



Patient Name:

Date of Birth:

Physician Name:

MRN/File No:

Date:

## CADDRA Child Assessment Instructions

Your child is being assessed for Attention Deficit Hyperactivity Disorder (ADHD). You will be asked to complete forms in order to provide your medical professional with information on how your child functions in different areas of life.

**This information must be reviewed by a trained medical professional as part of an overall ADHD assessment.**

**ADHD is not identified just through questionnaires.** Diagnosing ADHD is not a matter of simply recognizing certain symptoms; a thorough medical evaluation is necessary to rule out other possible causes for your child's symptoms.

Your input is very important but don't worry about answering the questions incorrectly or be concerned that you might 'label' your child. There are no right or wrong answers. You will be asked questions about how your child functions in a variety of different situations. If you are unsure of an answer, provide an answer which best describes your child a good deal of the time in that particular situation. Individual questions are less important than the scale as a whole, and this can only be properly evaluated by a trained professional.

If the child is living in two households, each household should complete these forms separately. It is important that parents take the time to thoughtfully complete all the required questionnaires. This information on how your child functions in different settings is essential. Therefore, it is also important that your child's teacher provides feedback. Please give the teacher the indicated forms and the teacher instruction handout.

Additional testing may be recommended by your health professional. This is particularly important if a learning disorder, speech disorder, or any other health condition is suspected.

If you were not given copies of the forms, instructions and handouts that you need, they can all be printed from the CADDRA website ([www.caddra.ca](http://www.caddra.ca)).

### Forms

Note: Please fill in the forms required by your health professional and indicated below. You may be asked to fill in forms in two different colours to demonstrate the differences in your child when on and off medication.

Document Name	Recommended forms	To be completed by:	
		Each Parent	Teacher
Weiss Symptom Record	3	x	x
Weiss Functional Impairment Rating Scale - Parent	2	x	
ADHD Checklist (current symptoms)	3	x	x
SNAP-IV-26	3	x	x
CADDRA Teacher Assessment Form	1		x
CADDRA Patient ADHD Medication Form (if on medication)	2	x	

### Resources

Please read the information on ADHD as indicated by your health professional. The CADDRA ADHD Information and Resources handout can be printed from the CADDRA website ([www.caddra.ca](http://www.caddra.ca)).



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## Weiss Symptom Record (WSR)

<i>Instructions to Informant: Check the box that best describes typical behavior</i> <i>Instructions to Physician: Symptoms rated 2 or 3 are positive and total count completed below</i>	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	# items scored 2 or 3 (DSM Criteria)
<b>ADHD COMBINED TYPE 314.01</b>						<b>≥6/9 IA &amp; HI</b>
<b>ATTENTION 314.00</b>						
Fails to give close attention to details, careless mistakes						
Difficulty sustaining attention in tasks or fun activities						
Does not seem to listen when spoken to directly						
Does not follow through on instructions and fails to finish work						
Difficult organizing tasks and activities						
Avoids tasks that require sustained mental effort (boring)						
Losing things						
Easily distracted						
Forgetful in daily activities						/9 (≥6/9)
<b>HYPERACTIVE/IMPULSIVE 314.01</b>						
Fidgety or squirms in seat						
Leaves seat when sitting is expected						
Feels restless						
Difficulty in doing fun things quietly						
Always on the go or acts as if "driven by a motor"						
Talks excessively						
Blurts answers before questions have been completed						
Difficulty awaiting turn						
Interrupting or intruding on others						/9 (≥6/9)
<b>OPPOSITIONAL DEFIANT DISORDER 313.81</b>						
Loses temper						
Argues with adults						
Actively defies or refuses to comply with requests or rules						
Deliberately annoys people						
Blames others for his or her mistakes or misbehaviour						
Touchy or easily annoyed by others						
Angry or resentful						
Spiteful or vindictive						/8 (≥4/8)

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>TIC DISORDERS 307.2</b>						<b>SEVERITY</b>
Repetitive involuntary movements (blinking, twitching)						
Repetitive involuntary noises (throat clearing, sniffing)						
<b>CONDUCT DISORDER 312.8</b>						
Bullies, threatens, or intimidates others						
Initiates physical fights						
Has used a weapon (bat, brick, bottle, knife, gun)						
Physically cruel to people						
Physically cruel to animals						
Stolen while confronting a victim						
Forced someone into sexual activity						
Fire setting with the intent of damage						
Deliberately destroyed others' property						
Broken into a house, building, or car						
Often lies to obtain goods or benefits or avoid obligations						
Stealing items of nontrivial value without confronting victim						
Stays out at night despite prohibitions						
Run away from home overnight at least twice						
Truant from school						/15(≥3/15)
<b>ANXIETY</b>						
Worries about health, loved ones, catastrophe						300.02
Unable to relax; nervous						300.81
Chronic unexplained aches and pains						300.30
Repetitive thoughts that make no sense						
Repetitive rituals						300.01
Sudden panic attacks with intense anxiety						300.23
Excessively shy						
Refusal to do things in front of others						309.21
Refusal to go to school, work or separate from others						300.29
Unreasonable fears that interfere with activities						312.39
Pulls out hair, eyebrows						
Nail biting, picking						
Refusal to talk in public, but talks at home						mutism
<b>DEPRESSION 296.2 (single) .3 (recurrent)</b>						
Has been feeling sad, unhappy or depressed		Yes	No			Must be present
No interest or pleasure in life		Yes	No			Must be present
Feels worthless						
Has decreased energy and less productive						
Hopeless and pessimistic about the future						
Excessive feelings of guilt or self blame						
Self-injurious or suicidal thoughts						

