

PARENT RATING FORMS

This set of forms will allow me to evaluate your child in a more comprehensive manner. Please complete them and return them today or at your next appointment.

1. FAMILY HISTORY QUESTIONNAIRE

Please inform me if any of this child's biological family members show any of the following types of problems. Place a check in each appropriate box. "Other" family member could include grandparents, aunts, and uncles.

| Problem | Father | Mother | Sibling(s) | Other (who?) |
|---|--------|--------|------------|--------------|
| Aggressiveness and defiance as a child | | | | |
| Problems with impulse control and attention | | | | |
| Learning disability | | | | |
| Failed to graduate high school | | | | |
| Mental retardation | | | | |
| Bipolar Disorder (manic depression) | | | | |
| Psychosis or Schizophrenia | | | | |
| Depression lasting more than 2 weeks | | | | |
| Anxiety problems that impair daily life | | | | |
| Tics or Tourette's Disorder | | | | |
| Alcohol abuse | | | | |
| Drug abuse (other than alcohol) | | | | |
| Antisocial behavior (theft, assaults, etc.) | | | | |
| Arrests | | | | |
| Physical abuse victim | | | | |
| Sexual abuse victim | | | | |
| Abuse/Domestic violence perpetrator | | | | |
| Thyroid disorder | | | | |
| Tobacco dependence | | | | |

Who has this child seen before for mental health evaluation or treatment?

Please list any medications your child may have been prescribed for attention or behavior.

2. ADHD-RS-IV PARENT REPORT

Child's Name: _____ Age: _____

Rater's Name: _____ Date: _____

Instructions: Rate this child on the following behaviors using the following scale:

- 0 = Not at all
- 1 = Just a little
- 2 = Pretty much true
- 3 = Often or very true

Rate since: the past several years From age ____ to ____
 the last few weeks only the several weeks before medication
 Other _____

| circle one | | Office Use Only |
|-------------|--|-----------------|
| 1. 0 1 2 3 | Often fails to give close attention to details, making careless errors | IN__ HI__ |
| 2. 0 1 2 3 | Fidgets with hands or feet or squirms in seat | IN__ HI__ |
| 3. 0 1 2 3 | Has difficulty sustaining attention to tasks or play activities | IN__ HI__ |
| 4. 0 1 2 3 | Leaves seat in classroom or in other areas in which remaining seated is expected | IN__ HI__ |
| 5. 0 1 2 3 | Does not seem to listen when spoken to directly | IN__ HI__ |
| 6. 0 1 2 3 | Runs about or climbs excessively in situations in which it is inappropriate | IN__ HI__ |
| 7. 0 1 2 3 | Does not follow through on instructions or fails to finish work | IN__ HI__ |
| 8. 0 1 2 3 | Has difficulty playing or engaging in leisure activities quietly | IN__ HI__ |
| 9. 0 1 2 3 | Has difficulty organizing tasks and activities | IN__ HI__ |
| 10. 0 1 2 3 | Is "on the go" or acts as if "driven by a motor" | IN__ HI__ |
| 11. 0 1 2 3 | Avoids tasks that require sustained mental effort (i.e., homework) | IN__ HI__ |
| 12. 0 1 2 3 | Talks excessively | IN__ HI__ |
| 13. 0 1 2 3 | Loses things necessary for tasks and activities | IN__ HI__ |
| 14. 0 1 2 3 | Blurts out answers before questions have been completed | IN__ HI__ |
| 15. 0 1 2 3 | Is easily distracted | IN__ HI__ |
| 16. 0 1 2 3 | Has difficulty awaiting turn | IN__ HI__ |
| 17. 0 1 2 3 | Is forgetful in daily activities | IN__ HI__ |
| 18. 0 1 2 3 | Interrupts or intrudes on others | IN__ HI__ |

circle one

Yes No Not sure These problems were evident before age 7

Yes No Not sure These problems are evident in two or more settings (i.e., home, school, sports)

Yes No Not sure These have caused **clear and consistent** problems how the child relates socially, and to his/her progress in school

Office Use: ADHD-RS ____ SS ____ DSM IA ____ DSM HI ____
 ADHD-RS Inattention ____ SS ____ ADHD-RS Impulsivity ____ SS ____

3. ODD-RS-IV PARENT REPORT

Instructions: Rate this child on the following behaviors using the following scale:

- 0 = Not at all
- 1 = Just a little
- 2 = Pretty much true
- 3 = Often or very true

circle one

Office Use Only

- | | | |
|------------|------------------------------------|--------|
| 1. 0 1 2 3 | Loses temper easily | ODD___ |
| 2. 0 1 2 3 | Argues with adults | ODD___ |
| 3. 0 1 2 3 | Actively defies rules and requests | ODD___ |
| 4. 0 1 2 3 | Blames others for his/her mistakes | ODD___ |
| 5. 0 1 2 3 | Deliberately annoys other people | ODD___ |
| 6. 0 1 2 3 | Is touchy or easily annoyed | ODD___ |
| 7. 0 1 2 3 | Is angry and resentful | ODD___ |
| 8. 0 1 2 3 | Is spiteful or vindictive | ODD___ |

circle one

- | | |
|-----------------|---|
| Yes No Not Sure | For more than 6 months, this child has shown a consistent pattern of unusually stubborn, disobedient, and angry behavior toward adults. |
| Yes No Not Sure | These problems are evident in two or more settings (i.e., home, school, church, sports, etc.). |
| Yes No Not Sure | These have caused clear and consistent problems how the child relates socially with parents, teachers, friends, etc. |
| Yes No Not Sure | These have caused clear and consistent problems how the child performs at school (or daycare). |
| Yes No Not Sure | These behaviors tend to occur more often with people the child knows well (i.e., parents and close relatives). |
| Yes No Not Sure | These problems seem to be more intense and frequent than other children the same age. |

How much impairment do the behaviors cause in the child's ability to interact socially with others and meet the demands placed on them at home, school, etc.? (Circle one number)

No problem at all 1 2 3 4 5 6 7 8 9 10 Totally Devastating

Office Use Only: DSM-IV Symptoms ___/8 Total ODD _____

4. PHYSICAL SYMPTOMS RATING SCALE

Instructions: Does this child have problems with any of these symptoms or behaviors? If so, please indicate the severity of these problems.

Circle only one number beside each item. A 0 (zero) means you have not seen this problem during the past week, and a 9 (nine) means that you believe it to be *either* very serious or to occur very frequently.

If you circle "No" to a symptom, you do not need to rate it on the 0-9 scale.

| | Behavior/Symptom | A Problem? | | If Yes, how severe? | | | | | | | | | |
|-----|------------------------------|-------------------|-----|----------------------------|-------|---------|---|---|---|---|---|---|----|
| | | circle | one | mild | ----- | serious | | | | | | | |
| 1. | Insomnia or trouble sleeping | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2. | Nightmares | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 3. | Stares a lot or daydreams | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 4. | Talks less than others | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 5. | Uninterested in others | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 6. | Unusual or strong body odor | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9* |
| 7. | Decreased appetite | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 8. | Irritability | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 9. | Stomachaches | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10. | Headaches | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 11. | Drowsiness | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 12. | Overeating | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9* |
| 13. | Sad/unhappy | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 14. | Prone to crying | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 15. | Anxious | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 16. | Bites fingernails | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 17. | Euphoric/unusually happy | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 18. | Constipation | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9* |
| 19. | Dizziness | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 20. | Nervous tics or twitches | Yes | No | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Office Use: Total: _____ Mean: _____