

THE UNIVERSITY OF AKRON
COUNSELING, TESTING AND CAREER CENTER
Interview for Adult ADHD

(Adapted from Massachusetts Medical Center Adult ADHD Clinic Structured Protocol)

Name _____ Age _____

Interviewer _____

Date of Birth _____ SS or ID No. _____

Date _____

1. What led you to seek an evaluation for ADHD now?

2. What is your understanding of this disorder?

3. What do you know about the treatment of this disorder?

4. Do you know anyone else who was diagnosed with this disorder?

_____ Yes _____ No _____ Not Sure

5. If yes, how were they treated for this disorder?

(Check all that apply):

- _____ Ritalin or methylphenidate only
_____ Unknown medication or other medication only
_____ Therapy (group or individual) only
_____ Not sure how they were treated
_____ Other _____

6. What are your greatest concerns about your behavior now?

7. When would you say these problems began? (Check any one)

- 0-7 years
- 8-12 years
- 13-15 years
- 16-21 years
- 22 to present

8. Now I'm going to ask you some symptoms, and I'd like you to tell me if they were ever more of a problem for you than for other people in your peer group.

	Symptom	Yes	No	Now it is:			Comments
				Same	Better	Worse	
a.	Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities						
b.	Often has difficulty sustaining attention in tasks or play activities						
c.	Often does not seem to listen when spoken to directly						
d.	Often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace (not due to failure to understand instructions)						
e.	Often has difficulty organizing tasks and activities						
f.	Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)						
g.	Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, or tools)						
h.	Is often easily distracted by extraneous stimuli						
i.	Is often forgetful in daily activities.						
j.	Often fidgets with hands or feet or squirms in seat						
k.	Often leaves seat in classroom or in other situations in which remaining seated is expected						
l.	Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness.						
m.	Often had difficulty playing or engaging in leisure activities quietly						
n.	Is often "on the go" or often acts as if "driven by a motor"						
o.	Often talks excessively						
p.	Often blurts out answers before questions have been completed						

q.	Often has difficulty awaiting turn						
r.	Often interrupts or intrudes on others (e.g., butts into conversations or games)						

9. Did you ever seek treatment for these problems before?
(Check one)

Yes No

If yes, when and where did you seek treatment? _____

What was the recommended treatment and the outcome? _____

10. Did your parents ever take you to see anyone about these problems when you were a child or adolescent?

Yes No Not Sure

11. Did your parents complain that you difficult to control as a child?

Yes No Not Sure

12. Now I'm going to ask you some questions about school. What is the highest level of school that you have completed? (Check one)

a.	6 th grade or less	e.	Graduated from high school
b.	7 th or 8 th grade	f.	1 or 2 years college
c.	Freshman or sophomore	g.	3 or 4 years college
d.	Junior high school	h.	Post graduate

13. Did you have trouble starting school in kindergarten or first grade?

Yes No Not Sure

14. Did you ever repeat a grade?

Yes No

If yes, which grade(s) did you repeat? _____

15. Were you ever in any special classes in school?

Yes No

If yes, what kinds of special classes were you in? _____

16. How would you describe your grades in school?

- Average
 Better than average
 Worse than average

17. What was your best subject in school? _____

18. What was your worst subject in school? _____

19. Did your teachers think you did as well as you could?

- Yes
 No
 Not Sure

20. Were you ever truant from school?

- Yes No

21. Were you ever expelled or suspended from school?

- Yes No

22. Did you ever get in physical fights at school?

- Yes No

If yes:

1. During which grades did you get into fights?

- K-6th grade
 7th or 8th grade
 High School
 Other

2. How many times did you get into fights?

- One time
 Two to five times
 Six to ten times
 More than ten times

3. Did you sometimes start the fight?

- Yes No Not sure

4. Did you ever use a weapon in a fight?

- Yes No

23. Did you ever run away from home overnight?
_____ Yes _____ No

If yes,

1. How many times did you run away?
_____ Once
_____ Two to five times
_____ Six to ten times
_____ More than ten times

2. What was the longest duration you ran away from home?
_____ One night
_____ Two to five nights
_____ Six to ten nights
_____ Longer than ten nights