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>DEPRESSION (CONT'D)</b>						<b>SEVERITY</b>
Social withdrawal						
Weight loss or weight gain						
Change in sleep patterns						≥5/9>2wks
Agitated or sluggish, slowed down						
Decreased concentration or indecisiveness						
Past suicide attempts	#	Serious				
<b>MANIA 296.0(manic) .6(mixes) .5(depressed)</b>						
Distinct period of consistent elevated or irritable mood	Yes	No	Must be present			
Grandiose, sudden increase in self esteem						
Decreased need for sleep						
Racing thoughts						
Too talkative and speech seems pressured						
Sudden increase in goal directed activity, agitated						≥3 >1wk
High risk activities (spending money, promiscuity)						/3 (≥3)
<b>SOCIAL SKILLS 299</b>						
Makes poor eye contact or unusual body language						
Failure to make peer relationships						
Lack of spontaneous sharing of enjoyment						
Lacks reciprocity or sensitivity to emotional needs of others						
Language delay or lack of language communication						
Difficulty communicating, conversing with others						
Speaks in an odd, idiosyncratic or monotonous speech						
Lack of creative, imaginative play or social imitation						
Intensely fixated on one particular interest						
Rigid sticking to nonfunctional routines or rituals						
Preoccupied with objects and parts of objects						
Repetitive motor mannerisms (hand flapping, spinning)						
<b>PSYCHOSIS 295</b>						
Has disorganized, illogical thoughts						
Hears voices or sees things						
Conviction that others are against or will hurt them						
People can read their thoughts, or vice versa						
Belief that the television is talking specifically to them						
A fixed belief that is out of touch with reality						
Thought sequence does not make sense						

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>SUBSTANCE ABUSE</b>						<b>SEVERITY</b>
Excessive alcohol (> 2 drinks/day, > 4 drinks at once)						305
Smokes cigarettes						
Daily marijuana use						
Use of any other street drugs						
Abuse of prescription drugs						
<b>SLEEP DISORDERS 307.4</b>						
Agitated or sluggish, slowed down						
Has difficulty falling asleep						
Has difficulty staying asleep						
Has abnormal sleep patterns during the day						347
Unanticipated falling asleep during the day						307.4
Sleep walking						307.4
Has nightmares						307.45
Falls asleep late and sleeps in late						3.27
Sleep schedule changes from day to day						
Excessive snoring						
A feeling of restless legs while trying to sleep						
Observed to have sudden kicking while asleep						780.57
Observed to have difficulty breathing at night						
<b>ELIMINATION DISORDERS 307</b>						
Wets the bed at night						
Wets during the day						
Soils self						
<b>EATING DISORDERS 307</b>						
Vomits after meals or bingeing						
Underweight and refuses to eat						307.1
Distorted body image						
Picky eater						
High junk food diet						
<b>LEARNING DISABILITIES 315</b>						
Delayed expressive language						
Stuttering						
Problems articulating words						315
Below grade level in reading						315.1
Below grade level in math						315.2
Trouble with writing (messy, tiring, avoids writing)						
Variable performance in school						
Underachieves at school relative to potential						315.4

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>DEVELOPMENTAL COORDINATION DISORDER</b>						
Difficulty with gross motor skills (i.e. gym, sports, biking)						
Clumsy						
Difficulty with fine motor (buttons, shoe laces, cutting)						
<b>PERSONALITY 301</b>						<b>SEVERITY</b>
Unstable interpersonal relationships						
Frantic efforts to avoid abandonment						
Recurrent suicidal ideation or attempts						
Intense anger						
Major mood swings						BPD 301.83
Impulsive self destructive or self injurious behavior						
Fragile identity or self image						
Chronic feelings of emptiness						
Transient stress related dissociation or paranoia						/9 (≥5/9)
Self centred or entitled						NPD 301.81
Deceitful, aggressive, or lack of remorse						ASP 301.7
<b>COMMENTS:</b>						

ADHD=attention deficit hyperactivity disorder; IA=inattentive subtype; HI=hyperactive impulsive subtype; BPD=borderline personality disorder; NPD=narcissistic personality disorder; ASP=antisocial personality disorder.

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<b>ATTENTION 314.00</b>						
Fails to give close attention to details, careless mistakes						
Difficulty sustaining attention in tasks or fun activities						
Does not seem to listen when spoken to directly						
Does not follow through on instructions and fails to finish work						
Difficulty organizing tasks and activities						
Avoids tasks that require sustained mental effort (boring)						
Losing things						
Easily distracted						
Forgetful in daily activities						/9 (≥6/9)
<b>HYPERACTIVE/IMPULSIVE 314.01</b>						
Fidgety or squirms in seat						
Leaves seat when sitting is expected						
Feels restless						
Difficulty in doing fun things quietly						
Always on the go or acts as if "driven by a motor"						
Talks excessively						
Blurts answers before questions have been completed						
Difficulty awaiting turn						
Interrupting or intruding on others						/9 (≥6/9)
<b>OPPOSITIONAL DEFIANT DISORDER 313.81</b>						
Loses temper						
Argues with adults						
Actively defies or refuses to comply with requests or rules						
Deliberately annoys people						
Blames others for his or her mistakes or misbehaviour						
Touchy or easily annoyed by others						
Angry or resentful						
Spiteful or vindictive						/8 (≥4/8)

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>TIC DISORDERS 307.2</b>						<b>SEVERITY</b>
Repetitive involuntary movements (blinking, twitching)						
Repetitive involuntary noises (throat clearing, sniffing)						
<b>CONDUCT DISORDER 312.8</b>						
Bullies, threatens, or intimidates others						
Initiates physical fights						
Has used a weapon (bat, brick, bottle, knife, gun)						
Physically cruel to people						
Physically cruel to animals						
Stolen while confronting a victim						
Forced someone into sexual activity						
Fire setting with the intent of damage						
Deliberately destroyed others' property						
Broken into a house, building, or car						
Often lies to obtain goods or benefits or avoid obligations						
Stealing items of nontrivial value without confronting victim						
Stays out at night despite prohibitions						
Run away from home overnight at least twice						
Truant from school						/15(≥3/15)
<b>ANXIETY</b>						
Worries about health, loved ones, catastrophe						300.02
Unable to relax; nervous						300.81
Chronic unexplained aches and pains						300.30
Repetitive thoughts that make no sense						
Repetitive rituals						300.01
Sudden panic attacks with intense anxiety						300.23
Excessively shy						
Refusal to do things in front of others						309.21
Refusal to go to school, work or separate from others						300.29
Unreasonable fears that interfere with activities						312.39
Pulls out hair, eyebrows						
Nail biting, picking						
Refusal to talk in public, but talks at home						mutism
<b>DEPRESSION 296.2 (single) .3 (recurrent)</b>						
Has been feeling sad, unhappy or depressed		Yes	No			Must be present
No interest or pleasure in life		Yes	No			Must be present
Feels worthless						
Has decreased energy and less productive						
Hopeless and pessimistic about the future						
Excessive feelings of guilt or self blame						
Self-injurious or suicidal thoughts						



	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>DEPRESSION (CONT'D)</b>						<b>SEVERITY</b>
Social withdrawal						
Weight loss or weight gain						
Change in sleep patterns						≥5/9>2wks
Agitated or sluggish, slowed down						
Decreased concentration or indecisiveness						
Past suicide attempts	#	Serious				
<b>MANIA 296.0(manic) .6(mixes) .5(depressed)</b>						
Distinct period of consistent elevated or irritable mood	Yes	No	Must be present			
Grandiose, sudden increase in self esteem						
Decreased need for sleep						
Racing thoughts						
Too talkative and speech seems pressured						
Sudden increase in goal directed activity, agitated						≥3 >1wk
High risk activities (spending money, promiscuity)						/3 (≥3)
<b>SOCIAL SKILLS 299</b>						
Makes poor eye contact or unusual body language						
Failure to make peer relationships						
Lack of spontaneous sharing of enjoyment						
Lacks reciprocity or sensitivity to emotional needs of others						
Language delay or lack of language communication						
Difficulty communicating, conversing with others						
Speaks in an odd, idiosyncratic or monotonous speech						
Lack of creative, imaginative play or social imitation						
Intensely fixated on one particular interest						
Rigid sticking to nonfunctional routines or rituals						
Preoccupied with objects and parts of objects						
Repetitive motor mannerisms (hand flapping, spinning)						
<b>PSYCHOSIS 295</b>						
Has disorganized, illogical thoughts						
Hears voices or sees things						
Conviction that others are against or will hurt them						
People can read their thoughts, or vice versa						
Belief that the television is talking specifically to them						
A fixed belief that is out of touch with reality						
Thought sequence does not make sense						

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>SUBSTANCE ABUSE</b>						<b>SEVERITY</b>
Excessive alcohol (> 2 drinks/day, > 4 drinks at once)						305
Smokes cigarettes						
Daily marijuana use						
Use of any other street drugs						
Abuse of prescription drugs						
<b>SLEEP DISORDERS 307.4</b>						
Agitated or sluggish, slowed down						
Has difficulty falling asleep						
Has difficulty staying asleep						
Has abnormal sleep patterns during the day						347
Unanticipated falling asleep during the day						307.4
Sleep walking						307.4
Has nightmares						307.45
Falls asleep late and sleeps in late						3.27
Sleep schedule changes from day to day						
Excessive snoring						
A feeling of restless legs while trying to sleep						
Observed to have sudden kicking while asleep						780.57
Observed to have difficulty breathing at night						
<b>ELIMINATION DISORDERS 307</b>						
Wets the bed at night						
Wets during the day						
Soils self						
<b>EATING DISORDERS 307</b>						
Vomits after meals or bingeing						
Underweight and refuses to eat						307.1
Distorted body image						
Picky eater						
High junk food diet						
<b>LEARNING DISABILITIES 315</b>						
Delayed expressive language						
Stuttering						
Problems articulating words						315
Below grade level in reading						315.1
Below grade level in math						315.2
Trouble with writing (messy, tiring, avoids writing)						
Variable performance in school						
Underachieves at school relative to potential						315.4

