



Phoenix Children's

# Behavioral Health Visit Information Packet

To be completed before visit

This questionnaire asks you a series of questions about you and your family. The information is essential for making an accurate diagnosis. Please complete this form as best you can. We will be able to discuss it in detail at your child's appointment.

**If you are concerned about your child harming him/herself or harming others this is an emergency. Please call 911 or call our office.**



ATTENTION DEFICIT  
HYPERACTIVITY DISORDER (ADHD)  
QUESTIONNAIRE

Apply Patient Label

**Current Concerns:**

What are your concerns about the patient? What are the difficulties/problems that have caused you to seek help at this time?

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Do you believe the patient is able to exert control over behavior, attention, and concentration?  Yes  No

Please explain: \_\_\_\_\_

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Has the patient ever been diagnosed by a school psychologist or other professional (e.g., mental health clinician/physician) as having Attention Deficit Hyperactivity Disorder (ADHD), depression, anxiety or other mood or behavioral conditions?  Yes  No

If yes, please explain: \_\_\_\_\_

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Has the patient received treatment for ADHD?  Yes  No

If yes, please explain: \_\_\_\_\_

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Has the patient received treatment for depression?  Yes  No

If yes, please explain: \_\_\_\_\_

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Has the patient received treatment for any behavioral conditions?  Yes  No

If yes, please explain: \_\_\_\_\_

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Does the patient snore loudly and wake up at night as if gasping?  Yes  No

If yes, please explain: \_\_\_\_\_

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Does the patient take medication for ADHD, depression, anxiety, mood disorder, or other behavior problem?

Yes  No

| Medication Name | Dosage | When was it started? | Any problems while taking? |
|-----------------|--------|----------------------|----------------------------|
|                 |        |                      |                            |
|                 |        |                      |                            |
|                 |        |                      |                            |
|                 |        |                      |                            |
|                 |        |                      |                            |
|                 |        |                      |                            |

Do you have any other concerns about this patient's behavior, school performance, emotional well-being, or social life?  Yes  No If yes, please explain: \_\_\_\_\_

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**ATTENTION DEFICIT  
HYPERACTIVITY DISORDER (ADHD)  
QUESTIONNAIRE**

Apply Patient Label

**Pediatric Symptom Checklist**

| <b>Please mark under the heading that best fits the patient.</b> | <b>Never</b> | <b>Sometimes</b> | <b>Often</b> |
|--|--------------|------------------|--------------|
| Complains of aches/pains   |              |                  |              |
| Spends more time alone   |              |                  |              |
| Tires easily, little energy                                      |              |                  |              |
| Fidgety, unable to sit   |              |                  |              |
| Has trouble with a teacher                                       |              |                  |              |
| Less interested in school  |              |                  |              |
| Acts as if driven by a motor                                     |              |                  |              |
| Daydreams too much   |              |                  |              |
| Distracted easily  |              |                  |              |
| Is afraid of new situations                                      |              |                  |              |
| Feels sad, unhappy   |              |                  |              |
| Is irritable, angry  |              |                  |              |
| Feels hopeless   |              |                  |              |
| Has trouble concentrating  |              |                  |              |
| Less interest in friends   |              |                  |              |
| Fights with others   |              |                  |              |
| Absent from school   |              |                  |              |
| School grades dropping   |              |                  |              |
| Is down on him or herself  |              |                  |              |
| Visits doctor with doctor finding nothing wrong                  |              |                  |              |
| Has trouble sleeping   |              |                  |              |
| Worries a lot  |              |                  |              |
| Wants to be with you more than before                            |              |                  |              |
| Feels he or she is bad   |              |                  |              |
| Takes unnecessary risks  |              |                  |              |
| Gets hurt frequently   |              |                  |              |
| Seems to be having less fun                                      |              |                  |              |
| Acts younger than children his or her age                        |              |                  |              |
| Does not listen to rules   |              |                  |              |
| Does not show feelings   |              |                  |              |
| Does not understand other people's feelings                      |              |                  |              |
| Teases others  |              |                  |              |
| Blames others for hir or her troubles                            |              |                  |              |
| Takes things that do not belong to him or her                    |              |                  |              |
| Refuses to share   |              |                  |              |
| Other comments:  |              |                  |              |



ATTENTION DEFICIT  
HYPERACTIVITY DISORDER (ADHD)  
QUESTIONNAIRE

Apply Patient Label

**FAMILY HISTORY OF MENTAL HEALTH PROBLEMS**

Do any other family members (e.g., mother, father, brother, sister, aunt, uncle, etc.) suffer from a similar problem with paying attention, hyperactivity, or some other type of emotional, and/or learning problems, etc.?

