

BACKGROUND PARENTS' QUESTIONNAIRE BEFORE DIAGNOSIS OF ADHD

PART A: Child's name: ______ I.D. no: _____ Date of birth:_____ Age: _____ Tel.: ______ City: _____ Father's name: _____ Age: ____ Occupation: ____ Mother's name: _____Age: ____Occupation: _____ Other children (please indicate gender and age): **Pregnancy & Dlivery** Genetic tests prior to pregnancy: yes/no _____ Normal results? ____ Pregnancy: Spontaneous/IVF/other _____ Delivery: normal delivery/cesarean section/vacuum delivery Week of pregnancy at birth: _____ baby's weight: _____ Did mother smoke/did drugs/alcohol during pregnancy? _____ **DEVELOPMENT** Started to walk independently at the age of: _____ Gross motor skills/coordination _____ Fine motor skills Pencil grip: _____

Handwriting: clear/legible _____



<u>Language</u>			
First words at the age of			
First sentences at the age of			
Language spoken at home:Additional language:			
Language impairment/difficulties:			
Verbal expression disorder:			
Potty Training			
At what age:			
Enuresis:			
Encopresis:			
Former paramedical treatments: (speech therapy, occupational therapy etc.)			
Scholar history			
Acquiring reading and writing: good/difficulties			
Reading comprehension: good/difficulties			
Spelling mistakes: Yes/no			
Does your child receive special education?			
Repeated last year in kindergarten?			
Did your child do any other diagnosis (e.g. psycho-didactic, ADHD)			



NUTRITION

Name:	I.D. no.:	D.O.B:
Weight:		
Height:		
Lab test (in the last	two years):	
Hemoglobin:	Ferritin	B12
Cholesterol	Triglyceride	HDL
LDL	TSH	Glucose
Zinc		
Are there members	in the family with over	weight?
Does your child take	e any permanent medic	ration/food supplements?
Is he/she allergic to		
Bowel movement –	normal/diarrhea/ const	ipations:
* Di 611 :		

^{*} Please fill in an eating diary, three days at least (please indicate what he/she ate and at what time).