



Patient Name: _____

Date of Birth: _____

Physician Name: _____

MRN/File No: _____

Date: _____

CADDRA Adolescent Assessment Instructions

Patient Name: _____ Date: _____

Parent(s): _____

Time period for which the form was filled out: _____

If you were on medication when this was completed, what medication were you on? _____

You are presently being evaluated for Attention Deficit Hyperactivity Disorder. During this process, your doctor will require you and those who know you best (your parents and a teacher) to complete some questionnaires. (These questionnaires can also be downloaded and printed from the Guidelines section on the CADDRA website: www.caddra.ca). Your input is very important, but please do not worry about answering the questions incorrectly. There are no right or wrong answers. You will be asked questions about how you function in a variety of different ways. If you are unsure of an answer, go with your first instinct. Individual questions are less important than the scale as a whole. If you are living in two households, each household should complete these forms.

Questionnaires

- Weiss Symptom Record: To be completed by both parents, (you can also try to complete it by yourself if you wish).
- WFIRS-S: To be completed by yourself
- WFIRS-P: To be completed by both parents
- ADHD Checklist
- SNAP-IV 26

If you are taking medication, you can also complete the forms both on medication and off medication. In this case, it would be helpful if you use two different colours to demonstrate the difference.

If you have already started ADHD medication, please also complete the CADDRA Patient ADHD Medication Form. If not, keep the form on hand for possible future use.

- CADDRA Patient ADHD Medication Form

Information Sheets

Please read the information provided and note any questions to discuss at your next appointment.

- CADDRA ADHD Information and Resources

Points to discuss at the next medical appointment:
