

**ATTENTION DEFICIT HYPERACTIVITY DISORDER**  
**AND**  
**METHYLPHENIDATE THERAPY QUESTIONNAIRE**

**SECTION A: CHILD AND FAMILY INFORMATION**

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Age: \_\_\_\_\_

Gender:

Male	1	Female	2
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Home language:

Afr	1	Eng	2	N-Sotho	3	Xitsonga	4	Tshivenda	5
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Other (specify): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Child's school: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Is the child in special education?	Yes	1	No	0
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If so, what type? \_\_\_\_\_

Father's name: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Occupation:

Health	1	
Professional	2	
Technical	3	
Administrative	4	
Education	5	

Other: \_\_\_\_\_

Highest Education:

Primary	1	
Secondary	2	
Grade 12	3	
Diploma	4	
Graduate	5	
Post graduate	6	

Other: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's occupation:

Health	1	
Professional	2	
Technical	3	
Administrative	4	
Education	5	

Other: \_\_\_\_\_

Mother's Highest Education:

Primary	1	
Secondary	2	
Grade 12	3	
Diploma	4	
Graduate	5	
Post graduate	6	

Other: \_\_\_\_\_

At time of diagnosis:

Working hours/day: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Is the child adopted?	Yes	1	No	0
If yes, age of child when adopted				

Marital status of parents:

Married	1	Single	2	Divorced	3	Separated	4	Widowed	5	Other	6
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At the time of diagnosis, where did the child stay?

Mother only	1	Father only	2	Mother and Stepfather	3	Father and Stepmother	4
Grandparents	5	Siblings	6	Relatives	7	Adopted parents	8
Foster parents	9	Others					

Child's physician: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

Please list all other children in the family:

Name	Age	School grade


**Medical and Health History**

A.	Length of pregnancy:	Full term (40 weeks)		Weeks	
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B. Child's birth weight: \_\_\_\_\_

C. Did any of the following conditions affect your child during delivery or within the first few days after birth?

1. Injured during delivery	Yes	1	No	0
2. Cardiopulmonary distress during delivery	Yes	1	No	0
3. Needed oxygen	Yes	1	No	0
4. Any other problem during delivery				

D. Date of child's last physical exam: \_\_\_\_\_

E. Weight of your child: \_\_\_\_\_

F. Length of your child: \_\_\_\_\_

G. At any time has your child had the following:

	0	1	2
1. Epilepsy	Never	Past	Present
2. High fevers (over 40°)	Never	Past	Present
3. Head injury with loss of consciousness	Never	Past	Present
4. Lengthy hospitalisation	Never	Past	Present
5. Speech or language problems	Never	Past	Present
6. Chronic ear infections	Never	Past	Present
7. Appetite problems (overeating or undereating)	Never	Past	Present
8. Sleep problems (falling asleep, staying asleep)	Never	Past	Present
9. Wetting problems	Never	Past	Present
10. Soiling problems	Never	Past	Present

**Section B and D only to be answered if applicable**

**SECTION B:**

Check the column that best describes the child.

**Before *Methylphenidate* was prescribed the child:**

	Not at all	Just a Little	Pretty Much	Very Much
1. Often interrupts or intrudes on others (e.g. butts into conversations or games)				
2. Often talks excessively				
3. Is often easily distracted by extraneous stimuli				
4. Often fidgets with hands or feet or squirms in seat				
5. Often does not seem to listen when spoken to directly				
6. Often blurts out answers before questions have been asked				
7. Often shifts from one activity to another				
8. Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities				
9. Often leaves seat in classroom or in other situations in which remaining seated is expected				
10. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behaviour or failure to understand instructions)				
11. Often has difficulty sustaining attention in tasks or play activities				
12. Often has difficulty awaiting turn				
13. Is often "on the go" or often acts as "if driven by a motor"				
14. Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, or tools)				
15. Often runs about or climbs excessively in situations in which it is inappropriate				
16. Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (schoolwork, homework)				
17. Often has difficulty organizing tasks and activities				
18. Is often forgetful in daily activities				

**SECTION C: THERAPY AND MEDICATION HISTORY**

1. Is your child currently on any medication?

Eg. \_\_\_\_\_  
 \_\_\_\_\_

Dosage \_\_\_\_\_  
 \_\_\_\_\_

Regarding **methylphenidate** therapy (eg. Ritalin\_)

2. Did any one in the family (father, mother, siblings) use <b>methylphenidate</b> before?	Yes	1	No	0
If yes, who				

3. Who suggested that your child need <b>methylphenidate</b> ?											
teacher	1	pediatrician	2	family doctor	3	psychologist	4	psychiatrist	5	friend	6
Other:											

4. Who was first to prescribe <b>methylphenidate</b> to your child?							
family doctor	1	pediatrician	2	psychologist	3	psychiatrist	4
Other:							

5. What kind of evaluations did your child undergo before <b>methylphenidate</b> therapy was initiated?					
occupational therapy	1	psychological examination and therapy	2	psychiatric examination	3
Other:					

6. Was the child physically examined before initiation of <b>methylphenidate</b> therapy?				
Weighed	Yes	1	No	0
Measured	Yes	1	No	0
Heart monitored	Yes	1	No	0

7. According to you what motivated the doctor to prescribe **methylphenidate**?

It was prescribed because:

7.1 I asked for it	
7.2 of the findings of the physical examination	

7.3 of the psychological/psychiatric examination	
7.4 of the information provided	
7.5 I cannot remember	

8. Which **methylphenidate** and what dosage is the child taking?

Ritalin IR 10mg	SR 20mg	LA 20 mg	LA 30mg	LA 40mg
Ritaphen 10mg				
Concerta 18 mg	36 mg	54 mg		

Daily dosage(e.g. Mg/once daily or mg/twice daily): \_\_\_\_\_

9. Frequency of dosage:

All the time	1	Only school days per week	2	Only school terms (holidays excluded)	3
Explain why:					

10. How long has the child been on **methylphenidate**?

(Months, years) \_\_\_\_\_

11. Does the child experience any visible side-effects from the medication?	Yes	1	No	0
If yes, what				

12. Is the child's length and weight regularly monitored by the prescriber with each visit?	Yes	1	No	0
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13. Do you use specific diet programmes for your child?	Yes	1	No	0
If yes, specify				

14. Does the child take part in any sport activities?	Yes	1	No	0
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If yes, what kind?

Rugby	1	Cricket	2	Soccer	3	Hockey	4
Tennis	5	Gymnastics	6	Swimming	7	Horse riding	8
Other:							

15. Any other cultural activities: \_\_\_\_\_

16. What was the influence of *methylphenidate* therapy on your child's academic performance?

Much worse	Worse	No influence	Better	Much better

Comments: \_\_\_\_\_

**SECTION D**

Check the column that best describes the child.

**After *Methylphenidate* was prescribed the child:**

	Not at all	Just a Little	Pretty Much	Very Much
1. Often interrupts or intrudes on others (e.g. butts into conversations or games)				
2. Often talks excessively				
3. Is often easily distracted by extraneous stimuli				
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References used:

Barkley, R.A., Murphy, K.R., (1998); Barkley, R.A., (2006); Kaplan, H.I., Sadock, B.J., (1998); Meyer et al. (2004)