Yes  No If yes, please explain:

| Relationship to Patient | Current Age | Type of Problem | Severity (e.g., mild, severe) | Type of Treatment |
|-------------------------|-------------|-----------------|-------------------------------|-------------------|
|                         |             |                 |                               |                   |
|                         |             |                 |                               |                   |
|                         |             |                 |                               |                   |
|                         |             |                 |                               |                   |
|                         |             |                 |                               |                   |

**PATIENT'S EDUCATIONAL HISTORY**

Grade in school: \_\_\_\_\_ Approximately how many children are in the patient's class? \_\_\_\_\_

- attends full-time       attends part-time       homeschool       virtual learning
- special education       Individualized Educational Plan (IEP)       504 Plan
- advanced level

Number of school days missed due to symptoms: \_\_\_\_\_

Check any official school classifications that apply to the patient:

- Learning disability       Visually impaired       Emotional disability
- Hearing impaired       Intellectual disability/Limited       Physically handicapped
- Other: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Resource Teacher's Name: \_\_\_\_\_  
 Principal's Name: \_\_\_\_\_ School Psychologist's Name: \_\_\_\_\_  
 School Counselor's Name: \_\_\_\_\_

The name(s) of any other person(s) and their relationship to the patient involved in this patient's education:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the patient attend daycare or preschool?  Yes  No If yes, at what age did they begin, and how frequently did they attend (for example: age 4, 2X/week/2 hr. session)? \_\_\_\_\_  
\_\_\_\_\_

Did the patient have any problems in preschool?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Did this patient repeat any grades?  Yes  No Which grade(s) and what was the reason for repeating that particular grade? \_\_\_\_\_  
\_\_\_\_\_

Has the patient failed any subjects?  Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_



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Apply Patient Label

Does the patient currently receive any of the following Special Education Services?

- High Risk Perinatal Program (HRPP)
- Department of Developmental Disabilities (DDD)
- Arizona School for Deaf and Blind (ASDB)
- Arizona Long Term Care System (ALTCS)
- Arizona Early Intervention Program (AzEIP)
- Foundation for Blind Children (FBC)
- Children's Rehabilitative Services (CRS)

Please list or discuss any other school problems: \_\_\_\_\_

**INFANCY AND EARLY CHILDHOOD (1-4 years of age)**

Has the patient, during infancy or early childhood, ever experienced any of the following?

- Colic
- Hyperactive
- Lack of coordination
- Does not like new situations
- Unusual fear of strangers
- Excessive anxiety or fears
- Feeding problems
- Did not enjoy cuddling
- Poor eye contact
- Trouble sleeping
- Head banging
- Does not or rarely smiles
- Poorly attached
- Unusually shy or withdrawn
- Easily over stimulated
- Restlessness
- Prone to accidents
- Prefers to be left alone
- Separation anxiety

Additional problems or comments regarding this patient's infancy and early childhood development: \_\_\_\_\_

**DEVELOPMENTAL**

Please list the approximate **age** when the patient reached these milestones:

Walking: \_\_\_\_\_ Talking: \_\_\_\_\_ Spoke 3-6 words: \_\_\_\_\_  
 Toilet trained (daytime): \_\_\_\_\_ Toilet trained (nighttime): \_\_\_\_\_  
 Overall, what pace/rate do you feel this patient developed at?  slow  normal  rapid

Please explain: \_\_\_\_\_

What expectations/goals do you have for this visit? \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient/Legally Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient/Legally Authorized Representative

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Practitioner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Practitioner Printed Name

## NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child.  
When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

