

# ADHD – Diagnose, Treat, and Monitor

## Checklist of Medication Follow-Up Questions

<input type="checkbox"/> In-person, completed by parent: _____ <input type="checkbox"/> By phone, completed by staff: _____		<b>Date:</b> __ / __ / __
<b>1. Has your child started taking the medication prescribed?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, why? _____		
If yes, when did medication start? _____		
<b>2. Please verify the ADHD medicine your child is currently taking.</b> What is/are the medication name(s) and dose? _____		
At what time, where, and how is the medication administered?		<b>Time:</b> _____ <input type="checkbox"/> Home <input type="checkbox"/> School <b>How:</b> _____
How many tablets (or milliliters if liquid) of your child's ADHD medication are left?		
Do you need a refill of your child's ADHD medication?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Have you noticed any improvement toward your child's target goal(s)?</b> If yes, what has improved?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Have you noticed any change in your child's ADHD symptoms?</b> If yes, what has improved or worsened? _____ What time of the day do you notice a change in symptoms? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
What changes have been noticed in your child's behavior at home and at school?		
<b>5. How has your child's performance at school changed (eg, homework completion, tests, progress reports)?</b> Explain changes: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Does your child have any side effects from the medication?</b> Examples include headache, stomachache, change in appetite, trouble sleeping, irritability, socially withdrawn, extreme sadness or unusual behavior, tremors/feeling shaky, repetitive movements, picking at skin/fingers/nails, sees or hears things that aren't there, or other issues.		<input type="checkbox"/> Yes <input type="checkbox"/> No Side effects:
<b>7. What time of day does the medication stop working?</b>		
<b>8. What questions or concerns do you have?</b>		

