

EXCELLENT PEDIATRICS

333 ALCOVY STREET, SUITE #1
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ATTENTION DEFICIT DISORDER

Introduction:

Over-diagnosed? Under-diagnosed? Probably both - and certainly real. **Attention Deficit Disorder** and **Attention Deficit Hyperactivity Disorder** affect children's school performance and their relationships with others. Parents who are wondering if their children have ADD/ADHD are often exhausted and frustrated.

What is it?

ADD/ADHD is a problem with inattentiveness, over-activity, impulsivity, or some combination of these. Scientific studies show that the brains of children with ADD/ADHD are different from those of other children. These children handle brain chemicals differently from their peers. Whatever the specific cause may be, it seems to be set in motion very early in life as the brain is developing. Symptoms are usually present before 5 years old. Other problems, such as depression, sleep deprivation, specific learning disabilities, tic disorders, and oppositional/aggressive behavior problems, may be confused with or appear along with ADD/ADHD. Every child suspected of having ADD/ADHD deserves a careful evaluation to sort out exactly what is contributing to his concerning behaviors. Most children with ADD/ADHD also have at least one other developmental or behavioral problem.

The symptoms of ADHD are divided into those of inattentiveness and hyperactivity/impulsivity.

Inattention

1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
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 in the workplace (not due to oppositional behavior or failure to understand instructions)
5. Often has difficulty organizing tasks and activities
6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
7. Often loses things necessary for tasks or activities (e.g., school assignments, pencils, books, or tools)

Hyperactivity

1. Often fidgets with hands or feet or squirms in seat
2. Often leaves seat in classroom or in other situations in which remaining seated is expected
3. Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
4. Often has difficulty playing or engaging in leisure activities quietly
5. Is often "on the go" or often acts as if "driven by a motor". Often talks excessively.

Impulsivity

1. Often blurts out answers before questions have been completed
2. Often has difficulty awaiting turn
3. Often interrupts or intrudes on others (e.g., butts into conversations or games)

We will ask you the parent/guardian and the students' teacher to complete a questionnaire before prescribing any medication. Additionally, we may require additional evaluations. ADD/ADHD is most often treated with medications that alter brain chemistry. All of these medications are potentially dangerous with side effects, and must be monitored on the regular basis.

I acknowledge that I have read and understand the information provided on this form.

X _____ Date _____

NAME : _____ DATE: _____

ADHD CARDIAC SCREENING QUESTIONNAIRE

Please list your current medications, including any health supplementations or natural food supplements:

| Please explain all "YES" answers in lines below. | YES | NO |
|---|-----|----|
| Have you or anyone in your family ever lost consciousness or fainted? | | |
| Have you or anyone in your family ever lost consciousness or fainted DURING or AFTER EXERCISE? | | |
| Have you ever had chest pain, chest discomfort, or shortness of breath DURING EXERCISE? | | |
| Have you ever had an unexplained, noticeable change in exercise tolerance, where you became tired for no reason? | | |
| Have you ever had palpitations of the heart, heart racing without reason, or extra or skipped heart beats? | | |
| Have you ever had a heart murmur OTHER THAN an innocent/benign heart murmur, or history of any other heart problem? | | |
| Have you ever had high blood pressure, high cholesterol, or a heart infection? | | |
| Has a doctor ever ordered a test for your heart such as an ECG or echocardiogram? | | |
| Have you or anyone in your family ever had a seizure? | | |
| Have you ever had rheumatic fever, or disease of the heart valves? | | |
| Has anyone in your family died suddenly for no apparent reason, for example, by drowning, or a car accident, or by just dropping over? | | |
| Has anyone in your family under age 50 died suddenly from a cardiac cause or had a heart attack? | | |
| Has anyone in your family under age 40 ever required resuscitation-- for example, fainting and needing someone to revive him or her? | | |
| Has anyone in your family died suddenly during exercise? | | |
| Has anyone in your family had abnormal rhythms of the heart, cardiomyopathy or problems with the heart muscle, Wolff-Parkinson-White syndrome, long QT syndrome, or any other heart syndrome? | | |
| Is there anyone in the family with Marfan syndrome? | | |

Please explain all "YES" answers here, or note any other concerns you have about your heart health or that of family members: _____

Questions are based upon American Heart Association and American Academy of Pediatrics recommendations for cardiac screening, as well as from Vetter et al, Cardiovascular monitoring of children and adolescents with heart disease receiving stimulant drugs. *Circulation*. 2008 May 6;117(18):2407-23.

