



Patient Name: _____

Date of Birth: _____

Physician Name: _____

MRN/File No: _____

Date: _____

CADDRA Child Assessment Instructions

Name of the child: _____ Date: _____

Parent(s): _____

Time period for which the form was filled out: _____

If the child was on medication when this was completed, what medication was s/he on? _____

Your child is presently being evaluated for Attention Deficit Hyperactivity Disorder. Your doctor will require you to complete the following questionnaires as part of this process. (All these documents can 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 your child functions 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 the child is living in two households, each household should complete these forms.

Questionnaires

- Weiss Symptom Record: To be completed by both parents
- WFIRS-P: To be completed by parents
- ADHD Checklist
- CADDRA Teacher Assessment Form
- SNAP-IV 26

If your child is on medication, it would be helpful if you could fill in the forms twice in order to assess the child on and off medication. Please fill in the forms in two different colours to demonstrate the differences.

If your child has already started using ADHD medication, please also complete the CADDRA Patient ADHD Medication Form. If not, please keep this form on hand for possible future use.

- CADDRA Patient ADHD Medication Form

Information Sheets

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

- CADDRA ADHD Information and Resources

Points to discuss at the next medical appointment:
