

AUSTIN BEHAVIORAL HEALTH CENTER, L.C.
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PARENT/GUARDIAN QUESTIONNAIRE

Client's Name: _____

Parent/ Guardian's Name: _____

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

2. Does your Child have any attentional difficulties? _____

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

<u>ADHD Symptoms</u>	<u>Ages 5-12</u>	<u>Present</u>
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!