RETURN THIS FORM TO EXCELLENT PEDIATRICS; FAX 770.267.5710

D3 NICHQ Vanderbilt Assessment Scale—PARENT Informant

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 is 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 |
| 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 or to avoid obligations (ie, "cons" others) | 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 |

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

American Academy of Pediatrics



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NICHQ

National Initiative for Children's Healthcare Quality



Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

| Symptoms (continued) | Never | Occasionally | Often | Very Often |
|--|--------------|---------------------|--------------|-------------------|
| 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 |
| 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 of 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 |
| 54. Relationship with peers | 1 | 2 | 3 | 4 | 5 |
| 55. Participation in organized activities (eg, teams) | 1 | 2 | 3 | 4 | 5 |

Comments:

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 Symptom 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: _____



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 when 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 or 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 or 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 in which remaining seated is expected | 0 | 1 | 2 | 3 |
| 13. Has difficulty playing or 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 |
| 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 and 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 |

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

| 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 |

| Performance <i>Academic Performance</i> | 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 |

| <i>Classroom Behavioral Performance</i> | Excellent | Above Average | Average | Somewhat | |
|---|-----------|------------------|---------|-----------------|-------------|
| | | | | of a Problem | Problematic |
| 39. Relationship with peers | 1 | 2 | 3 | 4 | 5 |
| 40. Following directions | 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: | EXCELLENT PEDIATRICS |
| Mailing address: | 333 ALCOVY STREET, STE #1 |
| | MONROE , GEORGIA 30655 |
| Fax number: | 770.267.5710 |

| |
|---|
| 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 Symptom 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: _____ |

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DATE _____

COMPLETED BY _____

EXCELLENT PEDIATRICS
333 ALCOVY ST, STE #1
MONROE 30655
FAX # 770.267.5710

NAME _____

RECORD # _____

D.O.B. _____

USE IMPRINTER HERE

Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

| | NEVER (0) | SOMETIMES (1) | OFTEN (2) |
|---|--------------|------------------|--------------|
| 1. Complains of aches and pains ----- | 1. _____ | _____ | _____ |
| 2. Spends more time alone ----- | 2. _____ | _____ | _____ |
| 3. Tires easily, has little energy ----- | 3. _____ | _____ | _____ |
| 4. Fidgety, unable to sit still ----- | 4. _____ | _____ | _____ |
| 5. Has trouble with teacher ----- | 5. _____ | _____ | _____ |
| 6. Less interested in school ----- | 6. _____ | _____ | _____ |
| 7. Acts as if driven by a motor ----- | 7. _____ | _____ | _____ |
| 8. Daydreams too much ----- | 8. _____ | _____ | _____ |
| 9. Distracted easily ----- | 9. _____ | _____ | _____ |
| 10. Is afraid of new situations ----- | 10. _____ | _____ | _____ |
| 11. Feels sad, unhappy ----- | 11. _____ | _____ | _____ |
| 12. Is irritable, angry ----- | 12. _____ | _____ | _____ |
| 13. Feels hopeless ----- | 13. _____ | _____ | _____ |
| 14. Has trouble concentrating ----- | 14. _____ | _____ | _____ |
| 15. Less interested in friends ----- | 15. _____ | _____ | _____ |
| 16. Fights with other children ----- | 16. _____ | _____ | _____ |
| 17. Absent from school ----- | 17. _____ | _____ | _____ |
| 18. School grades dropping ----- | 18. _____ | _____ | _____ |
| 19. Is down on him or herself----- | 19. _____ | _____ | _____ |
| 20. Visits the doctor with doctor finding nothing wrong | 20. _____ | _____ | _____ |
| 21. Has trouble sleeping ----- | 21. _____ | _____ | _____ |
| 22 Worries a lot ----- | 22. _____ | _____ | _____ |
| 23. Wants to be with you more than before ----- | 23. _____ | _____ | _____ |
| 24. Feels he or she is bad----- | 24. _____ | _____ | _____ |
| 25. Takes unnecessary risks ----- | 25. _____ | _____ | _____ |
| 26. Gets hurt frequently ----- | 26. _____ | _____ | _____ |
| 27. Seems to be having less fun ----- | 27. _____ | _____ | _____ |
| 28. Acts younger than children his or her age ----- | 28. _____ | _____ | _____ |
| 29. Does not listen to rules----- | 29. _____ | _____ | _____ |
| 30. Does not show feelings ----- | 30. _____ | _____ | _____ |
| 31 Does not understand other people's feelings ----- | 31. _____ | _____ | _____ |
| 32. Teases others ----- | 32. _____ | _____ | _____ |
| 33. Blames others for his or her troubles ----- | 33. _____ | _____ | _____ |
| 34. Takes things that do not belong to him or her ----- | 34. _____ | _____ | _____ |
| 35. Refuses to share ----- | 35. _____ | _____ | _____ |

Total score _____

Does your child have any emotional or behavioral problems for which she/he needs help?----- No Yes
Are there any services that you would like your child to receive for these problems? ----- No Yes

If yes, what type of services? _____