

Control Questionnaire Children ou adolescents with ADHD

Child's name _____ Date _____ Respondant's name _____

	Check "does not apply" if you find that the child does not have the characteristics of the statement described, or any of the other columns if you find that the statement is little, moderately or significantly applicable to the child or adolescent	Does not apply	Little	Moderately	Significantly
1	often has difficulty awaiting his or her turn				
2	often fails to pay attention to details or makes careless errors				
3	often runs or climbs everywhere when he or she should not				
4	often has difficulty to fall sleep at bedtime				
5	often fidgets with hands or feet or squirms in his or her seat				
6	suffers from headaches				
7	is frequently forgetful in daily activities				
8	has tics (movements or noises)				
9	often seems not to be listening when directly addressed				
10	complaints of stomachaches				
11	often loses things necessary for work or leisure activities (ex.toys, pens, books, homework)				
12	seems subdue "weight on shoulders"				
13	often has difficulty organizing homework or activities				
14	often talks excessively				
15	often blures out answers before questions have been completed				
16	often has difficulty to sustain his or her attention at work or while playing games				
17	often gets up from seat in classroom or in other situations when remaining seated is expected				
18	lacks appetite				
19	often "on the move" (in action) or often acts as if was mounted on springs (cannot stay in place)				
20	often avoids or is reluctant to engage in tasks especially when it requires sustained mental effort				
21	often interrupts or intrudes on others				
22	often does not follow through on instructions and is not able to complete homework or chores				
23	often has a hard time staying quiet in games or recreational activities				
24	often seems sad				
25	often easily distracted by extraneous stimuli				

ADD

2	7	9	11	13	16	20	22	25	total
									/27

Please return to the following address:

HI

1	3	5	14	15	17	19	21	23	total
									/27

Fax: _____

Would you say that this child or adolescent has (circle right answer):						
greatly improved	significantly improved	slightly improved	no change	slightly worsen	significantly worsen	greatly worsen
1	2	3	4	5	6	7