

Child's Name: _____ DOB: _____ Date: _____

CURRENT MEDICATIONS, EFFECTIVENESS & SIDE EFFECT SCREENING				
Please list below all current medications and dosage		Please indicate with a check mark when these medications are given		
Medication	Dose (mg)	Morning	Afternoon	Evening

SECTION 1. –SLEEP QUALITY & REGULARITY

For the following questions, please place an "x" or an appropriate answer that most closely relates to your child.

1. Following dinner, does your child tend to wind down at night or wind up? That is, does she or he appear to become gradually more tired or more energetic as bedtime approaches?

2. What time does your child go to bed at night?

3. Do you follow or attempt to follow the same bedtime routine each night?

My child's bedtime routine is very well established. We follow the same steps nearly every night. (0) ___

My child's bedtime routine is generally the same each night. (0) ___

No matter how hard we try, bedtime is chaos or near-chaos. (1) ___

We do not follow any given routine, but bedtime is not a problem, anyway. (1) ___

4. Once in bed, does your child fall asleep in reasonable time or seem to stay awake for long periods before finally falling asleep?

My child usually falls asleep within 10-15 minutes of lights out, sometimes earlier or later depending on the kind of day they had. (0) ___

My child falls asleep usually taking 30 minutes to do so, sometimes reading or listening to music as a transition to sleep. (1) ___

My child generally takes an extraordinary amount of time to fall asleep, an hour or more. (1) ___

5. Once your child is asleep, does he or she sleep through the night?

My child sleeps through the night, maybe getting up to go to the bathroom. (0) ___

My child gets up in the middle of the night at times, but seems to go back to sleep. (1) ___

My child gets up in the middle of the night regularly. (1) ___

6. How does your child get up in the morning?

My child gets up on their own without an alarm clock. (0) ___

My child uses an alarm clock, but gets up on his/her own. (0) ___

We wake our child up, but he/she gets up without a fight. (1) ___

We make our child wake up and it's not pleasant. (1) ___

We make our child get up and it is an absolute struggle. (1) ___

7. Once up, which statement below best describes your child's behaviors?

My child is actually pretty happy in the morning, up and ready to go. (0) ___

My child gets up a little tired and seems to come awake in the first 15-30 minutes. (0) ___

My child is moody in the morning and we avoid contact until he/she really becomes awake. (1) ___

My child is an absolute bear in the morning. It is impossible to get ready and out the door. (1) ___

Please rate your child's behaviors while on medication since your last visit.

PART 1: INDICATORS OF POTENTIALLY INATTENTIVE BEHAVIORS	Never 0	Occasionally 0	Often 3	Very Often 4	
1. Does not pay attention to details or makes careless mistakes with, for example homework					
2. Has difficulty keeping attention to what needs to be done					
3. Does not seem to listen when spoken to directly					
4. Does not follow through when given directions/fails to finish activities (not due to refusal or failure to understand)					
5. Has difficulty organizing tasks and activities					
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort					
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)					
8. Is easily distracted by noises or other stimuli					
9. Is forgetful in daily activities					
PART II: INDICATORS OF POTENTIALLY HYPERACTIVE BEHAVIORS					
10. Fidgets with hands or feet or squirms in seat					
11. Leaves seat when remaining seated expected					
12. Runs about or climbs too much when remaining seated is expected					
13. Has difficulty playing or beginning quiet play activities					
14. Is "on the go" or often acts as if "driven by motor"					
15. Talks too much					
16. Blurts out answers before questions have been completed					
17. Has difficulty waiting his or her turn					
18. Interrupts or intrudes in on others' conversations and/or activities					
PART III: INDICATORS OF POTENTIALLY OPPOSITIONAL DEFIANT BEHAVIORS					
19. Argues with adults					
20. Loses temper					
21. Actively defies or refuses to go along with adults' requests or rules					
22. Deliberately annoys people					
23. Blames others for his or her mistakes or misbehaviors					
24. Is touchy or easily annoyed					
25. Is angry or resentful					
26. Is spiteful and wants to get even					
PART IV: INDICATORS OF POTENTIALLY CONDUCT DISORDERED BEHAVIORS					
27. Bullies, threatens or intimidates others					
28. Starts physical fights					
29. Lies to get out of trouble or to avoid obligations (ie, 'cons' others)					
30. Skips school without permission					
PART V: INDICATORS OF POTENTIALLY ANXIOUS/DEPRESSED BEHAVIORS					
31. Is fearful, anxious or worried					
32. Is afraid to try new things for fear of making mistakes					
33. Feels worthless or inferior					
34. Blames self for problems, feels guilty					
35. Feels lonely, unwanted or unloved; complains that no one 'loves him or her'					
36. Is sad, unhappy, or depressed					
37. Is self-conscious or easily embarrassed					
PART VI: SCHOOL & RELATIONSHIPS	Excellent 0	Above Average 0	Average 0	Somewhat of a problem 4	Problematic 5
38. Overall school performance					
39. Reading					
40. Writing					
41. Mathematics					
42. Relationship with parents					
43. Relationship with siblings					
44. Relationship with other children					
45. Participation in team activities					