DELAWARE PEDIATRICS
ADHD LOG

Patient Name: _____ DOB:_____

Current ADHD medication: _____ Is med working well? YES NO

Counseling (circle one): None/doesn't need Considering/May help Currently
Provider name/Date of Last visit _____

Date of most recent report card/progress report _____
(Month/Year)

Grades compare to previous report: (circle one)

Failing Declining No change Improving Significantly improving

In the past 2 weeks, your child has:

	Never	25%	50%	75%	100%	(of the time)
1. Completed tasks when asked	☐	☐	☐	☐	☐	
2. Slept well/ settled easily	☐	☐	☐	☐	☐	
3. Appetite: normal/close to normal	☐	☐	☐	☐	☐	

If different, which meal(s) are affected? (circle all that apply)
BREAKFAST LUNCH DINNER

4. Taking medications as prescribed	☐	☐	☐	☐	☐	

Takes medication (circle one): **EVERYDAY SCHOOL DAYS ONLY**

5. Exercised more than 30 minutes	☐	☐	☐	☐	☐	

Have you thought about new ways to improve your child's ADHD?

☐ No at all ☐ Considering ☐ Ready to begin ☐ Changes in progress

Which area below would you choose to make improvements?

☐ Bedtime Habits ☐ Behavior ☐ School/Time management ☐ Other

What do you think prevents you from making changes?

☐ No Barriers ☐ No interest from child ☐ Busy Lifestyle ☐ Lack of resources ☐ Other

How important is it for you to change your ADHD?

☐ Not at all ☐ Slightly ☐ Very ☐ Extremely

Signature of person completing form: _____ Date: _____
Signature of Provider: _____ Date: _____