ADHD assessment: about the questionnaires

Questionnaires help us see how your child behaves in different places. We ask both parents and teachers to fill them in, because children often behave differently at home and at school. There are no right or wrong answers: please answer honestly about how your child usually is.

This pack contains two forms written for our clinic:

- Parent questionnaire: background, development, health and current difficulties.
- Teacher questionnaire: learning, attention and behaviour at school. Please give this to your child's class teacher.

These forms help us gather information. They are not scored tests and cannot diagnose ADHD on their own.

Standard rating scales we may also use

We may also ask you or the school to complete a standard, validated questionnaire. We will give you the right one. Please use only the official version.

Questionnaire	Who fills it in	Ages	Greek version and access
SDQ (Strengths and Difficulties Questionnaire)	Parent, teacher, young person (11+)	2–17	Official Greek versions are free to download from sdqinfo.org for non-commercial paper use. The wording must not be changed.
Vanderbilt ADHD Rating Scales	Parent and teacher	6–12	Available free through the American Academy of Pediatrics. A Greek version of the parent scale has been studied (Int J Disabil Dev Educ, 2022).
SNAP-IV	Parent and teacher	6–18	Freely available in English. Use only a Greek translation provided by the clinic.
ADHD Rating Scale-IV (Greek)	Parent and teacher	5–17	Greek standardisation by Kalantzi-Azizi and colleagues. Copyrighted: the clinic supplies it.

Note for clinicians: check each licence before copying or translating a scale. Unofficial translations are not validated and should not be used for scoring.

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ADHD assessment: parent questionnaire

Please complete before your appointment. If a question does not apply, leave it blank. You may write more on the last page.

A. About your child

Child's full name	
Date of birth	
Completed by (name and relationship)	
Date completed	
Languages spoken at home	
School and class	
Who referred your child?	

B. Your main concerns

What are your main worries about your child? When did you first notice them?

What would you most like to get from this assessment?

C. Pregnancy and birth

Any problems in pregnancy (illness, medicines, smoking, alcohol)?	
Weeks of pregnancy at birth	
Birth weight	
Any problems at or after birth (e.g. special care unit)?	

D. Early development

At about what age did your child:

Sit without support	
Walk alone	
Say first words	
Join two words together	
Become dry during the day	

Were you ever worried about your child's development, speech, play or social skills? Please describe.

E. Health

Medical conditions (e.g. epilepsy, asthma, heart problems)	
Hospital admissions or operations	
Head injuries	
Current medicines and allergies	
Hearing and vision checked? Results	
Any fainting, chest pain or palpitations with exercise?	

F. Family history

Has anyone in the family (parents, brothers, sisters, grandparents, aunts, uncles, cousins) had any of the following? Please say who.

Condition	Yes	Who?
ADHD or attention difficulties	☐	
Autism	☐	
Learning difficulties or dyslexia	☐	
Epilepsy or seizures	☐	
Tics or Tourette syndrome	☐	
Anxiety, depression or other mental health problems	☐	
Heart problems or sudden death at a young age	☐	

G. Behaviour now

Over the last 6 months, how often has your child shown each behaviour? Tick one box per line. Compare with other children of the same age.

Attention	Never	Sometimes	Often	Very often
Makes careless mistakes or misses details	☐	☐	☐	☐
Has trouble keeping attention on tasks or play	☐	☐	☐	☐
Does not seem to listen when spoken to directly	☐	☐	☐	☐
Does not follow through on instructions or finish tasks	☐	☐	☐	☐
Has trouble organising tasks and belongings	☐	☐	☐	☐
Avoids tasks that need a lot of mental effort	☐	☐	☐	☐
Loses things needed for tasks or activities	☐	☐	☐	☐
Is easily distracted	☐	☐	☐	☐
Is forgetful in daily activities	☐	☐	☐	☐

Activity and impulses	Never	Sometimes	Often	Very often
Fidgets or squirms in seat	☐	☐	☐	☐
Leaves seat when expected to stay seated	☐	☐	☐	☐
Runs about or climbs when not appropriate (teenagers: feels restless)	☐	☐	☐	☐
Has trouble playing quietly	☐	☐	☐	☐
Is “on the go”, as if driven by a motor	☐	☐	☐	☐
Talks too much	☐	☐	☐	☐
Blurts out answers before questions are finished	☐	☐	☐	☐
Has trouble waiting their turn	☐	☐	☐	☐
Interrupts or intrudes on others	☐	☐	☐	☐

