Childhood ADHD Questionnaire

A structured childhood ADHD screening form adapted from the public-domain NICHQ Vanderbilt Assessment Scale. It carries the 9 DSM-5 inattention symptoms, the 9 DSM-5 hyperactivity and impulsivity symptoms, and 8 performance items, on separate parent-report and teacher-report forms. Scoring counts symptoms rather than adding them up, so the result maps straight onto the DSM-5 presentation you record in the chart.

1. HOW TO USE THIS QUESTIONNAIRE

1. Give the parent form to a caregiver who sees the child every day, and the teacher form to a teacher who has taught the child for at least four weeks.
2. Ask each informant to complete the form independently, without comparing answers. Shared answers hide the setting differences you are looking for.
3. Rate every symptom item on how often it has happened over the past 6 months, not on how bad it was at its worst.
4. Rate the performance items on the child's current functioning in that area.
5. Score each form on its own summary page, then read the two forms side by side.
6. File both forms in the child's record with the date, the informant, and your interpretation.

2. THE TWO RATING SCALES IN THIS FORM

Item type	Range	What each point means
Symptom items, 1 to 18	**0 to 3**	0 never, 1 occasionally, 2 often, 3 very often
Performance items	**1 to 5**	1 excellent, 2 above average, 3 average, 4 somewhat of a problem, 5 problematic

The two scales run in opposite directions. A high symptom rating describes frequent behavior, while a high performance rating describes weak functioning. Read 4 and 5 on a performance item as impairment.

3. CHILD AND REFERRAL DETAILS

Child's name: _____ **Date of birth:** _____ mm / dd / yyyy

Record / MRN number: _____ **Grade or year:** _____

Referred by: _____ **Date of referral:** _____ mm / dd / yyyy

Reason for screening: _____ **Clinician responsible:** _____

Known diagnoses, medicines, and hearing or vision concerns

This form screens for a symptom pattern. It never produces a diagnosis on its own, and every positive screen goes to a clinician licensed to diagnose ADHD.

4. PARENT INFORMANT FORM — symptom items

Child's name: _____ **Today's date:** _____ mm / dd / yyyy

Completed by: _____ **Relationship to child:** _____

#	Symptom observed over the past 6 months	0 Never	1 Occasionally	2 Often	3 Very often
INATTENTION — ITEMS 1 TO 9					
1	Does not pay attention to details or makes careless mistakes with, for example, homework	☐	☐	☐	☐
2	Has difficulty keeping attention to what needs to be done	☐	☐	☐	☐
3	Does not seem to listen when spoken to directly	☐	☐	☐	☐
4	Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	☐	☐	☐	☐
5	Has difficulty organizing tasks and activities	☐	☐	☐	☐
6	Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	☐	☐	☐	☐
7	Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	☐	☐	☐	☐
8	Is easily distracted by noises or other stimuli	☐	☐	☐	☐
9	Is forgetful in daily activities	☐	☐	☐	☐
HYPERACTIVITY AND IMPULSIVITY — ITEMS 10 TO 18					
10	Fidgets with hands or feet or squirms in seat	☐	☐	☐	☐
11	Leaves seat when remaining seated is expected	☐	☐	☐	☐
12	Runs about or climbs too much when remaining seated is expected	☐	☐	☐	☐
13	Has difficulty playing or engaging in activities quietly	☐	☐	☐	☐
14	Is “on the go” or acts as if “driven by a motor”	☐	☐	☐	☐
15	Talks too much	☐	☐	☐	☐
16	Blurts out answers before questions have been completed	☐	☐	☐	☐
17	Has difficulty waiting his or her turn	☐	☐	☐	☐
18	Interrupts or intrudes in on others’ conversations or activities	☐	☐	☐	☐

Tick one box per row. Rate the behavior as it has been over the past 6 months, and answer every item so the symptom count is complete.

5. PARENT INFORMANT FORM — performance items

#	Area of performance	1 Excellent	2 Above average	3 Average	4 Somewhat of a problem	5 Problematic
19	Overall school performance	☐	☐	☐	☐	☐
20	Reading	☐	☐	☐	☐	☐
21	Writing	☐	☐	☐	☐	☐
22	Mathematics	☐	☐	☐	☐	☐
23	Relationship with parents	☐	☐	☐	☐	☐
24	Relationship with siblings	☐	☐	☐	☐	☐
25	Relationship with peers	☐	☐	☐	☐	☐
26	Participation in organized activities, such as teams	☐	☐	☐	☐	☐

A rating of 4 or 5 marks impairment. The DSM-5 presentations below need at least one performance item at 4 or 5, because symptoms only count clinically when they interfere with how the child functions.

