

ADHD Inventory and Checklist: 63 Common Conditions Causing ADHD-like Behavior

(Duplicate the Inventory and Checklist to use with more than one child)

Use this to help determine what might be causing frequent hyperactivity, inattentiveness, and impulsivity. Your child may not have ADHD after all!

These factors and others can cause the misdiagnosis of ADHD. Kids are then treated for ADHD which results in the wrong solution, the wrong medications, and possible side effects from these medications. And in the case of medical factors, the health conditions, sometimes serious, go untreated.

Date: _____

Child's Name: _____

	Yes	No
Cultural Factors		
Too much aural and visual stimulation everywhere	_____	_____
Too many activities outside school	_____	_____
Too little vigorous exercise and movement	_____	_____
Not enough walking	_____	_____
Not enough quiet time	_____	_____
Physiological Factors		
Lack of sleep (and sleep apnea)	_____	_____
Allergies	_____	_____
Low Dopamine levels	_____	_____
Depression	_____	_____
Drug abuse (including sniffing glue or markers)	_____	_____
Nutritional Factors		
Poor Nutrition in general	_____	_____
Too much sugar	_____	_____
Skipping breakfast	_____	_____
Artificial flavoring and coloring	_____	_____
Lack of Vitamin D	_____	_____
Dehydration	_____	_____
Not enough protein in diet	_____	_____
Diet loaded with refined carbohydrates (cookies, cake, pie, chips, soda, white bread)	_____	_____

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Date: _____

Child's Name: _____

	Yes	No
Home		
Too much TV	___	___
Too many hours playing video games (even the "good" ones)	___	___
Stress	___	___
Fear	___	___
Parents allow children to run around, interrupt, and Make Noise at inappropriate times. Children control the home.	___	___
Don't feel safe	___	___
Misunderstanding of age-appropriate behavior (Two-year olds should be very busy and usually have short attention spans.)	___	___
Lead poisoning	___	___
No positive reinforcement for appropriate behavior	___	___
Lots of attention for inappropriate behavior	___	___
Too much pressure to succeed	___	___
Child abuse or Post Traumatic Stress syndrome	___	___
Lack of boundaries and schedule at home	___	___
School		
Bored, classroom work is too easy	___	___
Overwhelmed, classroom is too hard	___	___
Right-brain kid in a left-brain classroom	___	___
Stress	___	___
Fear (real or perceived)	___	___
Learned behavior (other kids, teachers)	___	___
Don't feel safe (real or perceived)	___	___
Different learning style than used in classroom	___	___
Learning disability	___	___
Genetic		
Learned behavior from Mom or Dad	___	___
Fetal alcohol syndrome (or drug exposure in utero)	___	___

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Date: _____

Child's Name: _____

	Yes	No
Psychological and Neurological Factors		
Autism	___	___
Aspergers	___	___
Post-traumatic Stress Disorder	___	___
Anxiety Disorder	___	___
Bi-polar Disorder	___	___
Depression	___	___
Trauma (including pre-natal and birth trauma)	___	___
Environmental		
Sensitivity to pervasive magnetic fields (TV, microwave cell phone, digital clock, even electric blankets)	___	___
Classroom toxins (fluorescent lights, cleaning materials, whiteboard markers, mold, mildew, heating or air conditioning air, "sick" building)	___	___
Household toxins (glue in rugs, cleaning supplies, mold, mildew, heating or air conditioning)	___	___
Medical		
Effects of drugs such as asthma medication	___	___
Vision problems (needs glasses)	___	___
Hearing problems (needs hearing aid)	___	___
Hypoglycemia (low blood sugar)	___	___
Hyper or hypothyroidism	___	___
Anemia (esp. with vegetarian kids)	___	___
Diabetes	___	___
Head injuries	___	___
Other undetected medical problems	___	___
Uncommon Diseases		
Celiac disease	___	___
Cushing's disease	___	___
Addison's disease	___	___

What to Say to Your Child's Pediatrician about ADHD: Making Sure Your Child Gets the Right Diagnosis

- Don't start with "I think my child has ADHD." Instead describe the symptoms such as "His teacher says he can't sit still at school." "She just never pays attention to anything. Seems so spacey."
- Describe symptoms and behavior rather than using the terms ADHD, ADD, or attention-deficit-disorder.
- Never suggest that your child needs drugs for ADHD. Many well-meaning, busy pediatricians will write a prescription for powerful stimulant meds for your child just because you ask without doing a physical exam.
- Don't believe what your child's teacher says about ADHD. Teachers are not doctors. If your child's teacher says she thinks your child has ADHD, ask them exactly what behavior your child is engaged in. And if it is all the time, all day long. (It isn't ADHD unless the behavior is all time—at school, in all classes and at home.)
- Ask for a blood test for lead poisoning, low levels of vitamin D, anemia. In other words, ask for a complete physical.
- Ask if any of the drugs your child is now taking can cause symptoms that look like ADHD. For example, some asthma and allergy meds can cause ADHD-like symptoms.
- If you still think your child might have ADHD, ask for a referral for a brain scan, such as a qEEG. Unfortunately insurance doesn't usually pay for brain scans and they can be a bit expensive.
- Even if a brain scan isn't available, ask for a referral to a child psychiatrist. Pediatricians are not trained in psychiatric drugs nor ADHD. You want the best care you can get for your child.
- If you and the child psychiatrist agree that your child has ADHD and you want to try medication, get a referral for a complete cardiovascular workup and an ekg or ecg. (Electrocardiogram) In rare cases, heart problems have occurred with children taking stimulant medications.
- Remember that lots of excellent, highly-effective non-drug alternatives are out there for ADHD. Many of these alternatives can and should be used along with meds. It's not unusual for a child to stop taking meds or a lower dose after using some of the alternative strategies consistently. (NEVER take your children off drugs or lower the dose without consulting with your child's psychiatrist.) I always recommend non-drug alternatives first before drugs if possible.