

**ADHD FOLLOW-UP VISITS FOR ADULTS**

When you are on medication for Attention Deficit Hyperactivity Disorder, you are required to return to the office for regular follow-up visits at three to four month intervals. We will be relying on information from you to assess progress and make recommendations about ongoing treatment. We prefer using standardized materials whenever possible to make these decisions.

Please bring the following items with you to each follow-up visit:

1. Copies of any recent academic evaluations. (if applicable)
2. Self follow-up evaluation.
3. Recent reports from psychologist or therapist.

Attached are the forms you will need for your next visit. You should keep the materials listed above until it is time to have you fill them out.

If you have misplaced the packet, please call our office to get another set of questionnaires. You can also go to our website [www.pipstop.com](http://www.pipstop.com) to print them.



Thank you,

Behavioral Medicine  
Coordinators and Physicians

*Brooklyn Park (763-425-1211)*  
*Calhoun (952-562-8787)*  
*Maple Grove (763-559-2861)*  
*Plymouth (763-520-1200)*  
*Rogers (763-428-1920)*

Name: \_\_\_\_\_

*\*Your next appointment is on:* (Date) \_\_\_\_\_  
(Time) \_\_\_\_\_  
(Doctor) \_\_\_\_\_  
(Location) \_\_\_\_\_

# ADHD FOLLOW-UP SELF-REPORT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

- Are your ADHD symptoms controlled consistently throughout the day?  Yes  No
- If you are currently taking ADHD medication, how long does it control your symptoms? \_\_\_\_\_ Hours.
- Are your ADHD symptoms controlled during after-school/work hours including homework time?  Yes  No
- If not, what ADHD symptoms are not adequately controlled during this time? \_\_\_\_\_

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- Do you feel that you need more symptom control than what is provided by your current ADHD treatment plan?  No  Yes
- Do you feel that your current or prior ADHD medication is/was well tolerated?  Yes  No

SYMPTOMS	NEVER	OCCASIONALLY	OFTEN	VERY OFTEN
1. I do not pay attention to details, make careless mistakes on homework or other work.	0	1	2	3
2. I have difficulty paying attention to what needs to be done.	0	1	2	3
3. I do not listen well when spoken to directly.	0	1	2	3
4. I do not follow through when given directions and fail to finish activities.	0	1	2	3
5. I have difficulty organizing tasks and activities.	0	1	2	3
6. I avoid, dislike, or do not want to start tasks that require ongoing mental effort.	0	1	2	3
7. I lose things necessary for tasks or activities (keys, glasses, wallet, important papers or assignments).	0	1	2	3
8. I am easily distracted by noises or other stimuli.	0	1	2	3
9. I am forgetful in daily activities.	0	1	2	3
10. I fidget and squirm a lot.	0	1	2	3
11. I have trouble remaining seated when it is expected.	0	1	2	3
12. I am agitated and restless.	0	1	2	3
13. I have difficulty engaging in leisurely activities quietly.	0	1	2	3
14. I am "on the go" and have a hard time relaxing.	0	1	2	3
15. I talk too much.	0	1	2	3
16. I blurt out answers before questions have been completed.	0	1	2	3
17. I have difficulty waiting my turn in conversations, activities, or driving.	0	1	2	3
18. I interrupt or intrude in on others' conversations and/or activities.	0	1	2	3
19. I argue with others often.	0	1	2	3
20. I lose my temper.	0	1	2	3
21. I actively defy or refuse to go along with others' requests and/or activities.	0	1	2	3
22. I deliberately annoy people	0	1	2	3
23. I blame others for my mistakes or misbehavior.	0	1	2	3
24. I am touchy or easily annoyed by others.	0	1	2	3
25. I am angry or resentful.	0	1	2	3
26. I am spiteful and want to get even.	0	1	2	3
27. I am fearful, anxious, or worried.	0	1	2	3
28. I am afraid to try new things for fear of making mistakes.	0	1	2	3
29. I feel worthless or inferior.	0	1	2	3
30. I blame myself for problems, feel guilty.	0	1	2	3
31. I feel lonely, unwanted, or unloved; complain that "no one loves me."	0	1	2	3
32. I am sad, unhappy, or depressed.	0	1	2	3
33. I am self-conscious or easily embarrassed.	0	1	2	3



Continued on Reverse

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PERFORMANCE	EXCELLENT	ABOVE AVERAGE	AVERAGE	SOMEWHAT OF A PROBLEM	PROBLEMATIC	
34. Overall school/work performance	1	2	3	4	5	
35. Reading	1	2	3	4	5	
36. Math	1	2	3	4	5	
37. Writing	1	2	3	4	5	
38. Relationships with parents.	1	2	3	4	5	
39. Relationships with siblings.	1	2	3	4	5	
40. Relationships with peers.	1	2	3	4	5	
41. Relationship with spouse/significant other.	1	2	3	4	5	
<b>Side Effects:</b> Have you experienced any of the following side effects or problems in the past week?			<b>NONE</b>	<b>MILD</b>	<b>MODERATE</b>	<b>SEVERE</b>
Change of appetite			0	1	2	3
Weight loss			0	1	2	3
Trouble sleeping			0	1	2	3
Dull, tired, listless behavior			0	1	2	3
Chest pain			0	1	2	3
Stomachache			0	1	2	3
Headache			0	1	2	3
Tremors/feeling shaky			0	1	2	3
Repetitive movements, tics, jerking, twitching, eye blinking			0	1	2	3
Picking at skin or fingers, nail biting, lip or cheek chewing			0	1	2	3
Irritability in the late morning, late afternoon, or evening			0	1	2	3
Problem behaviors when medications are wearing off			0	1	2	3
Excessive worrying, anxiety			0	1	2	3
Sees or hears things that aren't there			0	1	2	3
Socially withdrawn – decreased interaction with others			0	1	2	3
Extreme sadness or unusual crying			0	1	2	3
Dizziness			0	1	2	3
Skin rash			0	1	2	3

**COMMENTS:**

Please return this form to: <b>PARTNERS IN PEDIATRICS</b>				
<input type="checkbox"/> Brooklyn Park office 8500 Edinbrook Parkway Brooklyn Park MN 55443 Phone: 763-425-1211 Fax: 612-874-2907	<input type="checkbox"/> Calhoun office 3910 Excelsior Boulevard St Louis Park MN 55416 Phone: 952-562-8787 Fax: 612-874-2909	<input type="checkbox"/> Maple Grove office 12720 Bass Lake Road Maple Grove MN 55369 Phone: 763-559-2861 Fax: 612-874-2902	<input type="checkbox"/> Plymouth office 2855 Campus Drive, #350 Plymouth MN 55441 Phone: 763-520-1200 Fax: 612-874-2908	<input type="checkbox"/> Rogers office 13980 Northdale Boulevard Rogers MN 55374 Phone: 763-428-1920 Fax: 612-874-2916

<b>For Office Use Only</b>				
Inattention 1-9: _____ /9	Hyp-Imp 10-18: _____ /9	ODD 19-26: _____ /8	Dep / Anx 27-33 _____ /7	
Strengths:		Weaknesses:		

Provider Initials: \_\_\_\_\_