

The impact of ADHD is not limited to school performance: it affects multiple life settings

Name: _____ Date: _____

ADHD impairs daily functioning in multiple settings.

- Identify behaviours that cause impairment or difficulties on a regular basis.
Add any other issues you observe in the blank lines provided on the back.

In the morning	<input type="checkbox"/> Difficulty getting ready for school <input type="checkbox"/> Arguments with family members <input type="checkbox"/> Late for bus, school and/or class <input type="checkbox"/> Forgetful (forgets or loses books, lunch, homework...) <input type="checkbox"/> Trouble following rules and instructions	Self-esteem <input type="checkbox"/> <input type="checkbox"/> Biggest impact:
In school	<input type="checkbox"/> Low attention span <input type="checkbox"/> Behavioural difficulties (during class and/or recess) <input type="checkbox"/> Difficulty finishing tasks <input type="checkbox"/> Results not in line with potential and/or effort <input type="checkbox"/> Disruptive in the classroom <input type="checkbox"/> Trouble following rules and instructions <input type="checkbox"/> Difficulty making friends <input type="checkbox"/> Difficulty keeping friends <input type="checkbox"/> Conflicts: with whom?	Self-esteem <input type="checkbox"/> <input type="checkbox"/> Biggest impact:
After school	<input type="checkbox"/> Difficulties while assisted with homework instructions <input type="checkbox"/> Problems during extracurricular activity: <input type="checkbox"/> Risky behaviour(s) observed or reported: <input type="checkbox"/> Trouble following rules and instructions <input type="checkbox"/> Difficult relationship: with whom? <input type="checkbox"/> Conflicts: with whom?	Self-esteem <input type="checkbox"/> <input type="checkbox"/> Biggest impact:
In the evening and at bedtime	<input type="checkbox"/> Chaotic family dinnertime <input type="checkbox"/> Difficulty completing homework <input type="checkbox"/> Trouble following rules and instructions <input type="checkbox"/> Problems during extracurricular activity: <input type="checkbox"/> Risky behaviour(s) observed or reported: <input type="checkbox"/> Difficult parent-child relationship <input type="checkbox"/> Conflicts with sibling(s) <input type="checkbox"/> Conflicts with friends <input type="checkbox"/> Excessive time period spent watching TV, at a computer or playing video games (time spent in hours/minutes): <input type="checkbox"/> Difficulty with bedtime routine <input type="checkbox"/> Difficulty with sleeping	Self-esteem <input type="checkbox"/> <input type="checkbox"/> Biggest impact:

This checklist is NOT a diagnostic tool: it is intended for use in children already diagnosed with ADHD. Fill out the checklist and bring it back to your child's physician at his/her next appointment.

Don't forget to bring back the completed checklist to your child's next appointment!

Child's name: _____

Date of next appointment: _____

Appointment with Dr.: _____

Child's goal(s):

Reminder list of additional things to discuss with the physician:

ADHDandYOU.ca

a consumer resource focusing on ADHD

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