	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	N/A	Diagnoses
<b>DEVELOPMENTAL COORDINATION DISORDER</b>						
Difficulty with gross motor skills (i.e. gym, sports, biking)						
Clumsy						
Difficulty with fine motor (buttons, shoe laces, cutting)						
<b>PERSONALITY 301</b>						<b>SEVERITY</b>
Unstable interpersonal relationships						
Frantic efforts to avoid abandonment						
Recurrent suicidal ideation or attempts						
Intense anger						
Major mood swings						BPD 301.83
Impulsive self destructive or self injurious behavior						
Fragile identity or self image						
Chronic feelings of emptiness						
Transient stress related dissociation or paranoia						/9 (≥5/9)
Self centred or entitled						NPD 301.81
Deceitful, aggressive, or lack of remorse						ASP 301.7
<b>COMMENTS:</b>						

ADHD=attention deficit hyperactivity disorder; IA=inattentive subtype; HI=hyperactive impulsive subtype; BPD=borderline personality disorder; NPD=narcissistic personality disorder; ASP=antisocial personality disorder.

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<b>EATING DISORDERS 307</b>						
Vomits after meals or bingeing						
Underweight and refuses to eat						307.1
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Picky eater						
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Patient Name:

Date of Birth:

Physician Name:

MRN/File No:

Date:

## WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – PARENT REPORT (WFIRS-P)

Your name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

*Circle the number for the rating that best describes how your child's emotional or behavioural problems have affected each item in the last month.*

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
<b>A</b>	<b>FAMILY</b>					
1	Having problems with brothers & sisters	0	1	2	3	n/a
2	Causing problems between parents	0	1	2	3	n/a
3	Takes time away from family members' work or activities	0	1	2	3	n/a
4	Causing fighting in the family	0	1	2	3	n/a
5	Isolating the family from friends and social activities	0	1	2	3	n/a
6	Makes it hard for the family to have fun together	0	1	2	3	n/a
7	Makes parenting difficult	0	1	2	3	n/a
8	Makes it hard to give fair attention to all family members	0	1	2	3	n/a
9	Provokes others to hit or scream at him/her	0	1	2	3	n/a
10	Costs the family more money	0	1	2	3	n/a
<b>B</b>	<b>SCHOOL</b>					
	<b>Learning</b>					
1	Makes it difficult to keep up with schoolwork	0	1	2	3	n/a
2	Needs extra help at school	0	1	2	3	n/a
3	Needs tutoring	0	1	2	3	n/a
4	Receives grades that are not as good as his/her ability	0	1	2	3	n/a
	<b>Behaviour</b>					
1	Causes problems for the teacher in the classroom	0	1	2	3	n/a
2	Receives "time-out" or removal from the classroom	0	1	2	3	n/a
3	Having problems in the school yard	0	1	2	3	n/a
4	Receives detentions (during or after school)	0	1	2	3	n/a
5	Suspended or expelled from school	0	1	2	3	n/a
6	Misses classes or is late for school	0	1	2	3	n/a
<b>C</b>	<b>LIFE SKILLS</b>					
1	Excessive use of TV, computer, or video games	0	1	2	3	n/a
2	Keeping clean, brushing teeth, brushing hair, bathing, etc.	0	1	2	3	n/a
3	Problems getting ready for school	0	1	2	3	n/a

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
4	Problems getting ready for bed	0	1	2	3	n/a
5	Problems with eating (picky eater, junk food)	0	1	2	3	n/a
6	Problems with sleeping	0	1	2	3	n/a
7	Gets hurt or injured	0	1	2	3	n/a
8	Avoids exercise	0	1	2	3	n/a
9	Needs more medical care	0	1	2	3	n/a
10	Has trouble taking medication, getting needles or visiting the doctor/dentist	0	1	2	3	n/a
<b>D</b>	<b>CHILD'S SELF-CONCEPT</b>					
1	My child feels bad about himself/herself	0	1	2	3	n/a
2	My child does not have enough fun	0	1	2	3	n/a
3	My child is not happy with his/her life	0	1	2	3	n/a
<b>E</b>	<b>SOCIAL ACTIVITIES</b>					
1	Being teased or bullied by other children	0	1	2	3	n/a
2	Teases or bullies other children	0	1	2	3	n/a
3	Problems getting along with other children	0	1	2	3	n/a
4	Problems participating in after-school activities (sports, music, clubs)	0	1	2	3	n/a
5	Problems making new friends	0	1	2	3	n/a
6	Problems keeping friends	0	1	2	3	n/a
7	Difficulty with parties (not invited, avoids them, misbehaves)	0	1	2	3	n/a
<b>F</b>	<b>RISKY ACTIVITIES</b>					
1	Easily led by other children (peer pressure)	0	1	2	3	n/a
2	Breaking or damaging things	0	1	2	3	n/a
3	Doing things that are illegal	0	1	2	3	n/a
4	Being involved with the police	0	1	2	3	n/a
5	Smoking cigarettes	0	1	2	3	n/a
6	Taking illegal drugs	0	1	2	3	n/a
7	Doing dangerous things	0	1	2	3	n/a
8	Causes injury to others	0	1	2	3	n/a
9	Says mean or inappropriate things	0	1	2	3	n/a
10	Sexually inappropriate behaviour	0	1	2	3	n/a

