



## ADHD Follow Up Questionnaire

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

What medications has your child been taking for the last month? \_\_\_\_\_

Have you spoken with your child's teacher lately?  Yes  No

How is child performing in class? \_\_\_\_\_

Has your child complained about taking medication or avoided its use?  Yes  No

Does the medication seem to be helping as much as it did at your last visit?  Yes  No

If not, what has changed? \_\_\_\_\_

Any additional problems? \_\_\_\_\_

What school does your child attend? \_\_\_\_\_

How well is your child performing academically? \_\_\_\_\_

How is child's overall behavior at home? \_\_\_\_\_

Overall behavior at school? \_\_\_\_\_

***If you do not understand any of these questions, please ask your nurse.***