

BELLI ACRES PEDIATRICS

2538 Davidsonville Road <> Gambrills, Maryland 21054 <>
Telephone 410-721-0800

You may be scheduled to meet with Dr. Schneider to discuss your or your child's behavior and /or school difficulties. Dr. Schneider has expertise in the diagnosis and treatment of Attention Deficit Hyperactivity Disorder (A.D.H.D.). In many pediatric offices these problems are, simply, referred to mental health professionals. Insurance carriers frequently do not recognize the time and effort necessary to adequately diagnose, educate about and treat this disorder. In addition to time spent reviewing reports from parents and teachers Dr. Schneider will spend 1 ½ -2 hours discussing the disorder and the treatment options. The charge for these services is between \$350-400. Insurance carriers may reimburse these services at a much lower rate. We cannot provide these services at that reduced rate. If you choose to proceed with the consultation with Dr. Schneider you should understand that you must be responsible for the difference. If you cannot agree to this, then we would be glad to provide you a list of mental health professionals who could help in the assessment.

I _____ understand that I will be
(Parents name)
financially responsible for the charges for this consultative service
provided by Dr. Schneider.

Signature

Date

Please return all paper work to the office at least one week prior to your appointment.

COPELAND SYMPTOM CHECKLIST FOR ATTENTION DEFICIT DISORDERS

Attention Deficit Hyperactivity Disorder (ADHD) and Undifferentiated Attention Deficit Disorder (ADD)

This checklist was developed from the experience of many specialists in the field of Attention Deficit Disorders and Hyperactivity. It is designed to help you assess whether your child/student has ADHD or ADD, to what degree, and if so, in which area(s) difficulties are experienced. Please mark all statements. Thank you for your assistance in completing this information.

Name of Child _____ Date _____

Completed by _____

Directions: Place a checkmark (✓) by each item below, indicating the degree to which the behavior is characteristic of your child/student.

* denotes ADD with Hyperactivity (ADHD).

• denotes ADD without Hyperactivity (Undifferentiated ADD)

	Not at all	Just a little	Pretty much	Very much	Score	%
I. INATTENTION/DISTRACTIBILITY						
* 1. A short attention span, especially for low-interest activities.						
* 2. Difficulty completing tasks.						
• 3. Daydreaming.*						
* 4. Easily distracted.						
• 5. Nicknames such as: "spacey," or "dreamer."						
* 6. Engages in much activity but accomplishes little.						
* 7. Enthusiastic beginnings but poor endings.						
					21	%
II. IMPULSIVITY						
* 1. Excitability.						
* 2. Low frustration tolerance.						
* 3. Acts before thinking.						
* 4. Disorganization.						
* 5. Poor planning ability.						
* 6. Excessively shifts from one activity to another.						
* 7. Difficulty in group situations which require patience and taking turns.						
* 8. Requires much supervision.						
* 9. Constantly in trouble for deeds of omission as well as deeds of commission.						
* 10. Frequently interrupts conversations; talks out of turn.						
					30	%
III. ACTIVITY LEVEL PROBLEMS						
A. Overactivity/Hyperactivity						
* 1. Restlessness — either fidgetiness or being constantly on the go.						
* 2. Diminished need for sleep.						
* 3. Excessive talking.						
* 4. Excessive running, jumping and climbing.						
* 5. Motor restlessness during sleep. Kicks covers off — moves around constantly.						
* 6. Difficulty staying seated at meals, in class, etc. Often walks around classroom.						
B. Underactivity					18	%
* 1. Lethargy.						
* 2. Daydreaming, spaciness.						
* 3. Failure to complete tasks.						
* 4. Inattention.						
* 5. Poor leadership ability.						
* 6. Difficulty in learning and performing.						
					18	%
IV. NON-COMPLIANCE						
* 1. Frequently disobeys.						
* 2. Argumentative.						
* 3. Disregards socially-accepted standards of behavior.						
* 4. "Forgets" unintentionally.						
* 5. Uses "forgetting" as an excuse (intentional).						
					15	%

COPELAND SYMPTOM CHECKLIST FOR ATTENTION DEFICIT DISORDERS (Continued)

	Not at all	Just a little	Pretty much	Very much
V. ATTENTION-GETTING BEHAVIOR				
• 1. Frequently needs to be the center of attention.				
• 2. Constantly asks questions or interrupts.				
• 3. Irritates and annoys siblings, peers and adults.				
• 4. Behaves as the "class clown."				
• 5. Uses bad or rude language to attract attention.				
• 6. Engages in other negative behaviors to attract attention.				
VI. IMMATURITY				
• 1. Behavior resembles that of a younger child. Responses are typical of children 6 months to 2-plus years younger.				
• 2. Physical development is delayed.				
• 3. Prefers younger children and relates better to them.				
• 4. Emotional reactions are often immature.				
VII. POOR ACHIEVEMENT/COGNITIVE & VISUAL-MOTOR PROBLEMS				
• 1. Underachieves relative to ability.				
• 2. Loses books, assignments, etc.				
• 3. Auditory memory and auditory processing problems.				
• 4. Learning disabilities/learning problems.				
• 5. Incomplete assignments.				
• 6. Academic work completed too quickly.				
• 7. Academic work completed too slowly.				
• 8. "Messy" or "sloppy" written work; poor handwriting.				
• 9. Poor memory for directions, instructions and rote learning.				
VIII. EMOTIONAL DIFFICULTIES				
• 1. Frequent and unpredictable mood swings.				
• 2. High levels of irritability.				
• 3. Underreactive to pain/insensitive to danger.				
• 4. Easily overstimulated. Hard to calm down once over-excited.				
• 5. Low frustration tolerance.				
• 6. Temper tantrums, angry outbursts.				
• 7. Moodiness.				
• 8. Low self-esteem.				
IX. POOR PEER RELATIONS				
• 1. Hits, bites, or kicks other children.				
• 2. Difficulty following the rules of games and social interactions.				
• 3. Rejected or avoided by peers.				
• 4. Avoids group activities; a loner.				
• 5. Teases peers and siblings excessively.				
• 6. Bullies or bosses other children.				
X. FAMILY INTERACTION PROBLEMS				
1. Frequent family conflict.				
2. Activities and social gatherings are unpleasant.				
3. Parents argue over discipline since nothing works.				
4. Mother spends hours and hours on homework with ADD child leaving little time for others in family.				
5. Meals are frequently unpleasant.				
6. Arguments occur between parents and child over responsibilities and chores.				
7. Stress is continuous from child's social and academic problems.				
8. Parents, especially mother, feel:	<input type="checkbox"/> frustrated	<input type="checkbox"/> hopeless	<input type="checkbox"/> alone	
	<input type="checkbox"/> angry	<input type="checkbox"/> guilty	<input type="checkbox"/> afraid for child	
	<input type="checkbox"/> helpless	<input type="checkbox"/> disappointed	<input type="checkbox"/> sad and depressed	

Wender Utah Rating Scale

As a child I was (or had):	not at all or very slightly	mildly	moderately	quite a bit	very much
1. concentration problems, easily distracted					
2. anxious, worrying					
3. nervous, fidgety					
4. inattentive, daydreaming					
5. hot- or short-tempered, low boiling point					
6. temper outbursts, tantrums					
7. trouble with stick-to-it-tiveness, not following through, failing to finish things started					
8. stubborn, strong-willed					
9. sad or blue, depressed, unhappy					
10. disobedient with parents, rebellious, sassy					
11. low opinion of myself					
12. irritable					
13. moody, ups and downs					
14. angry					
15. acting without thinking, impulsive					
16. tendency to be immature					
17. guilty feelings, regretful					
18. losing control of myself					
19. tendency to be or act irrational					
20. unpopular with other children, didn't keep friends for long, didn't get along with other children					
21. trouble seeing things from someone else's point of view					
22. trouble with authorities, trouble with school, visits to principal's office					
As a child in school I was (or had):					
23. overall a poor student, slow learner					
24. trouble with mathematics or numbers					
25. not achieving up to potential					

Wender Utah Rating Scale (WURS)

The original Wender Utah Rating Scale is 61 questions. This version represents the 25 questions most associated with ADHD.

Scoring and Interpretation:

not at all or very slightly	mildly	moderately	quite a bit	very much
0	1	2	3	4

Minimum Score	0
Cutoff Score	46 – predictive of having childhood ADHD
Maximum Score	100

*Data suggest a cutoff score of 46 or higher correctly identified 86% of the patients with attention deficit hyperactivity disorder and 99% of the normal subjects.

References:

- Ward MF Wender PH Reimherr FW. The Wender Utah Rating Scale: An aid in the retrospective diagnosis of childhood Attention Deficit Hyperactivity Disorder. Am J Psychiatry. 1993; 150: 885-890.

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date					
Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.			Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?							
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?							
3. How often do you have problems remembering appointments or obligations?							
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?							
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?							
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?							
Part A							
7. How often do you make careless mistakes when you have to work on a boring or difficult project?							
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?							
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?							
10. How often do you misplace or have difficulty finding things at home or at work?							
11. How often are you distracted by activity or noise around you?							
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?							
13. How often do you feel restless or fidgety?							
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?							
15. How often do you find yourself talking too much when you are in social situations?							
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?							
17. How often do you have difficulty waiting your turn in situations when turn taking is required?							
18. How often do you interrupt others when they are busy?							
Part B							



Patient Name _____ Date _____

A.S.A.Y.A.

Anxiety Screen in Adolescents and Young Adults-Self Test

Are you troubled by:

1.

Repeated, unexpected "attacks" during which you suddenly are overcome by intense fear or discomfort for no apparent reason, or the fear of having another panic attack?

Yes No

2.

Persistent, inappropriate thoughts, impulses or images that you can't get out of your mind (such as a preoccupation with getting dirty or worry about the order of things)?

Yes No

3.

Distinct and ongoing fear of social situations involving unfamiliar people?

Yes No

4.

Excessive worrying about a number of events or activities?

Yes No

5.

Fear of places or situations where getting help or escape might be difficult, such as in a crowd or an elevator?

Yes No

6.

Shortness of breath or racing heart for no apparent reason?

Yes No

7.

Persistent and unreasonable fear of an object or situation, such as flying, heights, animals, blood, etc.?

Yes No

8.
Being unable to travel alone, without a companion?

Yes No

9.
Spending too much time each day doing things over and over again (for example, hand washing, checking things, or counting)?

Yes No

More days than not, do you:

10.
Feel restless?

Yes No

11.
Feel easily fatigued or distracted?

Yes No

12.
Experience muscle tension or problems sleeping?

Yes No

More days than not, do you feel:

13.
Sad or depressed?

Yes No

14.
Disinterested in life?

Yes No

15.
Worthless or guilty?

Yes No

16.
Have you experienced changes in sleeping or eating habits?

Yes No

17.
Do you relive a traumatic event through thoughts, games, distressing dreams, or flashbacks?

Yes No

18.
Does your anxiety interfere with your daily life?

Yes No

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

<p>10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?</p>	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

