

Patient Number: _____

Self Guided Baseline Worksheet

1. At the time of the ADHD diagnosis (today or in the past), was a rating scale completed by the parent as part of the assessment process?
2. At the time of the ADHD diagnosis (today or in the past), was a rating scale completed by the teacher as part of the assessment process?
3. Did the patient meet DSM- IV criteria for ADHD? (DSM IV criteria = 6 or more inattentive and/or hyperactive symptoms documented by parent and/or teacher, onset of symptoms occurred prior to age 7, symptoms present in at least 2 settings, and at least 1 area of impairment)
4. After initiating ADHD medication, how many days until a parent rating scale was collected in order to monitor response to medication?
5. After initiating ADHD medication, how many days until a teacher rating scale was collected in order to monitor response to medication?
6. During medication maintenance, what is the number of days between the two most recent parent follow-up rating scales?
7. During medication maintenance, what is the number of days between the two most recent teacher follow-up rating scales?
8. Record percent reduction in **Parent** ADHD score for the patient rating scale score collected during assessment compared to most recent **Parent** follow-up rating scale.

Formula:

$$\frac{(\text{Parent assessment rating scale ADHD Score MINUS most recent Parent follow-up rating scale ADHD Score})}{\text{DIVIDED by Parent assessment Score}} \times 100 = \text{ ______ } \%$$

9. Record percent reduction in **Teacher** ADHD score for the patient rating scale score collected during assessment compared to most recent **Teacher** follow-up rating scale.

Formula:

$$\frac{(\text{Teacher assessment rating scale ADHD Score MINUS most recent Teacher follow-up rating scale ADHD Score})}{\text{DIVIDED by Teacher assessment Score}} \times 100 = \text{ ______ } \%$$

Physician Name: _____
 Physician ABP ID #: _____
 Practice Name: _____
 Date: _____

Self Guided Baseline Score Card

Patient Number	Question #1 Answer	Question #2 Answer	Question #3 Answer	Question #4 Answer (in days)	Question #5 Answer (in days)	Question #6 Answer (in days)	Question #7 Answer (in days)	Question #8 Answer	Question #9 Answer
1	Y / N	Y / N	Y / N					%	%
2	Y / N	Y / N	Y / N					%	%
3	Y / N	Y / N	Y / N					%	%
4	Y / N	Y / N	Y / N					%	%
5	Y / N	Y / N	Y / N					%	%
6	Y / N	Y / N	Y / N					%	%
7	Y / N	Y / N	Y / N					%	%
8	Y / N	Y / N	Y / N					%	%
9	Y / N	Y / N	Y / N					%	%
10	Y / N	Y / N	Y / N					%	%
Summary	#Y _____ #N _____	#Y _____ #N _____	#Y _____ #N _____	<u>Add 1-10</u> 10 = _____	<u>Add 1-10</u> 10 = _____	<u>Add 1-10</u> 10 = _____	<u>Add 1-10</u> 10 = _____	<u>Add 1-10</u> 10 = _____	<u>Add 1-10</u> 10 = _____

Please Fax or Email Self Guided Baseline Score Card Results to:

myADHDportal Improvement Program

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