name: _____

5. Mother's Maiden Name: _____

6. Family Members in your school:

	<u>NAME</u>	<u>AGE</u>	<u>GRADE</u>
a.	_____		
b.	_____		
c.	_____		
d.	_____		

7. Present Home Address: _____

8. Home Telephone Number: _____

9. Emergency Number: _____

II. SCHOOL INFORMATION

1. Name of School: _____ Address: _____
_____ Phone Number: _____

2. Principal: _____

3. Date of Child's Enrollment: _____

4. Present Grade: _____

5. Number of pupils in class: _____

6. Type of class (circle one) ACCELERATED NORMAL SPECIAL OTHER

Comments: _____

ADHD School Evaluation Form (continued)

7. Length of School Day: _____ hours.

8. How much time is allotted to do the following activities;

	Morning	Afternoon
a. Recess	_____	_____
b. Instruction	_____	_____
c. Play	_____	_____
d. Gym	_____	_____
e. Lunch	_____	_____

9. Concerning lunch break is the child (check one):

() "captive" –must stay in the lunchroom all period

() "free" -permitted to play and talk after lunch

() goes home for lunch

10. Attendance:

a. Current Year: Days absent: _____ Days Late: _____ Medical excuses: _____

b. Previous Year: Days absent: _____ Days Late: _____ Medical excuses _____

11. Grading system (circle one):

a. Numerical b. Letter c. Satisfactory-Unsatisfactory d. Other

12. Previous Schools Attended:

a. Name: _____

b. Location: _____

c. Grade Level Attained: _____

d. Comments on performance, reason for repeated grade(s): _____

III. PHYSICAL HEALTH REPORT:

1. Mention any pertinent medical history known to the school: current significant illnesses, medications being taken while in school, or incapacitations. _____

2. School doctor and/or nurse comment: _____

3. Date of last complete physical examination and abnormal findings: _____

4. Can and does the child fully participate in classroom activities, gym, and organized athletics: _____

5. Any history of seizures, mental lapses, excessive staring spells, unusual repetitive actions, heart, lung or urinary problems, grave illnesses? _____

IV. CURRENT SCHOOL PROGRESS:

1. How well does this child function in the school setting? _____

2. Specific achievements in basic academic skills: (check appropriate boxes)

a. Reading () _____

b. Spelling () _____

c. Arithmetic () _____

d. Penmanship () _____

e. Oral Expression () _____

f. Art () _____

g. Shop () _____

ADHD School Evaluation Form (continued)

h. Other () _____

Special Interests and talents noted in school: _____

General Comments: _____

3. Does the child have the manual dexterity to manipulate classroom materials easily?
(Consider use of crayons, blocks, pens, shop tools, gym equipment, etc.) _____

4. Does the child understand spoken language adequate for his age group? (Consider oral
instructions and explanations, class discussion, general responses) _____

5. Does he/she have an adequate fund of age-appropriate general information? _____

6. Does he/she remember and utilize when he/she learns? _____

a. Immediate recall: _____

b. Long-term memory: _____

7. Does the pupil comprehend abstract concepts? (Ex: time, hate, love) _____

8. Does the child demonstrate any visual or hearing problems? _____

9. Does the child have homework, is it done, and to what degree of proficiency? _____

10. Is his/her overall school performance reasonably consistent? _____

V. INTERPERSONAL RELATIONSHIPS:

1. How does the child relate to you and other adults? _____

2. How does he/she relate to his/her peer group in school and on the playground? _____

3. How does the child relate to much younger and much older children? _____

VI. REASON FOR REFERRAL:

1. List the main questions and/or areas of concern the school would like answered through medical evaluation of this child. _____

VII. ANCILLARY SERVICES:

1. Does your school have a Guidance and/or Psychology Department? (Name, position, and phone number of responsible persons) _____

2. If any previous psychometric testing and/or counseling have been completed, please summarize giving agency which administered it and date. _____

ADHD School Evaluation Form (continued)

3. What steps have been taken and/or what recommendations have been made to assist the child in "problem" areas? Specifically mention other referrals, agencies utilized, special classes, extraordinary school assistance and results of these endeavors. _____

4. What other program or services are available in your school that you think would be of help to this child? Can these be made available? _____

Thank you kindly for your patience and cooperation in completing this questionnaire. We sincerely hope that we can be of assistance to you.

Signature(s) of person(s) completing form

Title/Position

Date

I authorize the release of the above information and the results of any testing done on behalf of my son/daughter to Dr. _____.

SIGNATURE OF PARENT/GUARDIAN

NICHQ Vanderbilt Assessment Scale ---TEACHER Informant

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 with the child () was on medication () was not on medication () not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	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
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks and activities (school assignments, pencils or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands and feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations	0	1	2	3
13. Has difficulty playing on engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3

NICHQ Vanderbilt Assessment Scale ---TEACHER Informant (continued)

15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful or vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

Symptoms(continued)

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

NICHQ Vanderbilt Assessment Scale ---TEACHER Informant (continued)

Performance

Academic Performance: **Excellent /Average /Above Average /Somewhat of a Problem /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: /Excellent/Above Average/Average/Some what of a Problem/Problematic

39. Relationship with peers	1	2	3	4	5
40. Following direction	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: _____

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 Symptoms 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: _____