History Form for ADHD Assessment

I. Developmental Factors

A. Prenatal History

1. How was your health during pregnancy?
   - Good
   - Fair
   - Poor
   - Don't know

2. How old were you when your child was born?
   - Under 20
   - 20-24
   - 25-29
   - 30-34
   - 35-39
   - 40-44
   - Over 44
   - Don't know

Do you recall using any of the following substances or medications during pregnancy?

3. Beer or wine
   - Never
   - Once or twice
   - 3-9 times
   - 10-19 times
   - 20-39 times
   - 40+ times

4. Hard liquor
   - Never
   - Once or twice
   - 3-9 times
   - 10-19 times
   - 20-39 times
   - 40+ times

5. Coffee or other caffeine (Cokes, etc.) Taken together, how many times?
   - Never
   - Once or twice
   - 3-9 times
   - 10-19 times
   - 20-39 times
   - 40+ times

6. Cigarettes
   - Never
   - Once or twice
   - 3-9 times
   - 10-19 times
   - 20-39 times
   - 40+ times

7. Street drugs
   - Never
   - Once or twice
   - 3-9 times
   - 10-19 times
   - 20-39 times
   - 40+ times

8. Did you ingest any of the following substances?
   - Tranquilizers
   - Antiseizure medications (e.g. Dilantin)
   - Treatment for diabetes
   - Antibiotics (or antiviral medications)
   - Sleeping pills
   - Other (please specify)

9. Did you have toxemia or eclampsia?
   - No
   - Yes
   - Don't know

10. Was there Rh factor incompatibility?
    - No
    - Yes
    - Don't know

11. Was (s)he born on schedule?
    - 8 mos. or less
    - 8-10 mos.
    - 10 mos.
    - Don't know

12. What was the duration of labor?
    - Under 6 hr.
    - 7-12 hr.
    - 12-18 hr.
    - 19-24 hr.
    - Over 24 hr.
    - Don't know

13. Were you given any drugs to ease the pain during labor?
    - Name:
    - No
    - Yes
    - Don't know

14. Were there indications of fetal distress during labor or during birth?
    - No
    - Yes
    - Don't know

15. What was delivery:
    - Normal?
    - Breech?
    - Caesarian?
    - Forceps?
    - Induced?
    - No
    - Yes
    - Don't know

16. What was the child's birth weight?
    - 2 to 4 lb.
    - 4 to 6 lb.
    - 6 to 8 lb.
    - 8 to 10 lb.
    - 10 to 12 lb.
    - Don't know
C. Postnatal Period and Infancy

16. Were there any health complications following birth?
   If yes, specify: ____________________________ No Yes _____

17. Were there early infancy feeding problems?
   No Yes _____

18. Was the child colicky?
   No Yes _____

19. Were there early infancy sleep pattern difficulties?
   No Yes _____

20. Were there problems with the infant's responsiveness (alertness)?
   No Yes _____

21. Did the child experience any health problems during infancy?
   Name: No Yes _____

22. Did the child have any congenital problems?
   No Yes _____

23. Was the child an easy baby? By that I mean did (s)he cry a lot? Did (s)he follow a schedule fairly well?
   Very easy Easy Average Difficult Very diff. _____

24. How did the baby behave with other people?
   More sociable than average Average sociability More unsociable than average _____

25. When (s)he wanted something, how insistent was (s)he?
   Very Pretty Average Not very Not at all _____

26. How would you rate the activity level of the child as an infant/toddler?
   Very Active Average Less active Not active _____

D. Developmental Milestones

27. At what age did (s)he sit up?
   3-6 mos. 7-12 mos. Over 12 mos. Don't know _____

28. At what age did (s)he crawl?
   3-6 mos. 7-12 mos. Over 12 mos. Don't know _____

29. At what age did (s)he walk?
   Under 1 yr. 1-2 yr. 2-3 yr. Don't know _____

30. At what age did (s)he speak: single words (other than "mama" or "dada")?
   9-13 mo 14-18 mo 19-24 mo 25-36 mo 37-48 mo. Don't know _____

31. At what age did (s)he string two or more words together?
   9-13 mo 14-18 mo 19-24 mo 25-36 mo 37-48 mo. Don't know _____

32. At what age was (s)he toilet-trained? (bladder control)
   Under 1 yr. 1-2 yr. 2-3 yr. 3-4 yr. Don't know _____

33. At what age was (s)he toilet-trained? (bowel control)
   Under 1 yr. 1-2 yr. 2-3 yr. 3-4 yr. Don't know _____

34. Approximately how much time did toilet training take from onset to completion?
   Under 1 mo. 1-2 mo 2-3 mo Over 3 mo _____

II. Medical History

35. How would you describe his/her health?
   Very good Good Fair Poor Very poor _____

36. How is his/her hearing?
   Good Fair Poor _____

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37. How is his/her vision?

   Good   Fair   Poor

38. How is his/her gross motor coordination?

   Good   Fair   Poor

39. How is his/her fine motor coordinations?

   Good   Fair   Poor

40. How is his/her speech articulation?

   Good   Fair   Poor

41. Has (s)he had any chronic health problems (e.g. asthma, diabetes, heart condition)?

   If yes, specify: No   Yes

42. When was the onset of any chronic illness?

   Birth   0-1 yr.   1-2 yr.   2-3 yr.   3-4 yr.   Over 4 yr.

43. Which of the following illnesses has the child had?

   Mumps   No   Yes
   Chicken pox   No   Yes
   Measles   No   Yes
   Whooping cough   No   Yes
   Scarlet fever   No   Yes
   Pneumonia   No   Yes
   Encephalitis   No   Yes
   Otitis media   No   Yes
   Lead poisoning   No   Yes
   Seizures   No   Yes

   Other diseases (specify):

44. Has the child had any accidents resulting in the following?

   Broken bones   No   Yes
   Severe lacerations   No   Yes
   Head injury   No   Yes
   Severe bruises   No   Yes
   Stomach pumped   No   Yes
   Eye injury   No   Yes
   Lost teeth   No   Yes
   Sutures   No   Yes

   Other (specify):

45. How many accidents?

   One   2-3   4-7   8-12   Over 12

46. Has (s)he ever had surgery for any of the following conditions?

   Tonsillitis   No   Yes
   Adenoids   No   Yes
   Hernia   No   Yes
   Appendicitis   No   Yes
   Eye, ear, nose, & throat   No   Yes
   Digestive disorder   No   Yes
   Urinary tract   No   Yes
   Leg or arm   No   Yes
   Burns   No   Yes

   Other (specify):

47. How many times?

   One   Two   3-5   6-8   Over 8
III. Treatment History

48. Duration of hospitalization?
   - One day
   - Day & night
   - 2-3 days
   - 4-6 days
   - 1-4 weeks
   - 1-2 months
   - Over 2 mos.

49. Is there any suspicion of alcohol or drug use?
   - No
   - Yes
   - Don’t know

50. Is there any history of physical/sexual abuse?
   - No
   - Yes
   - Don’t know

51. Does the child have any problems sleeping?
   - None
   - Difficulty falling asleep
   - Sleep continuity disturbance
   - Early morning awakening

52. Is the child a restless sleeper?
   - No
   - Yes
   - Don’t know

53. Does the child have bladder control problems at night?
   - If yes, how often?
     - No
     - Yes
   - If yes, was (s)he ever continent?
     - No
     - Yes

   Does the child have bladder control problems during the day?
   - If yes, how often?
     - No
     - Yes
   - If yes, was (s)he ever continent?
     - No
     - Yes

54. Does the child have bowel control problems at night?
   - If yes, how often?
     - No
     - Yes
   - If yes, was (s)he ever continent?
     - No
     - Yes

   Does the child have bowel control problems during the day?
   - If yes, how often?
     - No
     - Yes
   - If yes, was (s)he ever continent?
     - No
     - Yes

55. Does the child have any appetite control problems?
   - Overeats
   - Average
   - Undereats

III. Treatment History

56. Has the child ever been prescribed any of the following? (Note duration in months.)
   - If yes, duration: Ritalin
     - No
     - Yes
   - If yes, duration: Dexedrine
     - No
     - Yes
   - If yes, duration: Adderall
     - No
     - Yes
   - If yes, duration: Anticonvulsants
     - No
     - Yes
   - If yes, duration: Wellbutrin
     - No
     - Yes
   - If yes, duration: Strattera
     - No
     - Yes
   - If yes, duration: Other prescription drugs
     - No
     - Yes

57. Has the child ever had any of the following forms of psychological treatment?
   - If yes, how long: Individual psychotherapy
     - No
     - Yes
   - If yes, how long: Group psychotherapy
     - No
     - Yes
   - If yes, how long: Family therapy with child
     - No
     - Yes
   - If yes, how long: Inpatient evaluation/Rx
     - No
     - Yes
   - If yes, how long: Residential treatment
     - No
     - Yes

IV. School History

Please summarize the child's progress (e.g. academic, social, testing) within each of these grade levels:

Preschool:
Kindergarten:

Grades 1 through 3:

Grades 4 through 6:

Grades 7 through 12:

58. Has the child ever been in any type of special educational program?
   If yes, how long: ______________ Learning disabilities class No Yes
   If yes, how long: ______________ Behavioral/emotional disorders class No Yes
   If yes, how long: ______________ Resource room No Yes
   If yes, how long: ______________ Speech & language therapy No Yes
   Other (specify):

59. Has the child ever been?
   If yes, how many times: ______________ Suspended from school No Yes
   If yes, how many times: ______________ Expelled from school No Yes
   If yes, how many times: ______________ Retained in grade No Yes

60. Have any additional instructional modifications been attempted?
    None Behavior modification program Daily/weekly report card Other, specify

V. Social History

61. How does the child get along with his/her brothers/sisters?
    Doesn’t have any Better than average Average Worse than average

62. How easily does the child make friends?
    Easier than average Average Worse than average Don’t know

63. On the average, how long does your child keep friendships?
    Less than 6 months 6 months to 1 year More than 1 year Don’t know

VI. Current Behavioral Concerns

Primary concerns Other (related) concerns

64. What strategies have been implemented to address these problems? (Check which have been successful)
    Verbal reprimands
    Time out (isolation)
    Removal of privileges
65. On the average, what percentage of the time does your child comply with initial commands?

- 0-20%
- 20-40%
- 40-60%
- 60-80%
- 80-100%

66. On the average, what percentage of the time does your child eventually comply with commands?

- 0-20%
- 20-40%
- 40-60%
- 60-80%
- 80-100%

67. To what extent are you and your spouse consistent with respect to disciplinary strategies?

- Most of the time
- Some of the time
- None of the time

68. Have any of the following stress events occurred within the past 12 months?

- Parents divorced or separated
- Family accident or illness
- Death in family
- Parent changed job
- Changed schools
- Family moved
- Family financial problems
- Other, specify

69. Which of the following are considered to be a significant problem at the present time?

- Fidgets
- Difficulty remaining seated
- Easily distracted
- Difficulty awaiting turn
- Often blurts out answers to questions before they have been completed
- Difficulty following instructions
- Difficulty sustaining attention
- Shifts from one activity to another
- Difficulty playing quietly
- Often talks excessively
- Often interrupts or intrudes on others
- Often does not listen
- Often loses things
- Often engages in physically dangerous activities

- No
- Yes

Total for ADHD (8 or more)

70. When did these problems begin? (Specify age)
71. Which of the following are considered to be a significant problem at the present time?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often loses temper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often argues with adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often actively defies or refuses adult requests or rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often deliberately does things that annoy other people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often blames others for own mistakes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is often touchy or easily annoyed by others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is often angry or resentful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is often spiteful or vindictive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often swears or uses obscene language</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total for Oppositional Defiant Disorder (5 or more)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

