ADHD Cardiovascular Screening Questionnaire

In order to provide the safest and most effective treatment for attention deficit and hyperactivity, there are some questions that need to be reviewed. For children who have underlying cardiovascular problems, there can be a risk in using stimulant medications. Because of this risk, we would like to review the following questions before deciding on the appropriate treatment plan.

1. Have you (your child) ever passed out during or after exercise?  YES  NO  N/A
2. Have you (your child) ever been dizzy during or after exercise?  YES  NO  N/A
3. Have you (your child) ever had chest pain during or after exercise?  YES  NO  N/A
4. Do you (your child) get tired more quickly than others around you?  YES  NO  N/A
5. Have you (your child) ever had a racing or skipped heartbeat?  YES  NO  N/A
6. Have you (your child) been told you have high blood pressure or cholesterol?  YES  NO  N/A
7. Have you (your child) been told you have a heart murmur?  YES  NO  N/A
8. Has any family member/relative died before the age of 50 from sudden death or heart failure?  YES  NO  N/A
9. Have you (your child) been restricted from sports participation for heart problems?  YES  NO  N/A