

PATIENT NAME: _____

DATE: _____

CURRENT ADHD MANAGEMENT PLAN: _____

At each visit, ask your patient or their caregiver:

1 Do you/does your child struggle to make it to work/school on time?

- 1 Never 2 Sometimes 3 Most of the time

2 Do you find your/your child's ADHD gets worse in the evening?

- 1 Not at all 2 A little worse 3 A lot worse

3 Do you/does your child have difficulty with relationships at home and/or with friends?

- 1 Not at all 2 Some difficulty 3 A lot of difficulty

4 Do you/does your child struggle with evening tasks and chores (e.g., homework, paying bills, doing dishes, laundry, getting ready for bed)?

- 1 Not at all 2 Some struggling 3 A lot of struggling

5 Do you/does your child struggle with self-control/self-regulation in the evenings (e.g., easily frustrated, losing temper, online shopping, gambling, substance use)?

- 1 Not at all 2 Sometimes 3 Most evenings

If most answers were 2 and 3, it might be time to take a closer look at how your patient's ADHD might be better managed.

Better can
be **possible**



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