CADDRA CLINICIAN ADHD BASELINE/FOLLOW-UP FORM

Other person present during Interview:

<table>
<thead>
<tr>
<th>Current medication(s):</th>
<th>Dose &amp; schedule</th>
<th>Therapeutic Effects</th>
<th>Side Effects</th>
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Adherence to treatment:  
- FULL  (took medications as directed)
- PARTIAL  (Missed doses, did not take all medication)
- NONE  (Discontinued medication for at least a week)

Developments since last appointment:

- Height:  
- Weight:  
- BP:  
- Pulse:  
- Observations:  
- Opinion:  

Psychiatric Diagnosis:

- ADHD, Combined
- ADHD, Inattentive
- Oppositional Defiant
- Learning Disorder
- Language Disorder
- Intellectual Disability
- Anxiety Disorder
- Depression
- Tic Disorder
- Conduct Disorder Personality Disorder/Traits
- Other ________________

Medical Problems:

Stressors:  
- Mild
- Moderate
- Severe
- Extreme

Impairment Severity:  
- Borderline
- Mild
- Moderate
- Marked
- Severe
- Extreme

Improvement:  
- Very much improved
- Much improved
- Minimally improved
- No change
- Minimally worse
- Much worse
- Very much worse

Treatment Plan:  

<table>
<thead>
<tr>
<th>Medication Treatment Plan:</th>
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</thead>
<tbody>
<tr>
<td>No Change</td>
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</tbody>
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School/Work:

Follow-up plan:

Signature: ___________________________ Date: ___________________________

Copy to be sent to: ___________________________