24. Did you ever get in trouble for stealing or damaging property as a child or teenager?
_____ Yes _____ No

25. Have you ever been arrested or in trouble with the law?
_____ Yes _____ No

26. Do you have a driver's license?
_____ Yes _____ No

If yes:

How many traffic tickets (not parking tickets) have you ever gotten?
_____ None
_____ One
_____ Two to three
_____ Four to five

How many car accidents have you ever been in?
_____ None _____ Three
_____ One _____ Four
_____ Two

If no:

Why don't you have a driver's license? _____

27. Do you have problems with your temper?

Yes No

If yes, details: _____

28. Did you ever have any problems with your temper?

Yes No Not sure

29. Have you ever lost your temper enough to hurt anyone or damage any property?

Yes No

If yes, details: _____

30. Do other people complain about your temper?

Yes No Not sure

31. How would you describe your mood most of the time?

Normal or fairly stable
 Anxious or nervous
 Depressed, sad, or blue
 Labile; mood changes a lot
 Other: _____

32. Do you have any problems with your sleep?

Yes No

If yes, details: _____

33. Do you have any problems with your weight?

Yes No

If yes, details: _____

34. Do you ever use any diet preparations?

_____ Yes _____ No

If yes, which ones: _____

35. How much alcohol do you drink **in a week**?

_____ I never drink _____ 5-10 drinks
_____ 0-1 drinks _____ More than 10
_____ 2-4 drinks

Details: _____

36. Did you ever drink more heavily?

_____ Yes _____ No

If yes, details: _____

37. Have you ever used any drugs recreationally?

_____ Yes _____ No

If yes:

Drug	Used	Frequency
a. Pot, marijuana, hashish, grass		
b. Amphetamines, stimulants, uppers, speed		
c. Barbiturates, sedatives, downers, sleeping pills, Seconal, Quaaludes		
d. Tranquilizers, Valium, Librium		
e. Cocaine, coke, crack		
f. Heroin		
g. Opiates other than heroin (iodine, Demerol, morphine, methadone, Darvon, opium)		
h. Psychedelics (LSD, mescaline, peyote, DMT, PCP)		
i. Other (specify)		

