PADDS: Pediatric Attention Disorders Diagnostic Screener

COMPUTER ADMINISTERED DIAGNOSTIC INTERVIEW (CADI)

Name: ______________________________

Date of Birth: ______________________________

Date of Interview: ______________________________

Person completing form: ______________________________

Relationship to the child: ______________________________

Reason for referral: ______________________________

To what grade is your child assigned (Circle grade)

Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

(Check box marked yes or no)	Yes	No
1. Are there any school or academic problems?	☐	☐
2. Are there any behavioral problems?	☐	☐
3. Is there any hyperactivity or over-activity?	☐	☐
4. Are there problems with poor attention span or weak concentration?	☐	☐
5. Are there any problems with depression or mood changes?	☐	☐
6. Are there any family difficulties?	☐	☐
7. Are there any medical problems?	☐	☐

Module II: Medical History/Systems Review

	Yes	No
8. Were there any problems during pregnancy with this child?	☐	☐
9. Were there any problems during labor or delivery with this child?	☐	☐
10. Were there any newborn difficulties?	☐	☐
11. Has the child had an injury to his or her head?	☐	☐
12. Has the child ever had a seizure?	☐	☐
13. Was the seizure due to a fever?	☐	☐
14. Does the child show unusual body movement?	☐	☐
15. Does the child receive special education assistance?	☐	☐
16. Does the child complain of headaches?	☐	☐
17. Does the child wet the bed?	☐	☐
18. Does the child have a history of ear infection?	☐	☐
19. Did the child have ear tubes?	☐	☐
20. Did the child have tonsils or adenoids removed?	☐	☐
21. Does your child have vision problems?	☐	☐
22. Does the child need glasses?	☐	☐
23. Does the child have problems with hearing?	☐	☐
24. Does the child catch colds often?	☐	☐
25. Does the child have difficulty with breathing or asthma?	☐	☐
26. Does the child have any difficulty with speech?	☐	☐
27. Is the child taking any medication?	☐	☐

	Yes	No
28. Is there a family history of depression?	☐	☐
29. Is there a family history of anxiety?	☐	☐

Module III: Developmental History

	Yes	No
30. Could the child roll over at age 6 months or less?	☐	☐
31. Could the child sit up alone at age 10 months or less?	☐	☐
32. Could the child crawl by age 12 months or less?	☐	☐
33. Could the child walk holding onto things by age 12 months or less?	☐	☐
34. Could the child walk without holding onto things by age 15 months?	☐	☐
35. Was the child potty trained by age 3 1/2 years or less?	☐	☐
36. Does the child have any brothers or sisters?	☐	☐
37. Does your child feed them self properly?	☐	☐
38. Does your child dress them self?	☐	☐
39. Can your child handle buttons?	☐	☐
40. Can your child handle snaps and zippers?	☐	☐
41. Can your child tie his or her shoes?	☐	☐
42. Can your child ride a bike with training wheels?	☐	☐
43. Can your child ride a bike without training wheels?	☐	☐
44. Can your child skate?	☐	☐
45. Can your child throw and kick a large ball?	☐	☐
46. Can your child catch a large ball when tossed to them?	☐	☐
47. Other than Mommy or Daddy did your child know at least two additional words by 12 months of age?	☐	☐
48. Did your child make 2 word statements by 18 months?	☐	☐
49. Did your child make 3 to 4 word statements by 24 months?	☐	☐
50. Does your child regularly make verbal requests?	☐	☐
51. Does your child regularly answer your questions?	☐	☐
52. Does your child regularly start conversations?	☐	☐
53. Does your child seem confused by your instructions?	☐	☐
54. Does your child sleep in his or her own bed?	☐	☐
55. Does your child have any fears?	☐	☐
56. Is there a family history of attention or concentration problems?	☐	☐
57. Is there a family history of learning difficulty?	☐	☐

Module IV A: Emotional/Social Functioning

	Yes	No
58. Does your child tantrum often?	☐	☐
59. Does your child cry easily?	☐	☐
60. Does your child hit others?	☐	☐
61. Does your child throw things?	☐	☐

	Yes	No
62. Does your child have frequent nightmares?	☐	☐
63. Does your child have difficulty going to sleep?	☐	☐
64. Does your child wake often during the night?	☐	☐
65. Does your child wet the bed?	☐	☐
66. Does your child have bowel movements in the bed?	☐	☐
67. Does your child have difficulty getting up in the morning?	☐	☐
68. Does your child have difficulty getting along with other children?	☐	☐

Module IV B: Emotional/Social Functioning

69. Has your child or family suffered a loss or serious stress recently?	☐	☐
70. Has the stress or difficulty been within the last six months?	☐	☐
71. Is the stress family related?	☐	☐
72. Is the stress school related?	☐	☐
73. Is the stress financial?	☐	☐
74. Is the stress physical?	☐	☐
75. Is the stress related to peers or friends?	☐	☐
76. Is there any other stress?	☐	☐

Module V: Depression/Anxiety

77. Does your child often want to be alone?	☐	☐
78. Does your child often seem anxious or nervous?	☐	☐
79. Does your child avoid family?	☐	☐
80. Does your child avoid friends or peers?	☐	☐
81. Does your child complain of being mistreated?	☐	☐
82. Has your child withdrawn from favorite activities?	☐	☐
83. Do you feel your child may be depressed?	☐	☐
84. Does your child's family have a history of depression?	☐	☐
85. Does your child's family have a history of anxiety?	☐	☐
86. Has your child recently shown a weight gain?	☐	☐
87. Has your child recently shown a weight loss?	☐	☐
88. Has your child started sleeping more than they used to?	☐	☐
89. Has your child started sleeping less than they used to?	☐	☐
90. Does your child often complain of stomachaches?	☐	☐
91. Does your child often complain of headaches?	☐	☐
92. Does your child often complain of being tired?	☐	☐
93. Does your child ever express feeling worthless or hopeless?	☐	☐
94. Does your child ever talk about death or dying?	☐	☐
95. Has your child ever stated that he or she wanted to die?	☐	☐

	Yes	No
96. Has your child ever threatened to hurt them self?	☐	☐
97. Has your child ever stated how he or she would hurt him or her self?	☐	☐
98. Has your child ever hurt his or her self in the past?	☐	☐
99. Does your child's family have a history of self-harm or suicide?	☐	☐

Module VI: School History

100. Has your child ever been kept back a grade?	☐	☐
101. Does your child receive special education assistance?	☐	☐
102. Has the teacher expressed concern for your child's progress?	☐	☐
103. Has the teacher complained about your child's behavior?	☐	☐
104. Has the teacher reported problems with your child's attention?	☐	☐
105. Has the teacher reported your child to be overactive?	☐	☐

Module VII: Behavior

106. Does the child often lose his or her temper?	☐	☐
107. Does the child often argue with adults?	☐	☐
108. Does the child often defy or refuse to comply with requests or rules?	☐	☐
109. Does the child often annoy others on purpose?	☐	☐
110. Does the child often blame others for his or her own mistakes or inappropriate behavior?	☐	☐
111. Is the child easily irritated or overly moody?	☐	☐
112. Does the child often appear angry or resentful?	☐	☐
113. Is the child often spiteful or vindictive?	☐	☐

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