



## DEVELOPMENTAL QUESTIONNAIRE

This questionnaire asks you to respond to a series of questions about you and your family. This type of information is very helpful in making an accurate diagnosis of ADHD. We will have the opportunity to discuss them in detail at the time of your child's appointment.

Please circle the answer or write in your answer for all of the questions. Thank you.

### PLEASE PRINT

Child's Name	Birth Date	Age
Person Completing Form	Your Relationship to Child	Today's Date
Mother's Name	Work Phone	Home Phone
Address		
Is this your biological, adopted step, foster or other relationship to child? _____		
If adopted, how old was the child when he/she was adopted? _____		
Are you the child's legal guardian? If no, please explain below. <input type="checkbox"/> yes <input type="checkbox"/> no		
Name of Guardian	Work Phone	Home Phone
Address		

MOTHER'S MARITAL STATUS

Married<sub>1</sub>  
 How many times have you been married? \_\_\_\_\_  
 How long have you been married to your present spouse? \_\_\_\_\_

Separated<sub>2</sub>  
 How long did you live with your spouse before you separated? \_\_\_\_\_  
 How long have you been separated? \_\_\_\_\_

Divorced<sub>3</sub>  
 How long were you married to your (last) spouse? \_\_\_\_\_  
 How long have you been divorced? \_\_\_\_\_

Widowed<sub>4</sub>

Never Married<sub>5</sub>

Other<sub>6</sub>  
 Please explain

FATHER'S MARITAL STATUS

Married<sub>1</sub>  
 How many times have you been married? \_\_\_\_\_  
 How long have you been married to your present spouse? \_\_\_\_\_

Separated<sub>2</sub>  
 How long did you live with your spouse before you separated? \_\_\_\_\_  
 How long have you been separated? \_\_\_\_\_

Divorced<sub>3</sub>  
 How long were you married to your (last) spouse? \_\_\_\_\_  
 How long have you been divorced? \_\_\_\_\_

Widowed<sub>4</sub>

Never Married<sub>5</sub>

Other<sub>6</sub>  
 Please explain

Referred By	Phone
Address	
Child Under Medical Care Of (Pediatrician)	Phone
Address	
Have you notified the child's physician of your appointment here? <input type="checkbox"/> No <sub>0</sub> <input type="checkbox"/> Yes <sub>1</sub>	

Have you discussed this child's problems with the physician?  No,  Yes,

Please list the State University Health Science Center Clinics attended by child/family


**OTHERS IN THE HOME**

Name	Age	Birth Date	Relationship to Patient

**SIBLINGS WHO HAVE MOVED OUT OF THE HOME**

Name	Age	Birth Date	Relationship to Patient

What are your concerns about this child? What are the difficulties/problems that cause you to seek help at this time?


Do you see this child as being hyperactive or as having problems with attention and concentration? If yes, please explain.  No,  Yes,


Do you believe this child has it in him/her to exert control over behavior and attention? Please explain.

No  Yes,

Has this child ever been diagnosed by a school psychologist or other professional (e.g., mental health clinician/physician) as having ADHD? If yes, explain.

No  Yes,

Has this child ever been previously evaluated for ADHD specifically? If yes, explain.

No  Yes,

Has this child received treatment for ADHD? If yes, explain.

No  Yes

Is this child on any kind of medication for ADHD?

No  Yes,

Please list the name of the medication and dosage the child is given on a daily basis.

How long has this child been on medication?

Has this child experienced any problems while on medication?

