



ADHD Follow Up Questionnaire

What medications has your child been taking for the last month? _____

Have you spoken with your child's teacher lately? Yes No

How is child performing in class? _____

Has your child complained about taking medication or avoided its use? Yes No

Does the medication seem to be helping as much as it did at your last visit? Yes No

If not, what has changed? _____

Any additional problems? _____