

ADHD LIFE HISTORY QUESTIONNAIRE

Purpose of this questionnaire:

The purpose of the questionnaire is to help us understand you and your concerns. Please complete these questions as fully and accurately as you can. It will take approximately two hours to complete.

It is understandable that you might be concerned about what happens to the information about you, because much or all of this information is highly personal. Case records are strictly confidential. No outsider is permitted to see your case record without your permission.

If you do not desire to answer any questions, merely write, "Do not care to answer."

Date: _____

1. General Information

Name: _____ Date of Birth: _____

Address: _____

Telephone Numbers: (Day) _____ (Evenings) _____

Age: _____ Occupation: _____

Who referred you to our practice? _____

Who do you live with? _____

Do you live in a house, hotel, room, apartment, etc.? _____

Marital Status: (circle answer)

Single Engaged Married Remarried Separated Divorced Widowed

If married, spouse's name, age and occupation? _____

2. Clinical

Client: Please check off symptoms that you believe were present at ages 5-12 and are present now.

<u>ADHD Symptoms Present</u>	<u>Ages 5-12</u>	<u>Present</u>
1. Fidgetness or physical restlessness.	_____	_____
2. Difficulty remaining seated for long periods.	_____	_____
3. Being easily distracted.	_____	_____
4. Difficulty awaiting your turn/impatient.	_____	_____
5. Do you often blurt out answers to questions they have been completed.	_____	_____
6. Difficulty sustaining attention in tasks/work.	_____	_____
7. Difficulty following through on instructions from others.	_____	_____
8. Often shifts from one uncompleted task to another.	_____	_____
9. Difficulty playing/working quietly; noisy during leisure activities.	_____	_____
10. Often talks excessively.	_____	_____
11. Often interrupts or intrudes on others.	_____	_____
12. Often does not listen to what is being said.	_____	_____
13. Often loses important things necessary for tasks at home or work.	_____	_____
14. Often engages in potentially dangerous activities without considering possible consequences.	_____	_____

a) Give a brief account of the history and development of your complaints (from onset to present): _____

b) Have you ever seen a psychologist or psychiatrist and if so, what was the outcome?

c) On the scale below, please estimate the severity of your problem(s):

_____ Mildly upsetting
_____ Moderately severe
_____ Very severe
_____ Extremely severe
_____ Totally incapacitating

d) Whom have you previously consulted about your present problem(s)? _____

e) Have you been diagnosed with any emotional difficulties such as depression, anxiety, etc.(if so please explain)?

e) What medications are you currently taking?

g) Do you use recreational drugs? _____ If so, what kind and how much?

h) How much alcohol do you consume in a week?

i) Do you smoke cigarettes? If so, how much?

3. Personal Data

a) Date of birth: _____ Place of birth: _____

b) Mother's condition during pregnancy (as far as you know): _____

c) Underline any of the following that applied during childhood:

- | | | |
|---------------|-----------------|-------------------|
| Night terrors | Bedwetting | Sleepwalking |
| Thumb sucking | Nail biting | Stammering |
| Fears | Happy childhood | Unhappy childhood |
| Any others? | | |

d) Health during childhood and adolescence? _____

List illnesses: _____

f) Health now? _____

List your illnesses: _____

g) What is your height? _____ Your weight? _____

h) Any surgical operations? (Please list them and give age at the time) _____

i) Any accidents? _____

j) Any trouble with the law? _____

k) Underline any of the following that apply to you:

- | | | |
|----------------------|-----------------------|----------------------------|
| Headaches | Dizziness | Fainting spells |
| Palpitations | Stomach trouble | No appetite |
| Bowel disturbances | Fatigue | Anxiety |
| Anger | Take sedatives | Insomnia |
| Nightmares | Feel panicky | Alcoholism |
| Feel tense | Conflict | Tremors |
| Depressed | Suicidal ideas | Take drugs |
| Unable to relax | Sexual problems | Allergies |
| Don't like weekends | Over-ambitious | Shy with people |
| Don't like vacations | Inferiority feelings | Can't solve problems |
| Can't make friends | Memory problems | Home conditions bad |
| Can't keep a job | Lonely | Unable to have a good time |
| Financial problems | Often use aspirin | Concentration difficulties |
| Excessive sweating | Often use painkillers | |

Others: Please list additional problems or difficulties here. _____

l) Underline any of the following words that apply to you:

worthless, useless, a "nobody," "life is empty," inadequate, stupid, incompetent, naive, "can't do anything right," guilty, evil, morally wrong, horrible thoughts, hostile, full of hate, anxious, agitated, cowardly, unassertive, panicky, aggressive, ugly, deformed, unattractive, repulsive, depressed, lonely, unloved, misunderstood, bored, restless, confused, unconfident, in conflict, full of regrets, worth-while, sympathetic, intelligent, attractive, confident, considerate.

Others: _____

m) Present interests, hobbies, and activities: _____

n) How is most of your free time occupied? _____

o) Were you ever bullied or severely teased? _____

p) Do you make friends easily? _____
Do you keep them? _____

Religion and Activity:

- a) In childhood _____
- b) As an adult _____

4. Educational History

a) What is the last grade of school that you completed? _____

b) Scholastic abilities; strengths and weaknesses: _____

c) Did you ever receive special services in school? _____

d) What is your current overall GPA? _____

e) Have you ever failed a foreign language class? (If yes, explain) _____

f) What were your SAT scores? Verbal _____ Math _____
Overall _____

g) Where do you attend school? _____

h) What is your major? _____

i) Describe your study habits: _____

j) What do you hope to do when you finish college? _____

5. Occupational Data

a) What sort of work are you doing now? _____

b) Kinds of jobs held in the past? _____

c) Does your present work satisfy you? (If not, in what ways are you dissatisfied?) _____

d) Ambitions?

Past: _____

Present: _____

6. Family Data

a) Father's name: _____ living _____ or deceased _____

If deceased, your age at the time of his death? _____

Cause of death? _____

If alive, father's present age? _____

Occupation: _____

Health: _____

b) Mother's name: _____ living _____ deceased _____

If deceased, your age at the time of her death? _____

Cause of death? _____

If alive, mother's present age? _____

Occupation: _____

Health: _____

c) Siblings:

Number of brothers _____

Names & Ages _____

Number of sisters _____

Names & Ages _____

OTHER DATA:

Please add any information not tapped by this questionnaire that may aid in understanding and helping you. _____
