## ADHD Treatment Response Form (ADHD TRF) Parent/carer or Teacher

Name of Child/Young Person:

NHS Number:

Age: Gender:

Date of completion: /

Completed by: \_\_\_\_\_Parent/carer or Teacher/ other

/

School / College details:

What Medication if any:

## Please enter either 0, 1, 2 or 3 in response to each question and total the score at the bottom. The total score gives us an idea how the child is responding to his/her medication.

Attention problems For each item, check the column which best describes this child:	Not at All (0)	Just a little (1)	Quite a bit (2)	Very much (3)
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2. Often has difficulty sustaining attention in tasks or play activities				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Often loses things necessary for activities (e.g., toys, school assignments, pencils, or books)				
8. Often is distracted by extraneous stimuli				
9. Often is forgetful in daily activities				
<b>Inattention presentation</b> (Circle your Response A, B, C or D according to the total score)	TOTAL SCORE = /27 A. Very Good = 0 - 9 B. Good = 10 - 13 C. Not so good = 14-18 D. Poor response = 19-27			

ADHD TRF Parent/carer or Teacher V3 (CY, DL, SW, KC, Nov 21); Scoring system adapted from 'Effective management of attention-deficit/hyperactivity disorder ADHD) through structured re-assessment: the Dundee ADHD Clinical Care Pathway' Coghill and Seth Child Adolesc Psychiatry Ment Health (2015) 9:52; DOI 10.1186/s13034-015-0083-2

Please enter either 0, 1, 2 or 3 in response to each question and total the score at the bottom.
The total score gives us an idea how the child is responding to his/her medication.

The total score gives us an idea how the child is respo	onding to	nis/ner m	iedicatio	<u>n.</u>
Hyperactivity/Impulsive behaviour For each item, check the column which best describes this child:	Not at All (0)	Just a little (1)	Quite a bit (2)	Very much (3)
10. Often fidgets with hands or feet or squirms in seat				
11. Often leaves seat in classroom or in other situations in which remaining seated is expected				
12. Often runs about or climbs excessively in situations in which it is inappropriate				
13. Often has difficulty playing or engaging in leisure activities quietly				
14. Often is "on the go" or often acts as if "driven by a motor"				
15. Often talks excessively				
16. Often blurts out answers before questions have been completed				
17. Often has difficulty awaiting turn				
18. Often interrupts or intrudes on others (e.g. butts into conversations/games)				
Hyperactive/Impulsive behaviour (Circle your Response A, B, C or D according to the total score)	TOTAL SCORE = /27 A. Very Good = 0 - 9 B. Good = 10 - 13 C. Not so good = 14-18 D. Poor response = 19-27			

Please enter either 0, 1, 2 or 3 in response to each question and total the score at the bottom.
Behavioural strategies are important in the management of oppositional and defiant behaviour.

Oppositional and defiant behaviour For each item, check the column which best describes this child:	Not at All (0)	Just a little (1)	Quite a bit (2)	Very much (3)
19. Often loses temper				
20. Often argues with adults				
21. Often actively defies or refuses adult requests or rules				
22. Often deliberately does things that annoy other people				
23. Often blames others for his or her mistakes or misbehaviour				
24. Often touchy or easily annoyed by others				
25. Often is angry and resentful				
26. Often is spiteful or vindictive				
27. often is quarrelsome				
<b>Oppositional and defiant behaviour</b> (Circle your Response A, B, C or D according to the total score)	TOTAL SCORE = /27 A. Very Good = 0 - 9 B. Good = 10 - 13 C. Not so good = 14-18 D. Poor response = 19-27			

## Please send the form to your doctor/nurse at the address below

Address to post:

Or email address (insert trust email address please)