



## ADHD Follow Up Questionnaire

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

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

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

Since your last visit, does the medication seem to be helping? Yes No

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

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

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

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

How is your child's overall behavior at school? \_\_\_\_\_

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

Are there any additional problems or concerns? \_\_\_\_\_

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