Other areas	Never	Sometimes	Often	Very often
Loses temper or has strong outbursts	☐	☐	☐	☐
Argues with adults or refuses rules	☐	☐	☐	☐
Seems worried, anxious or fearful	☐	☐	☐	☐
Seems sad or unhappy	☐	☐	☐	☐
Has trouble making or keeping friends	☐	☐	☐	☐
Has repeated movements or sounds (tics)	☐	☐	☐	☐
Is upset by changes in routine	☐	☐	☐	☐
Is very sensitive to noise, textures or other sensations	☐	☐	☐	☐

This checklist is based on the signs doctors look for. It is not a scored test.

H. Impact on daily life

How much do these difficulties affect your child in each area?

Area	Not at all	A little	Quite a lot	A great deal
Learning at school	☐	☐	☐	☐
Friendships	☐	☐	☐	☐
Family life	☐	☐	☐	☐
Leisure and hobbies	☐	☐	☐	☐
Self-esteem and confidence	☐	☐	☐	☐

I. Sleep, eating and daily routine

Usual bedtime and wake time	
Problems falling or staying asleep? Snoring?	
Appetite and eating	
Daily screen time (approximately)	
Physical activity and sports	

J. Support so far

Previous assessments (psychology, speech, OT, other)	
Support at school	
Strategies you have tried at home and what helped	

K. Your child's strengths

What does your child enjoy and do well? What do people like about them?

Anything else you would like us to know

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ADHD assessment: teacher questionnaire

Dear teacher, the family of this pupil has been referred for an ADHD assessment. Your view is very valuable, because school demands attention and self-control in ways home does not. Please complete this form and return it to the parents or the clinic. Thank you.

A. Details

Pupil's name	
Date of birth	
School and class	
Teacher's name and role	
How long have you known the pupil?	
Hours per week you teach the pupil	
Date completed	

B. Learning

Compared with others in the class, how is this pupil doing?

Subject	Well above	Average	Below	Well below
Reading	☐	☐	☐	☐
Writing and spelling	☐	☐	☐	☐
Mathematics	☐	☐	☐	☐
Oral language	☐	☐	☐	☐
Overall progress	☐	☐	☐	☐

Do you have any concerns about learning, language or coordination?

C. Behaviour in class

Over the last 6 months, how often has the pupil shown each behaviour? Compare with other pupils of the same age.

Attention	Never	Sometimes	Often	Very often
Makes careless mistakes in schoolwork	☐	☐	☐	☐
Has trouble keeping attention on tasks	☐	☐	☐	☐
Does not seem to listen when spoken to directly	☐	☐	☐	☐
Does not follow instructions or finish work	☐	☐	☐	☐
Has trouble organising work and materials	☐	☐	☐	☐
Avoids tasks that need sustained effort	☐	☐	☐	☐
Loses things needed for school	☐	☐	☐	☐
Is easily distracted	☐	☐	☐	☐
Is forgetful in daily activities	☐	☐	☐	☐

Activity and impulses	Never	Sometimes	Often	Very often
Fidgets or squirms in seat	☐	☐	☐	☐
Leaves seat when expected to stay seated	☐	☐	☐	☐
Runs about or climbs when not appropriate	☐	☐	☐	☐
Has trouble working or playing quietly	☐	☐	☐	☐
Is “on the go”	☐	☐	☐	☐
Talks too much	☐	☐	☐	☐
Blurts out answers	☐	☐	☐	☐
Has trouble waiting their turn	☐	☐	☐	☐
Interrupts or intrudes on others	☐	☐	☐	☐

Social and emotional	Never	Sometimes	Often	Very often
Gets on well with classmates	☐	☐	☐	☐
Argues, refuses or defies adults	☐	☐	☐	☐
Seems anxious or worried	☐	☐	☐	☐
Seems sad or withdrawn	☐	☐	☐	☐
Has strong emotional outbursts	☐	☐	☐	☐
Struggles with changes or unstructured time	☐	☐	☐	☐

D. Impact at school

Area	Not at all	A little	Quite a lot	A great deal
Classroom learning	☐	☐	☐	☐
Relationships with peers	☐	☐	☐	☐
Relationships with teachers	☐	☐	☐	☐
Following school rules	☐	☐	☐	☐

E. Support in place

What support or adjustments are in place? What has helped most?

F. Strengths

What are this pupil’s strengths and interests at school?

Further comments

Signature

School stamp