38. Do you use any drugs recreationally now?

_____ Yes _____ No

If yes, what and how often? _____

39. Have you ever misused any prescription drugs?

_____ Yes _____ No

If yes, details: _____

40. Have you ever seen a counselor or psychiatrist before?

_____ Yes _____ No

If yes, details: _____

41. Have you ever been hospitalized for a psychological or psychiatric problem?

_____ Yes _____ No

If yes, details: _____

42. Have you ever had problems with depression?

_____ Yes _____ No

If yes, details: _____

43. Have you ever had any problems with anxiety?

_____ Yes _____ No

If yes, details: _____

PAST MEDICAL HISTORY

44. Do you have any medical problems currently?

_____ Yes _____ No

If yes, details: _____

45. Have you ever been hospitalized medically?

_____ Yes _____ No

If yes, details: _____

46. Have you ever had any heart problems?

_____ Yes _____ No

If yes, details: _____

47. Have you ever had any liver disease?

_____ Yes _____ No

If yes, details: _____

48. Have you ever had glaucoma?

_____ Yes _____ No

If yes, details: _____

49. Have you ever had any seizures?

_____ Yes _____ No

If yes, details: _____

50. Do you have high blood pressure?

_____ Yes _____ No

If yes, details: _____

51. Are you ever troubled by chest pain or shortness of breath?

_____ Yes _____ No

If yes, details: _____

52. Have you ever had an injury to your head?

_____ Yes _____ No

If yes, details: _____

53. Have you ever lost consciousness?

_____ Yes _____ No

If yes, details: _____

54. Have you ever had encephalitis or a brain infection?

_____ Yes _____ No

If yes, details: _____

55. Have you ever had or do you now have any tics or unusual movements of your body?

_____ Yes _____ No

If yes, details: _____

56. Have you ever had or do you have any vocal tics, or do you make any unusual noises (Tourette's syndrome)?

_____ Yes _____ No

If yes, details: _____

57. Are you right-handed or left-handed (Insert R, L, Amb as appropriate)

Writing _____

Throwing _____

Kicking _____

Sighting _____

58. Have you ever had any problems with your thyroid gland?

_____ Yes _____ No

If yes, details: _____

Developmental History

59. As far as you know, were there any problems with your mother's pregnancy or delivery of you?

_____ Yes _____ No

If yes, details: _____

60. As far as you know, did you walk, talk, and sit up on time?

_____ Yes _____ No

If no, details: _____

61. Did you have any childhood illnesses?

_____ Yes _____ No

If yes, details: _____

62. Did you have normal relationships with your peers when you were a child?

_____ Yes _____ No

If no, details: _____

Medications

68. Do you take any medications?

_____ Yes _____ No

If yes, details: _____

69. Do you take any over-the-counter medications?

_____ Yes _____ No

If yes, details: _____

70. (For women) Do you use birth control pills?

_____ Yes _____ No

Allergies

71. Do you have any allergies to medications?

_____ Yes _____ No

If yes, details: _____

72. Do you have any other allergies?

_____ Yes _____ No

If yes, details: _____

Family History

Please list all the persons in you house as you grew up

Who	age	Any particular problems?

Who do you live with now?

Who	age	Any particular problems?

73. Are there any medical illnesses that run in your family?

_____ Yes _____ No

If yes, who, and give details: _____

74. Is there anyone in your family who has had problems with anxiety or depression?

_____ Yes _____ No

If yes, who, and give details _____

75. Is there anyone in your family who has abused alcohol or other drugs?

_____ Yes _____ No

If yes, who, and give details: _____

76. Is there anyone in your family who has had any psychiatric illness?

_____ Yes _____ No

If yes, who, and give details: _____

77. Is there anyone in your family who has been in trouble with the law?

_____ Yes _____ No

If yes, who, and give details: _____

78. Is there anyone in your family who has had seizures or other neurological problems?

_____ Yes _____ No

If yes, who, and give details: _____

79. Is there anyone in your family who has had Tourette's Syndrome or vocal tics?

_____ Yes _____ No

If yes, who, and give details: _____

80. Is there anyone in your family who has a movement disorder or any unusual movements?

_____ Yes _____ No

If yes, who, and give details: _____

81. Is there anyone in your family who has had heart problems?

_____ Yes _____ No

If yes, who, and give details: _____

82. Is there anyone in your family who has blood pressure?

_____ Yes _____ No

If yes, who, and give details: _____

83. Is there anyone in your family who has had attentional problems?

_____ Yes _____ No

If yes, who, and give details: _____

84. Is there anyone in your family who has had learning disabilities?

_____ Yes _____ No

If yes, who, and give details: _____

Social History

85. How much do you smoke?

_____ Never Smoked
_____ Have quit for more than a year
_____ Have quit less than a year

_____ Half to one ppd
_____ One to two ppd
_____ Two or more ppd

_____ Less than half a pack per day (ppd)

86. How much caffeine do you drink, including caffeinated tea and soda?

_____ None	_____ 5-6 cups per day
_____ 1-2 cups per day	_____ 7-10 cups per day
_____ 3-4 cups per day	_____ 11+ cups per day

87. Tell me your work history, starting as far back as you can remember?

88. Have you served in the military?

_____ Yes _____ No

If yes, details (highest rank, special honors, duties, discharge status):

89. What is your current marital status?

_____ Never married	_____ Divorced
_____ Married	_____ Widowed
_____ Separated	

90. Are you currently in an intimate relationship?

_____ Yes _____ No

If yes, for how long?

_____ Less than 3 months	_____ 1-5 years
_____ 3-6 months	_____ 5-10 years
_____ 7 months – 1 year	_____ 10+ years

91. Do you have trouble in your relationship with others?

_____ Yes _____ No

If yes, details: _____

92. How many intimate relationships have you had that lasted more than 3 months?

_____ None _____ Three or four
_____ One or two _____ Five or more

93. I have asked you a lot of questions. Can you think for a minute and tell me if there are any other problems you have that might be related to what you came here for?