72. When did these problems begin? (Specify age)

73. Which of the following are considered to be a significant problem at the present time?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stolen without confrontation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Run away from home overnight at least twice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lies often</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deliberate fire-setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often truant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breaking and entering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Destroyed others' property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cruel to animals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forced someone else into sexual activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used a weapon in a fight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often initiates physical fights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stolen with confrontation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physically cruel to people</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total for Conduct Disorder (3 or more)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

74. When did these problems begin? (Specify age)

75. Which of the following are considered to be a significant problem at the present time?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrealistic and persistent worry about possible harm to attachment figures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrealistic and persistent worry that a calamitous event will separate the child from attachment figure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistent school refusal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistent refusal to sleep alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Persistent avoidance of being alone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeated nightmares re: separation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somatic complaints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive distress in anticipation of separation from attachment figure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive distress when separated from home or attachment figures</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total for Separation Anxiety Disorder (3 or more)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

76. When did these problems begin? (Specify age)

77. Which of the following are considered to be a significant problem at the present time?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrealistic worry about future events</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### VIII. Other Concerns

<table>
<thead>
<tr>
<th>Concern</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrealistic concern about appropriateness of past behavior</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Unrealistic concern about competence</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Somatic complaints</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Marked self-consciousness</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Excessive need for reassurance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Marked inability to relax</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Total for Overanxious Disorder (4 or more)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

78. **When did these problems begin? (Specify age)**

79. **Which of the following are considered to be a significant problem at the present time?**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed or irritable mood most of the day near every day</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Diminished pleasure in activities</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Decrease or increase in appetite associated with possible failure to make weight gain</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Insomnia or hypersomnia nearly every day</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Psychomotor agitation or retardation</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Fatigue or loss of energy</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Feelings of worthlessness or excessive inappropriate guilt</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Diminished ability to concentrate</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Suicidal ideation or attempt</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Total for Major Depressive Episode (items 3-9) (5 or more)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

80. **When did these problems begin? (Specify age)**

81. **Which of the following are considered to be a significant problem at the present time?**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed or irritable mood for most of the day x 1 yr.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Poor appetite or overeating</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Insomnia or hypersomnia</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Low energy or fatigue</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Low self-esteem</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Poor concentration or difficulty making decisions</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Feelings of hopelessness</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Never without symptoms for &gt; 2 mos. over a one year period</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Total for Dysthymia (items 2-7) (3 or more)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

82. **When did these problems begin? (Specify age)**

83. **Has the child exhibited any of the symptoms below?**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stereotyped mannerisms</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Odd postures</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Excessive reaction to noise or fails to react to loud noises</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Overreacts to touch</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Compulsive rituals</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Motor tics</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Vocal tics</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
84. Has the child exhibited any symptoms of thought disturbance, including any of the following:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loose thinking (e.g. tangential ideas, circumstantial speech)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bizarre ideas (e.g. odd fascinations, delusions, hallucinations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disoriented, confused, staring, or &quot;spacey&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incoherent speech (mumbles, jargon)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

85. Has the child exhibited any symptoms of affective disturbance, including any of the following:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive lability without reference to environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explosive temper with minimal provocation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive clinging, attachment, or dependence on adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unusual fears</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strange aversions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Panic attacks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessively constricted or bland affect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situationally inappropriate emotions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

86. Has the child exhibited any symptoms of social conduct disturbance, including the following:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little of no interest in peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significantly indiscreet remarks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiates or terminates interactions inappropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualitatively abnormal social behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive reaction to changes in routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormalities of speech</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-mutilation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

87. How long have you and the child's father (mother) been married? Please note whether the child was the product of 1st, 2nd, etc. marriage.)

<table>
<thead>
<tr>
<th>Length of Marriage</th>
<th>Never</th>
<th>Separated</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Married for ____ years</th>
</tr>
</thead>
</table>

88. How stable is your current marriage?

<table>
<thead>
<tr>
<th>Stability</th>
<th>Stable</th>
<th>Unstable</th>
</tr>
</thead>
</table>

IX. Family History