

ADHD Treatment Response Form (ADHD TRF) for Teenagers

Name of Child/Young Person:
NHS Number:.....
Age:.....Gender:.....
Date of completion: / /
Completed by: _____ Teenager
School / College details:

My current medicationdoseper day

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 you are responding to your ADHD medication.

About my Attention difficulties For each item, check the column which best describes yourself :	Not at all (0)	Just a little (1)	Quite a bit (2)	Very much (3)
1. I often struggle to pay close attention to details or make careless mistakes in my schoolwork or tasks				
2. I often have difficulty staying focussed on tasks or activities (lengthy reading, lessons, games /sports, etc)				
3. I often struggle to listen when spoken to directly (e.g. my mind seems elsewhere)				
4. I often find it difficult to follow instructions and struggle to finish my school work/chores.				
5. I often find it hard organising tasks and activities (e.g. messy, not keeping things in order)				
6. I often put off or dislike tasks that need lots of concentration.				
7. I often lose things necessary for activities (e.g. school assignments, pens, books, keys, P.E kit)				
8. I am often distracted by things outside or my own thoughts (e.g. noise, someone moving or thoughts)				
9. I am often forgetful with daily routine/activities (e.g. brushing teeth, taking lunch, returning calls)				
Attention difficulties (Inattention) (Put X next to your response A, B, C or D according to the total score)	Response to treatment 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.

The total score gives us an idea how you are responding to your ADHD medication.

About my Hyperactivity/Impulsive behaviour For each item, check the column which best describes yourself:	Not at all (0)	Just a little (1)	Quite a bit (2)	Very much (3)
10. I often fidget with hands or feet or I squirm in my seat.				
11. I often find it hard to stay in my seat in the classroom or in other places where I am expected to sit down (e.g. at the dinner table, waiting room etc)				
12. I often feel restless				
13. I am often loud and noisy (e.g. in play or leisure activities)				
14. I am often on the go or act as if "driven by a motor" (e.g. hard to stay still for long)				
15. I often talk excessively				
16. I often blurt out answers before the question is completed (e.g. struggle to wait for my turn in conversation)				
17. I often find it hard to wait my turn (e.g. waiting in line/queue)				
18. I often interrupt others (e.g. butt into conversations/games)				
Hyperactive/Impulsive behaviour (Put X next to your response A, B, C or D according to the total score)	Response to treatment 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.

About my behaviour For each item, check the column which best describes yourself:	Not at all (0)	Just a little (1)	Quite a bit (2)	Very much (3)
19. I often lose my temper				
20. I often argue with adults				
21. I often refuse requests or rules from adults				
22. I often do things that annoy other people.				
23. I often blame other people for my mistakes or behaviour				
24. I often get easily annoyed by others				
25. I am often angry and frustrated				
26. I often say things which can be hurtful				
27. I am often confrontational				
Behavioural difficulties (Oppositional and defiant) (Put X next to your response A, B, C or D according to the total score)	Response to treatment Total Score = /27			
	A. Very Good = 0 - 9 B. Good = 10 -13 C. Not so good = 14-18 D. Poor = 19-27			

Please put X to answer the questions below				
a. I take my medication every day. If no, answer b, d, c		Yes	No	
b. I skip my medication on weekends		Yes	No	
c. I forget/don't take my medication		Sometimes	Often	
d. I have stopped the medication		Yes	No	
I think my ADHD medication helps me calm down, focus better and be less impulsive		Yes	No	
I feel there are some side effects				
No side effects	I don't eat well	My sleep got worse	I feel different	Others
I usually manage to sleep for:				
2 to 4 hrs	5 to 7 hours	8 to 10 hours	More than 10 hours	Others
I usually sleep by				
10 pm	11 pm	Midnight	After 1 am	Others
I enjoy doing things – please give 3 examples				
1.				
2.				
3.				

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

Address to post:

Or email address (insert trust email address please)