**SCORING:**

1. Number of items scored 2 or 3  
*or*
2. Total score  
*or*
3. Mean score

**DO NOT WRITE IN THIS AREA**

A. Family	
B. School Learning Behaviour	
C. Life skills	
D. Child's self-concept	
E. Social activities	
F. Risky activities	
<b>Total</b>	

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Patient Name:

Date of Birth:

Physician Name:

MRN/File No:

Date:

## WEISS FUNCTIONAL IMPAIRMENT RATING SCALE – PARENT REPORT (WFIRS-P)

Your name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

*Circle the number for the rating that best describes how your child's emotional or behavioural problems have affected each item in the last month.*

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
<b>A</b>	<b>FAMILY</b>					
1	Having problems with brothers & sisters	0	1	2	3	n/a
2	Causing problems between parents	0	1	2	3	n/a
3	Takes time away from family members' work or activities	0	1	2	3	n/a
4	Causing fighting in the family	0	1	2	3	n/a
5	Isolating the family from friends and social activities	0	1	2	3	n/a
6	Makes it hard for the family to have fun together	0	1	2	3	n/a
7	Makes parenting difficult	0	1	2	3	n/a
8	Makes it hard to give fair attention to all family members	0	1	2	3	n/a
9	Provokes others to hit or scream at him/her	0	1	2	3	n/a
10	Costs the family more money	0	1	2	3	n/a
<b>B</b>	<b>SCHOOL</b>					
	<b>Learning</b>					
1	Makes it difficult to keep up with schoolwork	0	1	2	3	n/a
2	Needs extra help at school	0	1	2	3	n/a
3	Needs tutoring	0	1	2	3	n/a
4	Receives grades that are not as good as his/her ability	0	1	2	3	n/a
	<b>Behaviour</b>					
1	Causes problems for the teacher in the classroom	0	1	2	3	n/a
2	Receives "time-out" or removal from the classroom	0	1	2	3	n/a
3	Having problems in the school yard	0	1	2	3	n/a
4	Receives detentions (during or after school)	0	1	2	3	n/a
5	Suspended or expelled from school	0	1	2	3	n/a
6	Misses classes or is late for school	0	1	2	3	n/a
<b>C</b>	<b>LIFE SKILLS</b>					
1	Excessive use of TV, computer, or video games	0	1	2	3	n/a
2	Keeping clean, brushing teeth, brushing hair, bathing, etc.	0	1	2	3	n/a
3	Problems getting ready for school	0	1	2	3	n/a

		Never or not at all	Sometimes or somewhat	Often or much	Very often or very much	n/a
4	Problems getting ready for bed	0	1	2	3	n/a
5	Problems with eating (picky eater, junk food)	0	1	2	3	n/a
6	Problems with sleeping	0	1	2	3	n/a
7	Gets hurt or injured	0	1	2	3	n/a
8	Avoids exercise	0	1	2	3	n/a
9	Needs more medical care	0	1	2	3	n/a
10	Has trouble taking medication, getting needles or visiting the doctor/dentist	0	1	2	3	n/a
<b>D</b>	<b>CHILD'S SELF-CONCEPT</b>					
1	My child feels bad about himself/herself	0	1	2	3	n/a
2	My child does not have enough fun	0	1	2	3	n/a
3	My child is not happy with his/her life	0	1	2	3	n/a
<b>E</b>	<b>SOCIAL ACTIVITIES</b>					
1	Being teased or bullied by other children	0	1	2	3	n/a
2	Teases or bullies other children	0	1	2	3	n/a
3	Problems getting along with other children	0	1	2	3	n/a
4	Problems participating in after-school activities (sports, music, clubs)	0	1	2	3	n/a
5	Problems making new friends	0	1	2	3	n/a
6	Problems keeping friends	0	1	2	3	n/a
7	Difficulty with parties (not invited, avoids them, misbehaves)	0	1	2	3	n/a
<b>F</b>	<b>RISKY ACTIVITIES</b>					
1	Easily led by other children (peer pressure)	0	1	2	3	n/a
2	Breaking or damaging things	0	1	2	3	n/a
3	Doing things that are illegal	0	1	2	3	n/a
4	Being involved with the police	0	1	2	3	n/a
5	Smoking cigarettes	0	1	2	3	n/a
6	Taking illegal drugs	0	1	2	3	n/a
7	Doing dangerous things	0	1	2	3	n/a
8	Causes injury to others	0	1	2	3	n/a
9	Says mean or inappropriate things	0	1	2	3	n/a
10	Sexually inappropriate behaviour	0	1	2	3	n/a

**SCORING:**

1. Number of items scored 2 or 3  
*or*
2. Total score  
*or*
3. Mean score

**DO NOT WRITE IN THIS AREA**

A. Family	
B. School Learning Behaviour	
C. Life skills	
D. Child's self-concept	
E. Social activities	
F. Risky activities	
<b>Total</b>	

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Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## ADHD CHECKLIST