6. PARENT FORM SCORING SUMMARY

What to count on the parent form	Result	Threshold this result has to clear
Number of items 1 to 9 rated 2 (often) or 3 (very often)		**6 or more of 9**
Number of items 10 to 18 rated 2 (often) or 3 (very often)		**6 or more of 9**
Highest single performance item rating		**4 or 5 on at least one item**
Total symptom score, items 1 to 18 added together (range 0 to 54)		**Follow-up tracking only, no cut-off**

7. PARENT FORM RESULT AND COMMENTS

Presentation indicated by this form: _____ inattentive / hyperactive-impulsive / combined / criteria not met

What the caregiver wants you to know

Caregiver signature and date

Scored by, with date

8. TEACHER INFORMANT FORM — symptom items

Child's name: _____ **Today's date:** _____ mm / dd / yyyy

Completed by: _____ **Class taught and months known:** _____

#	Symptom observed over the past 6 months	0 Never	1 Occasionally	2 Often	3 Very often
INATTENTION — ITEMS 1 TO 9					
1	Fails to give attention to details or makes careless mistakes in schoolwork	☐	☐	☐	☐
2	Has difficulty sustaining attention to tasks or activities	☐	☐	☐	☐
3	Does not seem to listen when spoken to directly	☐	☐	☐	☐
4	Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	☐	☐	☐	☐
5	Has difficulty organizing tasks and activities	☐	☐	☐	☐
6	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	☐	☐	☐	☐
7	Loses things necessary for tasks or activities (school assignments, pencils, or books)	☐	☐	☐	☐
8	Is easily distracted by extraneous stimuli	☐	☐	☐	☐
9	Is forgetful in daily activities	☐	☐	☐	☐
HYPERACTIVITY AND IMPULSIVITY — ITEMS 10 TO 18					
10	Fidgets with hands or feet or squirms in seat	☐	☐	☐	☐
11	Leaves seat in classroom or in other situations in which remaining seated is expected	☐	☐	☐	☐
12	Runs about or climbs excessively in situations in which remaining seated is expected	☐	☐	☐	☐
13	Has difficulty playing or engaging in leisure activities quietly	☐	☐	☐	☐
14	Is “on the go” or acts as if “driven by a motor”	☐	☐	☐	☐
15	Talks excessively	☐	☐	☐	☐
16	Blurts out answers before questions have been completed	☐	☐	☐	☐
17	Has difficulty waiting in line	☐	☐	☐	☐
18	Interrupts or intrudes on others	☐	☐	☐	☐

Tick one box per row, based on this child compared with classmates of the same age. Rate the past 6 months, or the whole period you have taught the child if that is shorter.

9. TEACHER INFORMANT FORM — performance items

#	Area of performance	1 Excellent	2 Above average	3 Average	4 Somewhat of a problem	5 Problematic
19	Reading	☐	☐	☐	☐	☐
20	Mathematics	☐	☐	☐	☐	☐
21	Written expression	☐	☐	☐	☐	☐
22	Relationship with peers	☐	☐	☐	☐	☐
23	Following directions	☐	☐	☐	☐	☐
24	Disrupting class	☐	☐	☐	☐	☐
25	Assignment completion	☐	☐	☐	☐	☐
26	Organizational skills	☐	☐	☐	☐	☐

Rate each area on the child's current classroom functioning. As on the parent form, 4 or 5 marks impairment.

10. TEACHER FORM SCORING SUMMARY

What to count on the teacher form	Result	Threshold this result has to clear
Number of items 1 to 9 rated 2 (often) or 3 (very often)		**6 or more of 9**
Number of items 10 to 18 rated 2 (often) or 3 (very often)		**6 or more of 9**
Highest single performance item rating		**4 or 5 on at least one item**
Total symptom score, items 1 to 18 added together (range 0 to 54)		**Follow-up tracking only, no cut-off**

11. TEACHER FORM RESULT AND COMMENTS

Presentation indicated by this form: _____ inattentive / hyperactive-impulsive / combined / criteria not met

Classroom supports already in place

Teacher signature and date

Scored by, with date

12. HOW TO SCORE AND READ THIS QUESTIONNAIRE

1. Count how many of items 1 to 9 the informant rated 2 (often) or 3 (very often). That count, not a total, is the inattention result.
2. Count how many of items 10 to 18 the informant rated 2 or 3. That count is the hyperactivity and impulsivity result.
3. Check the performance items for any rating of 4 or 5, which is the impairment the DSM-5 presentations require.
4. Add items 1 to 18 for a total symptom score out of 54. Use it only to compare against later visits, never as a diagnostic cut-off.
5. Repeat for the second informant, then compare the two counts.

Predominantly inattentive presentation. 6 or more of items 1 to 9 rated often or very often, plus at least one performance item rated 4 or 5.

Predominantly hyperactive-impulsive presentation. 6 or more of items 10 to 18 rated often or very often, plus at least one performance item rated 4 or 5.

Combined presentation. Both symptom counts reach 6 or more, with the same performance requirement.

Older children and adolescents may meet the DSM-5 criteria at 5 symptoms rather than 6. Record which threshold you applied, and read a wide parent-teacher difference as a question about setting or rater, not as a scoring error.

13. FOLLOW-UP TRACKING LOG

Date	Informant	Items 1–9 at 2 or 3	Items 10–18 at 2 or 3	Total score /54	Change since last visit and action taken

The total symptom score earns its place here. Tracked visit to visit on the same informant, it shows whether treatment is moving the symptoms.

14. CLINICIAN INTERPRETATION AND NEXT STEP

Next step: _____ referral / review / no action

Review date: _____ mm / dd / yyyy

Clinician signature and date

Practice name

Item wording and scoring are adapted from the public-domain NICHQ Vanderbilt Assessment Scale, published by the American Academy of Pediatrics and the National Initiative for Children's Healthcare Quality. This form is a screening aid, not a diagnostic instrument, and it does not replace a clinical evaluation.