| Symptoms  | Never | Occasionally | Often | Very Often |
|---|-------|--------------|-------|------------|
| 1. Does not pay attention to details or makes careless mistakes with, for example, homework                                   | 0     | 1            | 2     | 3          |
| 2. Has difficulty keeping attention to what needs to be done  | 0     | 1            | 2     | 3          |
| 3. Does not seem to listen when spoken to directly  | 0     | 1            | 2     | 3          |
| 4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand) | 0     | 1            | 2     | 3          |
| 5. Has difficulty organizing tasks and activities   | 0     | 1            | 2     | 3          |
| 6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort                                       | 0     | 1            | 2     | 3          |
| 7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)                                      | 0     | 1            | 2     | 3          |
| 8. Is easily distracted by noises or other stimuli  | 0     | 1            | 2     | 3          |
| 9. Is forgetful in daily activities   | 0     | 1            | 2     | 3          |
| 10. Fidgets with hands or feet or squirms in seat   | 0     | 1            | 2     | 3          |
| 11. Leaves seat when remaining seated is expected   | 0     | 1            | 2     | 3          |
| 12. Runs about or climbs too much when remaining seated is expected   | 0     | 1            | 2     | 3          |
| 13. Has difficulty playing or beginning quiet play activities   | 0     | 1            | 2     | 3          |
| 14. Is "on the go" or often acts as if "driven by a motor"  | 0     | 1            | 2     | 3          |
| 15. Talks too much  | 0     | 1            | 2     | 3          |
| 16. Blurts out answers before questions have been completed   | 0     | 1            | 2     | 3          |
| 17. Has difficulty waiting his or her turn  | 0     | 1            | 2     | 3          |
| 18. Interrupts or intrudes in on others' conversations and/or activities  | 0     | 1            | 2     | 3          |
| 19. Argues with adults  | 0     | 1            | 2     | 3          |
| 20. Loses temper  | 0     | 1            | 2     | 3          |
| 21. Actively defies or refuses to go along with adults' requests or rules   | 0     | 1            | 2     | 3          |
| 22. Deliberately annoys people  | 0     | 1            | 2     | 3          |
| 23. Blames others for his or her mistakes or misbehaviors   | 0     | 1            | 2     | 3          |
| 24. Is touchy or easily annoyed by others   | 0     | 1            | 2     | 3          |
| 25. Is angry or resentful   | 0     | 1            | 2     | 3          |
| 26. Is spiteful and wants to get even   | 0     | 1            | 2     | 3          |
| 27. Bullies, threatens, or intimidates others   | 0     | 1            | 2     | 3          |
| 28. Starts physical fights  | 0     | 1            | 2     | 3          |
| 29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)  | 0     | 1            | 2     | 3          |
| 30. Is truant from school (skips school) without permission   | 0     | 1            | 2     | 3          |
| 31. Is physically cruel to people   | 0     | 1            | 2     | 3          |
| 32. Has stolen things that have value   | 0     | 1            | 2     | 3          |

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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## NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

| <b>Symptoms (continued)</b>  | <b>Never</b> | <b>Occasionally</b> | <b>Often</b> | <b>Very Often</b> |
|--|--------------|---------------------|--------------|-------------------|
| 33. Deliberately destroys others' property                                       | 0            | 1                   | 2            | 3                 |
| 34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)       | 0            | 1                   | 2            | 3                 |
| 35. Is physically cruel to animals   | 0            | 1                   | 2            | 3                 |
| 36. Has deliberately set fires to cause damage                                   | 0            | 1                   | 2            | 3                 |
| 37. Has broken into someone else's home, business, or car                        | 0            | 1                   | 2            | 3                 |
| 38. Has stayed out at night without permission                                   | 0            | 1                   | 2            | 3                 |
| 39. Has run away from home overnight   | 0            | 1                   | 2            | 3                 |
| 40. Has forced someone into sexual activity                                      | 0            | 1                   | 2            | 3                 |
| 41. Is fearful, anxious, or worried  | 0            | 1                   | 2            | 3                 |
| 42. Is afraid to try new things for fear of making mistakes                      | 0            | 1                   | 2            | 3                 |
| 43. Feels worthless or inferior  | 0            | 1                   | 2            | 3                 |
| 44. Blames self for problems, feels guilty                                       | 0            | 1                   | 2            | 3                 |
| 45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her" | 0            | 1                   | 2            | 3                 |
| 46. Is sad, unhappy, or depressed  | 0            | 1                   | 2            | 3                 |
| 47. Is self-conscious or easily embarrassed                                      | 0            | 1                   | 2            | 3                 |

| <b>Performance</b>                                    | <b>Excellent</b> | <b>Above Average</b> | <b>Average</b> | <b>Somewhat of a Problem</b> | <b>Problematic</b> |
|---|------------------|----------------------|----------------|------------------------------|--------------------|
| 48. Overall school performance                        | 1                | 2                    | 3              | 4                            | 5                  |
| 49. Reading   | 1                | 2                    | 3              | 4                            | 5                  |
| 50. Writing   | 1                | 2                    | 3              | 4                            | 5                  |
| 51. Mathematics                                       | 1                | 2                    | 3              | 4                            | 5                  |
| 52. Relationship with parents                         | 1                | 2                    | 3              | 4                            | 5                  |
| 53. Relationship with siblings                        | 1                | 2                    | 3              | 4                            | 5                  |
| 54. Relationship with peers                           | 1                | 2                    | 3              | 4                            | 5                  |
| 55. Participation in organized activities (eg, teams) | 1                | 2                    | 3              | 4                            | 5                  |

**Comments:**

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1-9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10-18: \_\_\_\_\_

Total Symptom Score for questions 1-18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19-26: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 27-40: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 41-47: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 48-55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_



Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

| Symptoms  | Never | Occasionally | Often | Very Often |
|---|-------|--------------|-------|------------|
| 1. Fails to give attention to details or makes careless mistakes in schoolwork  | 0     | 1            | 2     | 3          |
| 2. Has difficulty sustaining attention to tasks or activities   | 0     | 1            | 2     | 3          |
| 3. Does not seem to listen when spoken to directly  | 0     | 1            | 2     | 3          |
| 4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand) | 0     | 1            | 2     | 3          |
| 5. Has difficulty organizing tasks and activities   | 0     | 1            | 2     | 3          |
| 6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort  | 0     | 1            | 2     | 3          |
| 7. Loses things necessary for tasks or activities (school assignments, pencils, or books)   | 0     | 1            | 2     | 3          |
| 8. Is easily distracted by extraneous stimuli   | 0     | 1            | 2     | 3          |
| 9. Is forgetful in daily activities   | 0     | 1            | 2     | 3          |
| 10. Fidgets with hands or feet or squirms in seat   | 0     | 1            | 2     | 3          |
| 11. Leaves seat in classroom or in other situations in which remaining seated is expected   | 0     | 1            | 2     | 3          |
| 12. Runs about or climbs excessively in situations in which remaining seated is expected  | 0     | 1            | 2     | 3          |
| 13. Has difficulty playing or engaging in leisure activities quietly  | 0     | 1            | 2     | 3          |
| 14. Is "on the go" or often acts as if "driven by a motor"  | 0     | 1            | 2     | 3          |
| 15. Talks excessively   | 0     | 1            | 2     | 3          |
| 16. Blurts out answers before questions have been completed   | 0     | 1            | 2     | 3          |
| 17. Has difficulty waiting in line  | 0     | 1            | 2     | 3          |
| 18. Interrupts or intrudes on others (eg, butts into conversations/games)   | 0     | 1            | 2     | 3          |
| 19. Loses temper  | 0     | 1            | 2     | 3          |
| 20. Actively defies or refuses to comply with adult's requests or rules   | 0     | 1            | 2     | 3          |
| 21. Is angry or resentful   | 0     | 1            | 2     | 3          |
| 22. Is spiteful and vindictive  | 0     | 1            | 2     | 3          |
| 23. Bullies, threatens, or intimidates others   | 0     | 1            | 2     | 3          |
| 24. Initiates physical fights   | 0     | 1            | 2     | 3          |
| 25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)   | 0     | 1            | 2     | 3          |
| 26. Is physically cruel to people   | 0     | 1            | 2     | 3          |
| 27. Has stolen items of nontrivial value  | 0     | 1            | 2     | 3          |
| 28. Deliberately destroys others' property  | 0     | 1            | 2     | 3          |
| 29. Is fearful, anxious, or worried   | 0     | 1            | 2     | 3          |
| 30. Is self-conscious or easily embarrassed   | 0     | 1            | 2     | 3          |
| 31. Is afraid to try new things for fear of making mistakes   | 0     | 1            | 2     | 3          |

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

| <b>Symptoms (continued)</b>  | <b>Never</b> | <b>Occasionally</b> | <b>Often</b> | <b>Very Often</b> |
|--|--------------|---------------------|--------------|-------------------|
| 32. Feels worthless or inferior  | 0            | 1                   | 2            | 3                 |
| 33. Blames self for problems; feels guilty                                       | 0            | 1                   | 2            | 3                 |
| 34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her" | 0            | 1                   | 2            | 3                 |
| 35. Is sad, unhappy, or depressed  | 0            | 1                   | 2            | 3                 |

| <b>Performance</b>          | <b>Excellent</b> | <b>Above Average</b> | <b>Average</b> | <b>Somewhat of a Problem</b> | <b>Problematic</b> |
|-----------------------------|------------------|----------------------|----------------|------------------------------|--------------------|
| <b>Academic Performance</b> |                  |                      |                |                              |                    |
| 36. Reading                 | 1                | 2                    | 3              | 4                            | 5                  |
| 37. Mathematics             | 1                | 2                    | 3              | 4                            | 5                  |
| 38. Written expression      | 1                | 2                    | 3              | 4                            | 5                  |

| <b>Classroom Behavioral Performance</b> | <b>Excellent</b> | <b>Above Average</b> | <b>Average</b> | <b>Somewhat of a Problem</b> | <b>Problematic</b> |
|---|------------------|----------------------|----------------|------------------------------|--------------------|
| 39. Relationship with peers             | 1                | 2                    | 3              | 4                            | 5                  |
| 40. Following directions                | 1                | 2                    | 3              | 4                            | 5                  |
| 41. Disrupting class                    | 1                | 2                    | 3              | 4                            | 5                  |
| 42. Assignment completion               | 1                | 2                    | 3              | 4                            | 5                  |
| 43. Organizational skills               | 1                | 2                    | 3              | 4                            | 5                  |

**Comments:**

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Fax number: \_\_\_\_\_

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1–9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10–18: \_\_\_\_\_

Total Symptom Score for questions 1–18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19–28: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 29–35: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 36–43: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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