Retrospective assessment of childhood symptoms  Current symptoms   
 Current medication: \_\_\_\_\_

<i>SYMPTOMS: Check the appropriate box</i>	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	Diagnoses
<b>ATTENTION 314.00 (≥6/9)</b>	<b>SEVERITY</b>				<b>TOTAL</b>
Fails to give close attention to details, careless mistakes					
Difficulty sustaining attention in tasks or fun activities					
Does not seem to listen when spoken to directly					
Does not follow through on instructions and fails to finish work					
Difficulty organizing tasks and activities					
Avoids tasks that require sustained mental effort (boring)					
Losing things					
Easily distracted					_/9
Forgetful in daily activities					≥6/9
<b>HYPERACTIVE/IMPULSIVE 314.01 (≥6/9)</b>					
Fidgety or squirms in seat					
Leaves seat when sitting is expected					
Feels restless					
Difficulty in doing fun things quietly					
Always on the go or acts as if "driven by a motor"					
Talks excessively					
Blurts answers before questions have been completed					
Difficulty awaiting turn					≥6/9
Interrupting or intruding on others					_/9
<b>OPPOSITIONAL DEFIANT DISORDER 313.81 (&gt;4/8)</b>					
Loses temper					
Argues with adults					
Actively defies or refuses to comply with requests or rules					
Deliberately annoys people					
Blames others for his or her mistakes or misbehavior					
Touchy or easily annoyed by others					
Angry or resentful					≥4/8
Spiteful or vindictive					_/8
<b>COMMENTS</b>					



Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

Retrospective assessment of childhood symptoms  Current symptoms   
 Current medication: \_\_\_\_\_

## ADHD CHECKLIST

<i>SYMPTOMS: Check the appropriate box</i>	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	Diagnoses
<b>ATTENTION 314.00 (≥6/9)</b>	<b>SEVERITY</b>				<b>TOTAL</b>
Fails to give close attention to details, careless mistakes					
Difficulty sustaining attention in tasks or fun activities					
Does not seem to listen when spoken to directly					
Does not follow through on instructions and fails to finish work					
Difficulty organizing tasks and activities					
Avoids tasks that require sustained mental effort (boring)					
Losing things					
Easily distracted					_/9
Forgetful in daily activities					≥6/9
<b>HYPERACTIVE/IMPULSIVE 314.01 (≥6/9)</b>					
Fidgety or squirms in seat					
Leaves seat when sitting is expected					
Feels restless					
Difficulty in doing fun things quietly					
Always on the go or acts as if "driven by a motor"					
Talks excessively					
Blurts answers before questions have been completed					
Difficulty awaiting turn					≥6/9
Interrupting or intruding on others					_/9
<b>OPPOSITIONAL DEFIANT DISORDER 313.81 (&gt;4/8)</b>					
Loses temper					
Argues with adults					
Actively defies or refuses to comply with requests or rules					
Deliberately annoys people					
Blames others for his or her mistakes or misbehavior					
Touchy or easily annoyed by others					
Angry or resentful					≥4/8
Spiteful or vindictive					_/8
<b>COMMENTS</b>					



Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

Retrospective assessment of childhood symptoms  Current symptoms   
 Current medication: \_\_\_\_\_

## ADHD CHECKLIST

<i>SYMPTOMS: Check the appropriate box</i>	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	Diagnoses
<b>ATTENTION 314.00 (≥6/9)</b>	<b>SEVERITY</b>				<b>TOTAL</b>
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Difficulty sustaining attention in tasks or fun activities					
Does not seem to listen when spoken to directly					
Does not follow through on instructions and fails to finish work					
Difficulty organizing tasks and activities					
Avoids tasks that require sustained mental effort (boring)					
Losing things					
Easily distracted					_/9
Forgetful in daily activities					≥6/9
<b>HYPERACTIVE/IMPULSIVE 314.01 (≥6/9)</b>					
Fidgety or squirms in seat					
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Feels restless					
Difficulty in doing fun things quietly					
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Talks excessively					
Blurts answers before questions have been completed					
Difficulty awaiting turn					≥6/9
Interrupting or intruding on others					_/9
<b>OPPOSITIONAL DEFIANT DISORDER 313.81 (&gt;4/8)</b>					
Loses temper					
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Actively defies or refuses to comply with requests or rules					
Deliberately annoys people					
Blames others for his or her mistakes or misbehavior					
Touchy or easily annoyed by others					
Angry or resentful					≥4/8
Spiteful or vindictive					_/8
<b>COMMENTS</b>					



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_

MRN/File No: \_\_\_\_\_

Date: \_\_\_\_\_

## SNAP-IV 26 – Teacher and Parent Rating Scale

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Ethnicity:  African-American  Asian  Caucasian  Hispanic Other: \_\_\_\_\_

Completed by: \_\_\_\_\_ Type of Class: \_\_\_\_\_ Class size: \_\_\_\_\_

<i>For each item, check the column which best describes this child:</i>	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g. butts into conversations/games)				
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehavior				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				





Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## SNAP-IV 26 – Teacher and Parent Rating Scale

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Ethnicity:  African-American  Asian  Caucasian  Hispanic Other: \_\_\_\_\_

