

Interview for Adult ADHD (Parent or Adult Questionnaire)

_____ (client's name here) is undergoing evaluation for Attention Deficit Hyperactivity Disorder (ADHD). You have been identified as someone who could provide helpful historical and/or current information for this evaluation. Please consider the following questions and answer them to the best of your ability. We appreciate your assistance.

1. What is your relationship to the individual above? _____
2. What is your understanding of this disorder? _____

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

4. Now I am doing to ask you about some symptoms. Please indicate whether you saw these symptoms when the above individual was ages 5 to 18 and whether you note changes in these items now that the individual is an adult:

	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 feelings of restlessness.						
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 complete.						
q.	Often has difficulty waiting turn.						
r.	Often interrupts or intrudes on Others e.g., butts into conversations or games).						

Section for parent or reported who knew about individual as a child

1. Do you know anyone else in the family who was diagnosed with this disorder?

- Yes No Not Sure

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

Check all that apply:

- Stimulant (Ritalin, Adderall or other form) medication only
 Other medication only (Strattera, Wellbutrin or others)
 Therapy (group or individual) only
 Not sure how they were treated
 Other _____

3. Did your child see anyone about these problems when he/she was a child or adolescent?

- Yes No Not Sure

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

What was recommended treatment and outcome? _____

4. When would you say the problems first began? (Check only one)

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

Developmental History

1. As far as you know, were there any problems with the pregnancy or delivery of your child?

- Yes No

If yes, details: _____

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

- Yes No

If no, details: _____

3. Did your child have any childhood illnesses?

- Yes No

If yes, details: _____

4. Did your child ever have seizures?

- Yes No

If yes, details: _____

5. Did your child ever have an injury to the head and/or lose consciousness?

- Yes No

If yes, details: _____

6. Did your child have encephalitis or an infection in the brain?

- Yes No If yes, details: _____

7. Has your child ever had any tic (made unusual movements or noises) or been diagnosed Tourettes Syndrome.

- Yes No

If yes, details: _____

8. Was your child ever diagnosed with a heart problem?
 Yes No
If yes, details: _____

9. Was your child ever diagnosed with liver disease?
 Yes No
If yes, details: _____

10. Did you think your child was harder to control than children of his or her age as a child?
 Yes No

School History

1. Did your child have trouble starting school in kindergarten or first grade?
 Yes No Not sure
2. Did your child ever repeat a grade?
 Yes No
If yes, which grade(s) did they repeat? _____
3. Was your child ever in any special classes at school?
 Yes No
If yes, what kinds of special classes? _____

4. How would you describe your child's grades in school?
a. Average
b. Better than average
c. Worse than average
5. Did teachers think your child did as well as he/she should?
 Yes No Not sure
6. Did your child have normal relationships with peers as a child?
 Yes No
7. Was your child ever truant from school?
 Yes No
8. Was your child ever suspended or expelled from school?
 Yes No

9. Did your child ever get into fights at school? Yes No

If yes:

a. During which grades did he/she get into fights? (check all that apply):

1. Preschool
2. K to 6th
3. 7th to 8th
4. High School
5. Other _____

b. How many times did he/she get into fights?

1. 1 time
2. 2 to 5 times
3. 6 to 10 times
4. More than 10 times

c. Start a fight? Yes No

d. Use a weapon in a fight? Yes No

10. Did your child run away from home overnight? Yes No

If yes:

a. How many times did he/she run away?

1. 1 time
2. 2 to 6 times
3. 6 to 10 times
4. More than 10 times

b. What was the longest duration he/she was gone?

1. 1 night
2. 2 to 5 nights
3. 6 to 10 nights
4. More than 10 nights

11. Did your child ever get in trouble for damaging or stealing property?

Yes No

12. Did your child get in trouble for using alcohol other drugs?

Yes No

13. Was your child ever arrested or in trouble with the law?

Yes No

Family History

Is there a family history of? (Check all that apply):

- Depression or Anxiety
- Alcohol or other drug use
- Bipolar Disorder
- Seizure disorders
- Heart problems
- Tourette's or other tic disorder
- High blood pressure
- Learning disabilities/school problems
- Legal problems
- Other medical problems

If there are any additional thoughts or concerns this questionnaire has raised, please feel free to write them down on the back side of this page. Thank you again for your time.

This questionnaire was adapted from the Massachusetts Medical Center Adult ADHD Clinic Structured Protocol "Interview for Adult ADHD."