

AUSTIN BEHAVIORAL HEALTH CENTER, L.C.

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PARENT QUESTIONNAIRE

Client's Name: _____

Parent's Name: _____

1. What do you believe are your Child's strengths and weaknesses? _____

2. Does your Child have any attentional difficulties? _____

Parent: Please check off symptoms that you believe were present at ages 5-12 and are present now.

ADHD Symptoms

Ages 5-12

Present

1. Fidgetiness or physical restlessness.

2. Difficulty remaining seated for long periods. _____

3. Being easily distracted. _____

ADHD Symptoms

Ages 5-12

Present

4. Difficulty awaiting your turn/impatient. _____

5. Often blurting out answers to questions before they have been completed. _____

6. Difficulty sustaining attention in tasks/work. _____

7. Difficulty following through on instructions from others. _____

8. Often shifts from one uncompleted task to another. _____

9. Difficulty playing/working quietly; noisy during leisure activities. _____

10. Often talks excessively. _____

11. Often interrupts or intrudes on others. _____

12. Often not listening to what is being said. _____

13. Often losing important things necessary for tasks at home or work. _____

14. Often engages in potentially dangerous activities without considering possible consequences. _____

Total _____

Age of Onset _____

3. How were pregnancy, labor and delivery with your Child? _____

4. Did your Child meet developmental milestones on time (i.e., walking, talking, etc.) _____

5. What was your Child's academic performance like:

Grade School: _____

Middle School: _____

High School: _____

6. In general, what were teacher's comments about your Child's schoolwork? _____

7. What else can you share with us that would help us understand your Child better? _____

8. Please list any pertinent health/medical or emotional information. _____

PLEASE SEND COPIES OF ALL OF THE REPORT CARDS YOU HAVE!