Completed by: \_\_\_\_\_ Type of Class: \_\_\_\_\_ Class size: \_\_\_\_\_

<i>For each item, check the column which best describes this child:</i>	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g. butts into conversations/games)				
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21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehavior				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				



Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## SNAP-IV 26 – Teacher and Parent Rating Scale

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Ethnicity:  African-American  Asian  Caucasian  Hispanic Other: \_\_\_\_\_

Completed by: \_\_\_\_\_ Type of Class: \_\_\_\_\_ Class size: \_\_\_\_\_

<i>For each item, check the column which best describes this child:</i>	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g. butts into conversations/games)				
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22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehavior				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				



Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_

MRN/File No: \_\_\_\_\_

Date: \_\_\_\_\_

## CADDRA Teacher Assessment Form

*Adapted from Dr Rosemary Tannock's Teacher Telephone Interview.  
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Student's Name: _____	Age: _____	Sex: _____
School: _____	Grade: _____	

Educator completing this form: \_\_\_\_\_ Date completed: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ Time spent each day with student: \_\_\_\_\_

Student's Placement: \_\_\_\_\_ Special Ed:  Yes  No Hrs per week: \_\_\_\_\_

Student's Educational Designation: \_\_\_\_\_  None

Does this student have an educational plan?:  Yes  No

<b>ACADEMIC PERFORMANCE</b>	Well Below Grade Level	Somewhat Below Grade Level	At Grade Level	Somewhat Above Grade Level	Well Above Grade Level	n/a
<b>READING</b>						
a) Decoding						
b) Comprehension						
c) Fluency						
<b>WRITING</b>						
d) Handwriting						
e) Spelling						
f) Written syntax (sentence level)						
g) Written composition (text level)						
<b>MATHEMATICS</b>						
h) Computation (accuracy)						
i) Computation (fluency)						
j) Applied mathematical reasoning						
<b>CLASSROOM PERFORMANCE</b>	Well Below Average	Below Average	Average	Above Average	Well Above Average	n/a
Following directions/instructions						
Organizational skills						
Assignment completion						
Peer relationships						
Classroom Behaviour						

# CADDRA Teacher Assessment Form

**Strengths:** What are this student's strengths? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education plan:** If this student has an education plan, what are the recommendations? Do they work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Accommodations:** What accommodations are in place? Are they effective? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Class Instructions:** How well does this student handle large-group instruction? Does s/he follow instructions well? Can s/he wait for a turn to respond? Would s/he stand out from same-sex peers? In what way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual seat work:** How well does this student self-regulate attention and behaviour during assignments to be completed as individual seat work? Is the work generally completed? Would s/he stand out from same-sex peers? In what way? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Transitions:** How does this student handle transitions such as going in and out for recess, changing classes or changing activities? Does s/he follow routines well? What amount of supervision or reminders does s/he need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Impact on peer relations:** How does this student get along with others? Does this student have friends that seek him/her out? Does s/he initiate play successfully? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conflict and Aggression:** – Is s/he often in conflict with adults or peers? How does s/he resolve arguments? Is the student verbally or physically aggressive? Is s/he the target of verbal or physical aggression by peers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Academic Abilities:** We would like to know about this student's general abilities and academic skills. Does this student appear to learn at a similar rate to others? Does this student appear to have specific weaknesses in learning? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Self-help skills,** independence, problem solving, activities of daily living: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motor Skills (gross/fine):** Does this student have problems with gym, sports, writing? If so, please describe.

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**Written output:** Does this student have problems putting ideas down in writing? If so, please describe.

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**Primary Areas of concern:** What are your major areas of concern/worry for this student? How long has this/these been a concern for you? \_\_\_\_\_

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**Impact on student:** To what extent are these difficulties for the student upsetting or distressing to the student him/herself, to you and/or the other students? \_\_\_\_\_

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**Impact on the class:** Does this student make it difficult for you to teach the class? \_\_\_\_\_

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**Medications:** If this student is on medication, is there anything you would like to highlight about the differences when s/he is on medication compared to off? \_\_\_\_\_

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**Parent involvement:** What has been the involvement of the parent(s)? \_\_\_\_\_

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Are the problems with attention and/or hyperactivity interfering with the student's learning? Peer relationships? \_\_\_\_\_

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Has the student had any particular problems with homework or handing in assignments? \_\_\_\_\_

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Is there anything else you would like us to know? If you feel the need to contact the student's clinician during this assessment please feel free to do so. \_\_\_\_\_

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Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## CADDRA PATIENT ADHD MEDICATION FORM

Please complete and bring to your next appointment

Patient name: \_\_\_\_\_ Date form is completed: \_\_\_\_\_

Person completing this form (if not the patient): \_\_\_\_\_  Mother  Father  Other

Medication usage since (decided with doctor): \_\_\_\_\_ (date)

- Medication not started yet
- Takes medication regularly, as prescribed
- Forgets/skips doses occasionally
- Takes medication irregularly
- Medication stopped

### Current Medication List:

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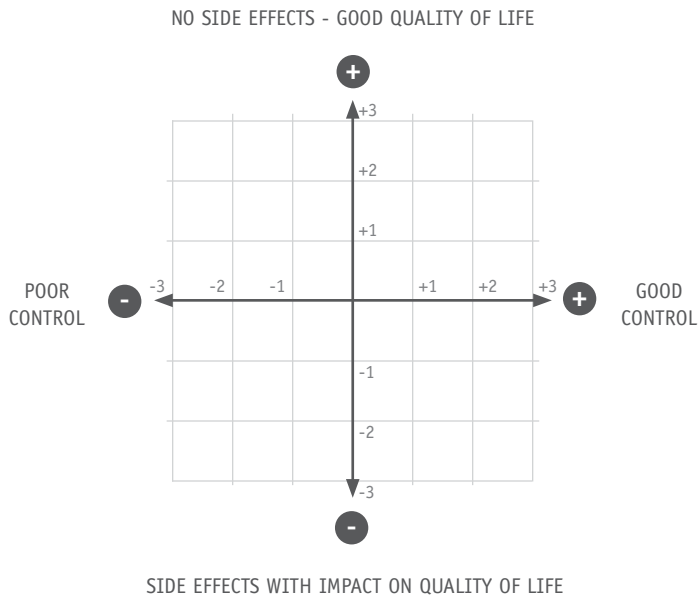
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### Instructions to use the quadrant below:

- Place a mark on the horizontal black line indicating the level of current symptom control between -3 and +3.
- Place a mark on the vertical black line indicating current side effect levels, between -3 to +3
- Draw an X where lines from the marks made on each line would meet to show current patient status



### COMMENTS:

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### What changes have occurred since medication started?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Not applicable: no medication taken | <input type="checkbox"/> No change            | <input type="checkbox"/> Marked Improvement |
| <input type="checkbox"/> Small deterioration                 | <input type="checkbox"/> Improvement          | <input type="checkbox"/> Deterioration      |
| <input type="checkbox"/> Small improvement                   | <input type="checkbox"/> Marked deterioration |   |

Please indicate below the frequency of any side effects experienced since the last medical appointment (mark with an X). Please contact your physician if side effects are significant.

SIDE EFFECT	FREQUENCY				Comments
	Not at all	Sometimes	Often	All the time	
Headache					
Dryness of the skin					
Dryness of the eyes					
Dryness of the mouth					
Thirst					
Sore throat					
Dizziness					
Nausea					
Stomach aches					
Vomiting					
Sweating					
Appetite reduction					
Weight loss					
Weight gain					
Diarrhea					
Frequent urination					
Tics					
Sleep difficulties					
Mood instability					
Irritability					
Agitation/excitability					
Sadness					
Heart palpitations					
Increased blood pressure					
Sexual dysfunction					
Feeling worse or different when the medication wears off (rebound)					
<b>Other:</b>					

**Things to discuss at the next medical appointment:**

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Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician Name: \_\_\_\_\_

MRN/File No: \_\_\_\_\_

Date: \_\_\_\_\_

## CADDRA PATIENT ADHD MEDICATION FORM

Please complete and bring to your next appointment

Patient name: \_\_\_\_\_ Date form is completed: \_\_\_\_\_

Person completing this form (if not the patient): \_\_\_\_\_  Mother  Father  Other

Medication usage since (decided with doctor): \_\_\_\_\_ (date)

- Medication not started yet
- Takes medication regularly, as prescribed
- Forgets/skips doses occasionally
- Takes medication irregularly
- Medication stopped

### Current Medication List:

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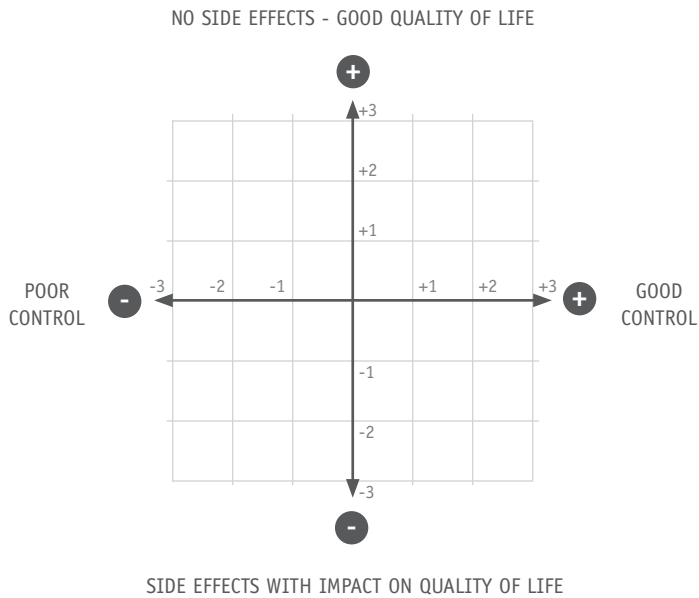
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### Instructions to use the quadrant below:

- Place a mark on the horizontal black line indicating the level of current symptom control between -3 and +3.
- Place a mark on the vertical black line indicating current side effect levels, between -3 to +3
- Draw an X where lines from the marks made on each line would meet to show current patient status



### COMMENTS:

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Sadness					
Heart palpitations					
Increased blood pressure					
Sexual dysfunction					
Feeling worse or different when the medication wears off (rebound)					
<b>Other:</b>					

**Things to discuss at the next medical appointment:**

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