

# The Attention Deficit Hyperactivity Disorder Program

## DEVELOPMENTAL QUESTIONNAIRE

This questionnaire asks you respond to a series of questions about you and your family. This type of information is very helpful in making an accurate diagnosis of ADHD. It is also helpful to us in our ongoing efforts to conduct research on ADHD. Please complete these forms as best as you can. We will have the opportunity to discuss them in detail at the time of your appointment. If you have any questions, feel free to contact us at [add@cns-neurology.com](mailto:add@cns-neurology.com)

Please check the appropriate box or write in your answer in the space provided.

Thank you.

### Please print

Name:		Birth Date:	Age:
Address:			
Home Phone:		Work Phone:	
Spouse's Name:			
Home Phone:		Work Phone:	

## MARITAL STATUS

Married: How many times have you been married? _____ How long have you been married to you spouse? _____		Yes	No
Separated: How long did you live with your spouse before you separated? _____ How long have you been separated? _____		Yes	No
Divorced: Hong long were you married to your (last) spouse? _____ How long have you been divorced? _____		Yes	No
Widowed:		Yes	No
Never Married:		Yes	No
Other: Please explain:		Yes	No
Referred by:	Phone:		
Address:			
Have you notified your physician of your appointment here?		Yes	No
Do you believe that you have it in your ability to over behave? Please explain:		Yes	No
Have you ever been diagnosed by a psychologist or other professional (e.g.: mental health clinician/physician) as having ADHD? If yes, explain:		Yes	No
Have you ever been previously evaluated for ADHD specifically? If yes, explain:		Yes	No
Have you ever received treatment for ADHD? If yes, explain:		Yes	No
Have you ever taken any kind of medication for ADHD?		Yes	No

Please list the name of the medication and dosage that you take on a daily basis:

How long have you been on medication?

Have you ever experienced any problems while on medication?

Have you discussed these problems with your physician?	Yes	No
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**OTHERS IN THE HOME**

Name	Age	Birth Date	Relationship to Patient

**SIBLINGS WHO HAVE MOVED OUT OF THE HOME**

Name	Age	Birth Date	Relationship to Patient

What are your concerns? What are the difficulties/problems that cause you to seek help at this time?

Do you see yourself as being hyperactive or as having problems with attention and concentration: If yes, please explain:	Yes	No
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Do any other family member (e.g.: mother, father, brother, sister, aunt, uncle, etc.) suffer from a similar problem with inattentiveness/hyperactivity, or some other type of psychological, emotional, learning problem, and/or nervous disorder, etc.?	Yes	No
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Family Members Relationship To you :	Current Age	Type of Problem	Severity: Mild / Severe	Type of Treatment

Please list any unusual and/or traumatic family event in your life which you feel may have affected your development and ability to function (for example, birth of a sibling, death in the family, divorce, illnesses, frequent school changes, moves, etc.).

Incident:	Age at the Time	Comments:

Please use this space and any additional sheets for any additional information/comments you wish to share with us about yourself.


## BEHAVIOR RATING FORM (DSM-IV)

Your Name:

Please complete this form. If a description matches you, place an X in the space which shows how serious it is.

I.....	Not at all	Just a little	Pretty much	Very much
Often fail to give close attention to details or makes careless mistakes in school work, homework or other activities.				
Often have difficulty sustaining attention in tasks or play activities.				
Often do not seem to listen to what is being said to him or her.				
Often do not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).				
Often have difficulties organizing tasks and activities.				
Often avoid or strongly dislike tasks (such as schoolwork or homework) that require sustained mental effort.				
Often lose things necessary for tasks or activities (e.g.: school assignments, pencils, books, tools, or toys).				
Am often easily distracted extraneous stimuli.				
Am often forgetful in daily activities.				
Am often fidgets with hands or feet or squirms in seat.				
Leave seat in classroom or in other situations in which remaining seated is expected.				
Often run about or climbs excessively in situations where it is inappropriate (in adolescents or adults, may be limited to subjective feelings or restlessness).				
Often difficulty in playing or engaging in leisure activities quietly.				
Is often "on the go" or often acts as if "driven by a motor".				

<b>I.....</b>	<b>Not at all</b>	<b>Just a little</b>	<b>Pretty much</b>	<b>Very much</b>
Often talk excessively.				
Often blurt out answers to questions before the questions have been completed.				
Often have difficulty waiting in lines or awaiting turn in games or group situations.				
Often interrupt or intrude on others (e.g.; butts into conversations or games).				

<b>AS A CHILD I WAS (OR HAD):</b>	<b>Not at all or very slightly</b>	<b>Mildly</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Very much</b>
Active, restless, always on the go.					
Afraid of things.					
Concentration problems, easily distracted.					
Anxious, worrying.					
Nervous, fidgety.					
Inattentive, daydreaming.					
Hot or short tempered, low boiling point.					
Shy, sensitive.					
Temper outbursts, tantrums.					
Trouble with stick-to-it-tiveness, not following through, failing to finish things started.					
Stubborn, strong-willed.					
Sad or blue, depressed, unhappy.					
Incautious, dare-devilish, involved in pranks.					
Not getting a kick out of things, dissatisfied with life.					
Disobedient with parents, rebellious, sassy.					

<b>AS A CHILD I WAS (OR HAD)</b>	<b>Not at all or very slightly</b>	<b>Mildly</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Very much</b>
Low opinion of myself.					
Irritable.					
Outgoing, friendly, enjoy company of people.					
Sloppy, disorganized.					
Moody, had ups and downs.					
Felt Angry.					
Had friends, popular.					
Well organized, tidy, neat.					
Acted without thinking, impulsive.					
Tended to be immature.					
Felt guilty, regretful.					
Lost control of myself.					
Tended to be or act irrationally.					
Unpopular with other children, didn't keep friends for long, didn't get along with other children.					
Poorly coordinated, did not participate in sports.					
Afraid of losing control of self.					
Well coordinated, picked first in games.					

<b>MEDICAL PROBLEMS AS A CHILD</b>	<b>Not at all or very slightly</b>	<b>Mildly</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Very much</b>
Headaches					
Stomachaches					
Constipation					
Diarrhea					

<b>MEDICAL PROBLEMS AS A CHILD</b>	<b>Not at all or very slightly</b>	<b>Mildly</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Very much</b>
Food allergies					
Other allergies					
Bedwetting					

<b>AS A CHILD IN SCHOOL</b>	<b>Not at all or very slightly</b>	<b>Mildly</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Very much</b>
Overall a good student, fast.					
Overall a poor student, slow learner.					
Slow in "learning to read".					
Slow reader.					
Trouble with reversing letters.					
Problems with spelling.					
Problems with mathematics or numbers.					
Bad handwriting.					
Though I could read pretty well, never enjoyed reading.					
Did not achieve up to potential.					

Repeated grades?  Yes  No

If yes, which grades? \_\_\_\_\_

Suspended or expelled?  Yes  No

If yes, which grades? \_\_\_\_\_

<b>(FOR WOMEN ONLY)</b>	<b>Not at all or very slightly</b>	<b>Mildly</b>	<b>Moderately</b>	<b>Quite a bit</b>	<b>Very much</b>
Tomboyish.					
Ran away from home.					
Got in fights.					
Teased other children.					
Leader, bossy.					
Difficulty getting awake.					
Follower, led around too much.					
Trouble seeing things from someone else's point of view.					
Trouble with authorities, trouble with school, visits to principal's office.					
Trouble with police, booked convicted.					

Comments: