DEVELOPMENTAL HISTORY

Name_____ Date_____

1. As far as you know, were there any problems with your mother's pregnancy with you? Yes No
   If yes, please give details:

2. Were there any problems associated with her delivery of you? Yes No
   If yes, please give details.

3. Did your mother use alcohol or other drugs during the pregnancy? Yes No
   If yes, please give details:

4. Did your mother smoke cigarettes during the pregnancy? Yes No
   If yes, please give any details:

5. Did you have any significant delays in your development (i.e., in walking, talking, or sitting up)? Yes No
   If yes, please give details:

6. Did you have any serious childhood illnesses/diseases/major surgeries? Yes No
   If yes, please give details:

(cont.)

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7. Did you have any problems getting along with other children when you were a child? Yes No
   If yes, please give details:

8. Please place a checkmark beside any of the following that you believe you had significant difficulties with as a child:

____ Defiant	____ Aggressive	____ Stubborn	____ Destructive
____ Hyperactive	____ Impulsive	____ Inattentive	____ Distractible
____ Shy	____ Withdrawn	____ Depressed	____ Anxious
____ Fearful	____ Lying	____ Stealing	____ Fighting
____ Learning	____ Language	____ Memory	____ Motor skills
____ Sleeping	____ Eating	____ Toilet training	

____ Strange ideas (explain):

____ Strange behavior (explain):

EMPLOYMENT HISTORY

Name_____ Date_____

1. What is your current employment status (circle one)?
   a. Full time c. Unemployed e. Homemaker
   b. Part time d. Student f. Disabled
2. What is your current occupation?_____
3. Who is your current employer?_____
4. How long have you worked in your present job?_____ years
5. Please give us your history of previous employment since completing your education:

Job title	Time on job (years)	Reason for leaving

6. What is your longest period of employment at one place?_____
7. Have you ever been fired from a job? Yes No
   If yes, how many jobs were you fired from or asked to leave by your employer?_____
8. Have you served in the military? Yes No
   If yes, please give details:

9. Briefly describe the types of problems you have experienced with work either at your current job or in the past:

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HEALTH HISTORY

Name_____ Date_____

Have you ever had any of the following:

Type of problem	During childhood	Past as an adult	Currently
Allergies/asthma			
Heart problems			
Epilepsy or seizures			
High blood pressure			
Serious head injury			
Injury resulting in loss of consciousness			
Lead poisoning			
Broken bones			
Surgery			
Migraine headaches			
Thyroid condition			
Problems with vision			
Problems with hearing			
Diabetes			
Any other serious medical problems: (explain):			

Are you currently taking any medications? Yes No

If yes, please give details:

Please describe any other health difficulties you have experienced now or in the past:

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SOCIAL HISTORY

Name_____ Date_____

1. How would you describe your mood most of the time? (circle one)
   a. Cheerful/happy b. Sad/depressed c. Changes all the time
   d. Anxious/nervous e. Angry/irritable d. Bland/unfeeling
2. Do your moods change *very* frequently, abruptly, and/or unpredictably? Yes No
   If yes, please give details:

3. Do you have trouble making friends? Yes No
4. Do you have trouble keeping friends? Yes No
5. Do you have trouble in your relationships with others? Yes No
   If yes, please give details:

6. Do you have problems with your temper? Yes No
   If yes, please give details:

7. Do you have a driver's license? Yes No
8. Has your license ever been suspended? Yes No
   If so, please explain why:

9. How many speeding tickets have you ever gotten?_____
10. Have you ever been stopped for driving while intoxicated? Yes No
    If so, how many times?_____ Were you arrested? Yes No
11. How many car accidents, regardless of fault, have you ever been involved in?_____
12. How many times did your family move during your childhood and adolescent years?_____
13. How many times have you moved since leaving high school?_____
14. If you believe that you have attention deficit hyperactivity disorder, or ADHD, please tell us in what way have your ADHD symptoms interfered with your life?

15. In what ways have you tried to compensate for or cope with your deficits?

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CURRENT SYMPTOMS SCALE—SELF-REPORT FORM

Name_____ Date_____

Instructions: Please circle the number next to each item that best describes your behavior *during the past 6 months.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Fail to give close attention to details or make careless mistakes in my work	0	1	2	3
2. Fidget with hands or feet or squirm in seat	0	1	2	3
3. Have difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Leave my seat in situations in which seating is expected	0	1	2	3
5. Don't listen when spoken to directly	0	1	2	3
6. Feel restless	0	1	2	3
7. Don't follow through on instructions and fail to finish work	0	1	2	3
8. Have difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Have difficulty organizing tasks and activities	0	1	2	3
10. Feel "on the go" or "driven by a motor"	0	1	2	3
11. Avoid, dislike, or am reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talk excessively	0	1	2	3
13. Lose things necessary for tasks or activities	0	1	2	3
14. Blurt out answers before questions have been completed	0	1	2	3
15. Am easily distracted	0	1	2	3
16. Have difficulty awaiting turn	0	1	2	3
17. Am forgetful in daily activities	0	1	2	3
18. Interrupt or intrude on others	0	1	2	3

(cont.)

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How old were you when these problems with attention, impulsiveness, or hyperactivity first began to occur? _____ years old

To what extent do the problems you may have circled on the previous page interfere with your ability to function in each of these areas of life activities?

Areas:	Never or rarely	Sometimes	Often	Very often
In my home life with my immediate family	0	1	2	3
In my work or occupation	0	1	2	3
In my social interactions with others	0	1	2	3
In my activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In my dating or marital relationship	0	1	2	3
In my management of my money	0	1	2	3
In my driving of a motor vehicle	0	1	2	3
In my leisure or recreational activities	0	1	2	3
In my management of my daily responsibilities	0	1	2	3

Instructions: Again, please circle the number next to each item that best describes your behavior *during the past 6 months.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Lose temper	0	1	2	3
2. Argue	0	1	2	3
3. Actively defy or refuse to comply with requests or rules	0	1	2	3
4. Deliberately annoy people	0	1	2	3
5. Blame others for my mistakes or misbehavior	0	1	2	3
6. Am touchy or easily annoyed by others	0	1	2	3
7. Am angry or resentful	0	1	2	3
8. Am spiteful or vindictive	0	1	2	3

CHILDHOOD SYMPTOMS SCALE—SELF-REPORT FORM

Name_____ **Date**_____

Instructions: Please circle the number next to each item that best describes your behavior *when you were a child age 5 to 12 years.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Failed to give close attention to details or made careless mistakes in my work	0	1	2	3
2. Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3. Had difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Left my seat in classroom or in other situations in which seating was expected	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Felt restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Felt "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work that required sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3
14. Blurted out answers before questions were completed	0	1	2	3
15. Was easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3
17. Was forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3

[cont.]

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To what extent did the problems you may have circled on the previous page interfere with your ability to function in each of these areas of life activities *when you were a child between 5 and 12 years of age*?

Areas:	Never or rarely	Sometimes	Often	Very often
In my home life with my immediate family	0	1	2	3
In my social interactions with other children	0	1	2	3
In my activities or dealings in the community	0	1	2	3
In school	0	1	2	3
In sports, clubs, or other organizations	0	1	2	3
In learning to take care of myself	0	1	2	3
In my play, leisure, or recreational activities	0	1	2	3
In my handling of my daily chores or other responsibilities	0	1	2	3

Instructions: Again, please circle the number next to each item that best describes your behavior *when you were a child age 5 to 12 years.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Lost temper	0	1	2	3
2. Argued with adults	0	1	2	3
3. Actively defied or refused to comply with adults' requests or rules	0	1	2	3
4. Deliberately annoyed people	0	1	2	3
5. Blamed others for my mistakes or misbehavior	0	1	2	3
6. Was touchy or easily annoyed by others	0	1	2	3
7. Was angry or resentful	0	1	2	3
8. Was spiteful or vindictive	0	1	2	3

(cont.)

Instructions: Please indicate whether you engaged in any of the following *during the period between 5 and 18 years of age:*

1. Often bullied, threatened, or intimidated others	No	Yes
2. Often initiated physical fights	No	Yes
3. Used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, or gun)	No	Yes
4. Was physically cruel to people	No	Yes
5. Was physically cruel to animals	No	Yes
6. Stole while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)	No	Yes
7. Forced someone into sexual activity	No	Yes
8. Deliberately engaged in fire setting with the intention of causing serious damage	No	Yes
9. Deliberately destroyed others' property (other than by fire setting)	No	Yes
10. Broke into someone else's house, building, or car	No	Yes
11. Often lied to obtain goods or favors or to avoid obligations (i.e., "conned" others)	No	Yes
12. Stole items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)	No	Yes
13. Often stayed out at night despite parental prohibitions If so, at what age did this begin?_____	No	Yes
14. Ran away from home overnight at least twice while living in parents' home, foster care, or group home. If so, how many times?_____	No	Yes
15. Was often truant from school If so, at what age did this begin?_____	No	Yes

CURRENT SYMPTOMS SCALE—OTHER REPORT FORM

Your name_____ **Date**_____

Person to be rated by you_____

Your relationship to that person_____

Instructions: Please rate the person named above by circling the number next to each item that best describes this person's behavior *during the past 6 months.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in his/her work	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Leaves his/her seat in situations in which seating is expected	0	1	2	3
5. Doesn't listen when spoken to directly	0	1	2	3
6. Seems restless	0	1	2	3
7. Doesn't follow through on instructions and fails to finish work	0	1	2	3
8. Has difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Has difficulty organizing tasks and activities				
10. Seems to be "on the go" or "driven by a motor"	0	1	2	3
11. Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3

(cont.)

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16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3

19. If you indicated that this person experienced any of the problems on the first page, at what age did these problems develop: At approximately _____ years old

To what extent do the problems you may have circled on the previous page interfere with this person's ability to function in each of these areas of life activities?

Areas:	Never or rarely	Sometimes	Often	Very often
In his/her home life with the immediate family	0	1	2	3
In his/her work or occupation	0	1	2	3
In his/her social interactions with others	0	1	2	3
In his/her activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In his/her dating or marital relationship	0	1	2	3
In his/her management of money	0	1	2	3
In his/her driving of a motor vehicle	0	1	2	3
In his/her leisure or recreational activities	0	1	2	3
In his/her management of daily responsibilities	0	1	2	3

CHILDHOOD SYMPTOMS SCALE—OTHER REPORT FORM

Your name_____ **Date**_____

Person to be rated by you_____

Your relationship to that person_____

Instructions: Please circle the number next to each item that best describes the behavior of the person being rated when he/she was *a child age 5 to 12 years.*

Items.	Never or rarely	Sometimes	Often	Very often
1. Failed to give close attention to details or made careless mistakes in his/her work	0	1	2	3
2. Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3. Had difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Left his/her seat in classroom or in other situations in which seating was expected	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Seemed restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Seemed "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work that required sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3
14. Blurted out answers before questions were completed	0	1	2	3
15. Was easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3

(cont.)

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17. Was forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3

To what extent did the problems you may have circled on the previous page interfere with this person's ability to function in each of these areas of life activities *when he/she was a child between 5 and 12 years of age?*

Areas:	Never or rarely	Sometimes	Often	Very often
In his/her home life with the immediate family	0	1	2	3
In his/her social interactions with other children	0	1	2	3
In his/her activities or dealings in the community	0	1	2	3
In school	0	1	2	3
In sports, clubs, or other organizations	0	1	2	3
In learning to take care of him/herself	0	1	2	3
In his/her play, leisure, or recreational activities	0	1	2	3
In his/her handling of daily chores or other responsibilities	0	1	2	3

Instructions: Again, please circle the number next to each item that best describes the behavior of the person being rated *when he/she was a child age 5 to 12 years.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Lost temper	0	1	2	3
2. Argued with adults	0	1	2	3
3. Actively defied or refused to comply with adults' requests or rules	0	1	2	3
4. Deliberately annoyed people	0	1	2	3
5. Blamed others for his/her mistakes or misbehavior	0	1	2	3
6. Was touchy or easily annoyed by others	0	1	2	3
7. Was angry or resentful	0	1	2	3
8. Was spiteful or vindictive	0	1	2	3

(cont.)

Instructions: Please indicate whether the person being rated on this form engaged in any of the following items *between 5 and 18 years of age*:

1. Often bullied, threatened, or intimidated others	No	Yes
2. Often initiated physical fights	No	Yes
3. Used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, or gun)	No	Yes
4. Was physically cruel to people	No	Yes
5. Was physically cruel to animals	No	Yes
6. Stole while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)	No	Yes
7. Forced someone into sexual activity	No	Yes
8. Deliberately engaged in fire setting with the intention of causing serious damage	No	Yes
9. Deliberately destroyed others' property (other than by fire setting)	No	Yes
10. Broke into someone else's house, building, or car	No	Yes
11. Often lied to obtain goods or favors or to avoid obligations (i.e., "conned" others)	No	Yes
12. Stole items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)	No	Yes
13. Often stayed out at night despite parental prohibitions If so, at what age did this begin?_____	No	Yes
14. Ran away from home overnight at least twice while living in parents' home, foster care, or group home. If so, how many times?_____	No	Yes
15. Was often truant from school If so, at what age did this begin?_____	No	Yes

CHILDHOOD SCHOOL PERFORMANCE SCALE—OTHER REPORT FORM

Your name_____ **Date**_____

Person to be rated by you_____

Your relationship to that person _____

Instructions: Please think back to when the person named above ("person to be rated") was a child in school. We want you to tell us about their behavior at school and their typical school performance. Please circle the number next to each item that best describes the behavior of this person in school *when he/she was in grades 1 to 12*.

Items:	Never or rarely	Sometimes	Often	Very often
1. Failed to give close attention to details or made careless mistakes in his/her work	0	1	2	3
2. Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3. Had difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Left his/her seat in classroom or in other situations in which seating was expected	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Seemed restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Seemed "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work that required sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3

(cont.)

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14. Blurted out answers before questions had been completed	0	1	2	3
15. Was easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3
17. Was forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3

To what extent did this person have difficulties in the following areas of school performance when he/she were in grades 1 to 12?

Areas:	Never or rarely	Sometimes	Often	Very often
In his/her completion of classwork	0	1	2	3
In his/her completion of homework assignments	0	1	2	3
In his/her behavior in the school classroom	0	1	2	3
In his/her behavior on the school bus	0	1	2	3
In sports, clubs, or other organizations held at school	0	1	2	3
In his/her interactions with classmates	0	1	2	3
In his/her play or recreational activities at recess	0	1	2	3
In his/her behavior in the lunchroom at school	0	1	2	3
In his/her management of time at school	0	1	2	3

1. Was this person ever held back a grade in school?	Yes	No
2. Was this person ever suspended or expelled from school?	Yes	No
3. Did this person receive any special education services?	Yes	No
4. Was this person punished at school more often than others?	Yes	No
5. Did this person skip school without permission?	Yes	No
6. Did this person drop out or fail to graduate high school?	Yes	No
7. Did this person ever take any medication to help manage his/her behavior at school?	Yes	No

WORK PERFORMANCE RATING SCALE—SELF-REPORT FORM

Name_____ **Date**_____

Instructions: Please rate yourself in your own work performance by circling the number next to each item that best describes your behavior at work *during the past 6 months.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Fail to give close attention to details or make careless mistakes in my work	0	1	2	3
2. Fidget with hands or feet or squirm in seat	0	1	2	3
3. Have difficulty sustaining attention in tasks or other work-related activities	0	1	2	3
4. Leave my seat in meetings, classes, or in other situations in which seating is expected	0	1	2	3
5. Do not listen when spoken to directly	0	1	2	3
6. Feel restless	0	1	2	3
7. Do not follow through on instructions and fail to finish work	0	1	2	3
8. Have difficulty working quietly	0	1	2	3
9. Have difficulty organizing tasks and activities	0	1	2	3
10. Seem to be "on the go" or "driven by a motor"	0	1	2	3
11. Avoid, dislike, or am reluctant to engage in work that requires sustained mental effort	0 0	1 1	2 2	3 3
12. Talk excessively	0	1	2	3
13. Lose things necessary for tasks or activities	0	1	2	3
14. Blurt out answers before questions have been completed	0	1	2	3
15. Am easily distracted	0	1	2	3
16. Have difficulty awaiting turn in group activities	0	1	2	3
17. Am forgetful in daily activities	0	1	2	3
18. Interrupt or intrude on others	0	1	2	3

(cont.)

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To what extent do the problems you may have circled on the previous page interfere with your ability to function in each of these areas of work activities?

Areas:	Never or rarely	Sometimes	Often	Very often
In my interactions with my coworkers	0	1	2	3
In my performance of assigned work	0	1	2	3
In my interactions with supervisors	0	1	2	3
In my activities or dealings with clients, customers, or the general public	0	1	2	3
In any educational activities at work	0	1	2	3
In my punctuality for work	0	1	2	3
In my management of my time and work-related deadlines	0	1	2	3
In my operation of any work-related equipment	0	1	2	3
In my operation of any work-related motor vehicles	0	1	2	3
In my management of my daily responsibilities	0	1	2	3

In general, how would you rate your overall work performance and productivity as an employee? (circle one)

1. Excellent 2. Above average 3. Average 4. Below average 5. Poor

ADULT INTERVIEW

Client's name_____ **Date**_____

Date of birth_____ Age_____ Clinic record #_____

Marital status: [Circle one] Single Married Divorced Separated Widowed

Ethnic group_____

Primary referral source: [*Circle one only*]

1. Self
2. Parent
3. Physician
4. Mental health professional
5. Child ADHD clinic
6. Friend
7. Other_____

Participants in this interview: [*Check all that apply*]

Patient____ Spouse ____ Mother____ Father ____ Sibling ____

Friend ____ Other ____

Reason for referral:

Goals/purposes of evaluation:

LEGAL DISCLOSURES

[*Interviewer, as part of the interview, be certain to review any necessary legal disclosures pertinent to your state, country, or other geographic region. For instance, in Massachusetts, we advise clients of the following four issues:*

1. *Any disclosure of information that indicates a suspicion of child abuse must be reported to state authorities (Department of Social Services).*
2. *Any disclosure of current threats of harm to oneself, as in a specific suicide threat, will result in immediate referral to an emergency mental health unit.*
3. *Any disclose of specific current threats to specific individuals will result in notification of those individuals concerning the threat.*
4. *Although the mental health records are confidential, they may be subpoenaed by a judge's order and must be provided to the court if so ordered.*

Take time now to cover ony such issues with the client before proceeding to the remainder of this interview.]

(cont.)

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Please provide a brief description of your major concerns presently:

When would you say these symptoms began?

1. 0–7 years
2. 8–12 years
3. 13–15 years
4. 16–21 years
5. 22 years to present

Please describe briefly the history of these concerns and provide some highlights as to how they have affected you during your life:

REVIEW OF ADHD SYMPTOMS

[Interviewer: In this section, please review with the client his/her self-reports of the ADHD symptom list. If a parent or someone who knows the client well since childhood has accompanied the client to the interview, please record his/her impression of the client's ADHD symptoms currently and in childhood. Otherwise, this information can be obtained later by telephone interview with the parent or other person. Simply use the columns next to each symptom to record the answers paying attention to the fact that you are inquiring both about the presence of the symptom now and whether or not it was present in childhood, ages 5–12 years. Place a "1" in the column next to each symptom if that symptom is or was present to a developmentally inappropriate degree. Use a "0" if the symptom was not present or did not occur to an inappropriate degree.]

Instructions: Please tell me whether or not you have experienced any of the following behaviors to a degree that would be considered significant or developmentally inappropriate for your age *during the past 6 months.* I will then ask you if you also experienced this behavior to an inappropriate degree *when you were a child between the ages of 5 and 12 years.*

(cont.)

	Client self-report		Parent/other	
Items:	Now	5–12	Now	5–12
1. Failed to give close attention to details or made careless mistakes in your work				
2. Fidgeted with hands or feet or squirmed in seat				
3. Had difficulty sustaining your attention in tasks or fun activities				
4. Left your seat in situations in which seating is expected				
5. Didn't listen when spoken to directly				
6. Felt restless				
7. Didn't follow through on instructions and failed to finish work				
8. Had difficulty engaging in leisure activities or doing fun things quietly				
9. Had difficulty organizing tasks and activities				
10. Felt "on the go" or "driven by a motor"				
11. Avoided, disliked, or were reluctant to engage in work that required sustained mental effort				
12. Talked excessively				
13. Lost things necessary for tasks or activities				
14. Blurted out answers before questions were completed				
15. Were easily distracted				
16. Had difficulty awaiting turn				
17. Were forgetful in daily activities				
18. Interrupted or intruded on others				

Approximately how old were you when these problems with attention, impulsiveness, or hyperactivity first began to occur? _____years old

[Interviewer: Record here the total number of inattention symptoms, items 1–9, and hyperactive–impulsive symptoms, items 10–18, reported by the client as well as by the parent or other person you have interviewed about these symptoms for both current functioning and childhood functioning.

(cont.)

Diagnostic criteria require at least 6 of 9 inattention symptoms or 6 of 9 hyperactive–impulsive symptoms are currently present and that the disorder was present in childhood.)

	Self-reported ADHD symptoms	Parent/other-reported ADHD symptoms
Current Inattention	_____	_____
Current Hyperactivity–Impulsivity	_____	_____
Childhood Inattention	_____	_____
Childhood Hyperactivity–Impulsivity	_____	_____

Do the problems you have reported from this list of behaviors interfere with or impair your ability to function in each of these areas of life activities to a significant degree?

	Client self-report		Parent/other	
Areas:	Now	5–12	Now	5–12
In your home life with your immediate family				
In your work or occupation				
In your social interactions with others				
In your activities or dealings in the community				
In any educational activities				
In your dating or marital relationships				
In your management of money				
In your driving of a motor vehicle				
In your leisure or recreational activities				
In your management of daily responsibilities				

If the answer to any of the above is yes, please provide me with some brief details of how these areas of functioning have been impaired by your symptoms:

Besides the things I have just reviewed with you, do you have any difficulties in any other areas of your daily functioning?:

(cont.)

Do you experience any problems with the following: (1 = Yes; 0 = No)

	Client	Parent/other
Making decisions or taking action too quickly		
Inconsistent work performance		
Low self-esteem; feeling demoralized		
Hot-tempered		
Daydream a lot		
Procrastinate often		
Rebellious, disobedient, or sassy		
Have few close friends		
Have difficulties with maintaining intimate relationships		
School performance substantially below your academic and intellectual potential		
Poor sense of time		
Trouble with authorities, teachers; labeled a discipline problem		
Bored often or easily		
Chronic pattern of underachievement		
Work best when under pressure or imminent deadline		
Consider yourself lazy		

Did your parents ever take you to see anyone about these problems when you were a child or adolescent? Yes No If yes, please give me some brief details:

Did your parents complain that you were difficult to manage or control as a child? Yes No
If yes, please give me some brief details about this problem:

(cont.)

BEHAVIOR/CONDUCT DIFFICULTIES

Symptoms of Oppositional Defiant Disorder

[Interviewer: Review with the client whether or not he/she is currently experiencing any of the following behavioral difficulties to a degree that is inappropriate for his/her age and whether or not he/she recalls experiencing any in childhood that were inappropriate for his/her age. Criteria are four or more with onset during childhood years.]

Instructions: Please tell me if you have experienced any difficulties in the following areas of behavior *during the past 6 months*. I am also going to ask you if you experienced any difficulties with these some behaviors *as a child, ages 5–12 years*. In both cases, I want to know if these difficulties occurred to a degree that was inappropriate for that age period.

Behaviors:	Now	Ages 5–12
1. Lost temper		
2. Argued with others		
3. Actively defied or refused to comply with others' requests or rules		
4. Deliberately annoyed people		
5. Blamed others for your mistakes or misbehavior		
6. Were touchy or easily annoyed by others		
7. Were angry or resentful		
8. Were spiteful or vindictive		

At what age did these behavioral difficulties first develop?_____

Conduct Disorder (Childhood/Adolescence)

[Interviewer: Review with the client whether or not he/she engaged in any of the following activities prior to 18 years of age. Diagnostic criteria: 3 or more, duration > 6 months. Answer all items: Enter 1 if present, 0 if absent.]

Aggression to People and Animals

1. Often bullied, threatened, or intimidated others ____
2. Often initiated physical fights ____
3. Used a weapon that can cause serious physical harm to others ____
4. Were physically cruel to people ____
5. Were physically cruel to animals ____
6. Stole while confronting a victim (e.g., mugging, purse snatching, armed robbery) ____
7. Forced someone into sexual activity ____

(cont.)

Destruction of Property

8. Deliberately engaged in fire setting with the intention of causing serious damage ____
9. Deliberately destroyed others' property ____

Deceitfulness or Theft

10. Broke into someone else's house, building, or car ____
11. Often lied ____
11. Stole items of nontrivial value without confronting a victim (e.g., shoplifting) ____

Serious Violations of Rules

13. Often stayed out at night despite parental prohibitions, beginning before age 13 years ____
14. Ran away from home overnight at least twice ____
15. Were often truant from school, beginning before age 13 years ____

Total ____
Age of onset ____

[If client meets criteria for Conduct Disorder, administer interview items for Antisocial Personality Disorder; otherwise, not applicable.]

Antisocial Personality Disorder

Were you ever arrested or in trouble with the law? [Yes = 1, No = 0] ____
Details:

[Interviewer: Inquire of the client whether or not he/she has engaged in any of the following activities currently or since 18 years of age. Diagnostic criteria: Presence of Conduct Disorder before age 18 years and at least 3 of the following: Yes = 1, No = 0.]

	Client	Parent/ other
1. Failed to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest		
2. Were deceitful, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure		
3. Were impulsive or failed to plan ahead		
4. Were irritable and aggressive, as indicated by repeated physical fights or assaults		
5. Showed reckless disregard for safety of self or others		

(cont.)

6. Demonstrated consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations

7. Showed lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

FAMILY HISTORY

If married, length of current marriage _____ Number of times married _____

Spouse's occupation _____ Spouse's education (years)_____

Number of children _____ Their ages _____

Number of siblings _____ Their ages _____

Parents' marital status: 1 = married, 2 = divorced, 3 = widowed, 4 = separated, 5 = both deceased ____

Father's occupation _____ Father's education _____

Mother's occupation_____ Mother's education_____

Briefly describe for me what growing up in your family was like:

PAST PSYCHIATRIC HISTORY

(Yes = 1, No = 0)

Have you been previously diagnosed with ADHD? ____

Are you currently seeing a therapist or psychiatrist? ____
Details:

Have you ever seen a counselor or psychiatrist before? ____
Details:

Have you ever been hospitalized for a psychiatric problem? ____
Details:

(cont.)

Have you ever had problems with depression? ____
Details:

Have you ever had any suicidal thoughts? ____
Details:

Have you ever made any suicide attempts? ____
Details:

Number of suicide attempts: ____

Have you ever had problems with anxiety? ____
Details:

Have you ever had any problems with alcohol/drug abuse? ____
Details:

Have you ever been treated for alcohol/drug problems? ____
Details:

How much alcohol do you drink per week? ____
1. I never drink 2. 0–1 drink 3. 2–4 drinks
4. 5–10 drinks 5. > 10

Are you using any other drugs recreationally presently? ____

If yes, which ones?

a. Marijuana, hashish ____
b. Amphetamines, speed ____
c. Barbiturates, sleeping pills, quaaludes ____
d. Tranquilizers, Valium, Librium ____
e. Cocaine ____

(cont.)

f. Heroin ___
g. Opiates, morphine, Demerol ___
h. Psychedelics (LSD, Mescaline) ___
i. Other ___

Have you ever been on any psychotropic medications? ___
Details:

OTHER CONCERNS

(Yes = 1; No = 0)

Areas:	Past	Present
Prolonged periods of sadness/depression		
Excessive anxiety		
Excessive fears, phobias		
Panic or anxiety attacks		
Obsessions/preoccupations		
Compulsions/compulsive habits or rituals		
Delusions		
Hallucinations		
Significant appetite changes		
Significant changes to sleep pattern		
Manic episodes		

Other symptoms of mental distress (explain):

[Interviewer: Note that if any of the above were checked as occurring either in the past or in the present, you may want to review the DSM-IV criteria for these respective disorders with the client to determine whether he/she meets diagnostic criteria for any of these disorders. The diagnostic criteria for those disorders most commonly associated with clinic-referred adults with ADHD are provided below.]

[cont.]

ANXIETY AND MOOD DISORDERS

Now I would like to ask you some questions about your emotions in general and your emotional reactions to some specific situations. I'll begin by asking you about any specific fears that you may have. Then I will ask you about your general mood or emotional condition throughout much of the day. Let's start with some specific fears that you may have.

Specific Phobia

[Interviewer: Diagnosis requires that all criteria A through E be met.]

A. Do you show a marked and persistent fear that is excessive or unreasonable in response to the presence of or the anticipation of a specific object or situation? For instance, in response to or anticipation of certain animals, heights, being in the dark, thunder storms or lightning, flying, receiving an injection, seeing blood, or any other things or situations? *[Enter 1 if yes, 0 if no, and ? if unknown.]* ___

[Interviewer: If A is Yes, answer the following and proceed to B through G; otherwise, skip to next disorder. If any of criteria B–E are not met, skip to the next disorder.]

What specifically are you fearful of?_____

B. Do you have this anxious or fearful reaction almost invariably when exposed to [specific thing or situation]? *[Enter 1 if yes, 0 if no, and ? if unknown.]* ___

[Interviewer: This may include a panic attack in the presence of the feared object, thing, or situation, or anxiety expressed by crying, tantrums, freezing, or clinging.]

C. Do you attempt to avoid this thing or situation or, if you must be exposed to it, do you endure it with intense anxiety or distress? *[Enter 1 if yes, 0 if no, and ? if unknown.]* ___

D. Do you avoid, fear anticipation of, or have an anxious reaction to this thing or situation that interferes significantly with any of the following? *[Enter 1 if yes, 0 if no, and ? if unknown; only one of these conditions needs to be endorsed for this criterion to be met.]*

Your normal routine_____ Academic or occupational functioning_____

Social activities_____ Social relationships_____

Does your having this fear cause you marked distress? ___

E. Have you had this fearful or anxious reaction to this thing or event vfor at least the past 6 months? *[Enter 1 if yes, 0 if no, and ? if unknown]* ___

F. Exclusion Criteria: *[Interviewer: Enter 1 if this phobia or anxiety is better accounted for by another mental disorder, such as Obsessive–Compulsive Disorder, Posttraumatic Stress Disorder, Separation Anxiety Disorder, Social Phobia, or Panic Disorder. Enter 0 if not and ? if unknown.]*

[cont.]

Diagnostic Code

Requirements for diagnosis:

Does each section A through E equal 1 or more? ___
Does section F total 0? ___

[Check here if all requirements are met.]

☐ Specific Phobia (300.29)

Social Phobia

[Interviewer: Diagnosis requires that all criteria A through F be met, but the person must have developed the capacity for age-appropriate social relationships with familiar people and the anxiety must occur in interactions with others.]

What about social situations?

A. *[Enter 1 if present, 0 if absent, and ? if unknown.]*

1. Do you show a marked and persistent fear that is excessive or unreasonable in response to the presence of or the anticipation of a social or performance situation in which you are exposed to unfamiliar people or to possible scrutiny by others? ___
2. Do you fear that you will act in a way that will be embarrassing or humiliating or be so anxious that it will be humiliating or embarrassing for you? ___

[Interviewer: If parts 1 and 2 of A are present, answer the next question and proceed with remaining criteria below; otherwise skip to the next disorder. If any of the remaining criteria below are not met, skip to the next disorder.]

3. What specific social situation are you fearful of? ___

B. Do you have this anxious or fearful reaction almost invariably when exposed to this situation? *[Enter 1 if present, 0 if absent, and ? if unknown.]* ___

[Interviewer: This may include a panic attack in this social situation.]

C. Do you attempt to avoid this situation or, if you must be exposed to it, do you endure it with intense anxiety or distress? *[Enter 1 if present, 0 if absent, and ? if unknown.]* ___

D. Do you show avoidance of, anticipation of, or anxious reaction to this situation such that it interferes significantly with any of the following? *[Enter 1 if present, 0 if absent, and ? if unknown.]* ___

[Interviewer: Only one of these conditions needs to be endorsed for this criterion to be met.]

Your normal routine_____ Academic or occupational functioning_____

Social activities_____ Social relationships_____

Does your having this fear cause you marked distress_____

(cont.)

E. Have you had this fearful or anxious reaction to this situation for at least the past 6 months. *[Enter 1 if present, 0 if absent, and ? if unknown.]* ___

F. Exclusion Criteria: *[Interviewer: Enter 1 if this phobia or anxiety is due to the direct physiological effects of a substance or a general medical condition or is better accounted for by another mental disorder, such as Panic Disorder, Separation Anxiety Disorder, Body Dysmorphic Disorder, Pervasive Developmental Disorder, or Schizoid Personality Disorder. If a general medical condition or another mental disorder is present, enter 1 if the fear in criterion A is related to it. Enter 0 if not, and ? if unknown.]*

Diagnostic Code

Requirements for diagnosis:

Does section A total 2? ___
Does each section B through E equal 1 or more? ___
Does section F total 0 ___

[Check here if all requirements are met.]

☐ Social Phobia (300.23)

Specify if Generalized (fear includes most social situations)

Generalized Anxiety Disorder

[Interviewer: Diagnosis requires that each item in criteria A and B be met; that at least one symptom in criterion C be present for at least 6 months on more days than not; that symptoms produce clinically significant distress or impairment in social, academic, occupational, or other important areas of functioning; and that other disorders be excluded as indicated below.]

Now let's talk about whether you generally tend to be anxious or to worry a lot compared to others.

A. *[Enter 1 if present, 0 if absent, and ? if unknown]*

1. Do you show excessive anxiety and worry about a number of events or activities, such as work activities, school performance, or any other situations? *[Enter 1 if present, 0 if absent, and ? if unknown.]* ___
2. Has this anxiety or worry occurred on more days than not for at least the last 6 months? *[Enter 1 if present, 0 if absent, and ? if unknown.]* ___

[Interviewer: If the questions in A were endorsed, proceed with remaining criteria for this disorder; otherwise, skip to next disorder. If any of the remaining criteria below are not met, skip to the next disorder.]

B. Do you find it difficult to control your worry? *[Enter 1 if present, 0 if absent, and ? if unknown.]* ___

(cont.)

C. Generalized Anxiety Disorder Symptom List
Has your anxiety or worry been associated with any of the following behaviors? [*Enter 1 if present, 0 if absent, and ? if unknown.*] ___

[*Interviewer: Only one condition needs to be present for this criterion to be met.*]

1. Restlessness or feeling keyed up or on edge ___
2. Being easily fatigued or tired ___
3. Difficulty concentrating or mind going blank ___
4. Irritability ___
5. Muscle tension ___
6. Sleep disturbance or difficulties falling asleep, staying asleep, or restless and unsatisfying sleep ___

D. Have these worries created distress for you or impairment in any of the following areas? [*Enter 1 if present, 0 if absent, and ? if unknown.*]

Social relations with others_____ Academic or occupational performance_____

Any other areas of functioning_____ (explain) _____

E. Exclusion Criteria: [*Interviewer: Enter 1 if the anxiety or worry are confined to features of another mental disorder, such as being worried about having a panic attack (Panic Disorder), being contaminated (Obsessive Compulsive Disorder), being away from home or major attachment figures (Separation Anxiety Disorder), having multiple physical complaints (Somatization Disorder), or having a serious illness (Hypochondriasis), or the anxiety is associated with Posttraumatic Stress Disorder. Enter 0 if not and ? if unknown.*] ___

Diagnostic Code

Requirements for diagnosis:

Does section A total 2? ___
Does section B total 1? ___
Does section C total 1 or more? ___
Does section D total 1 or more? ___
Does section E total 0? ___

[*Check here if all requirements are met.*]

☐ Generalized Anxiety Disorder (300.02)

Dysthymic Disorder

[*Interviewer: Diagnosis requires that depressed mood exist for most of the day, for more days than not, for at least 1 year; that at least two symptoms from section B exist; that the individual has never been without the symptoms in sections A and B for 2 consecutive months during the 1 year of the disturbance; that all exclusionary criteria are met; and the symptoms cause clinically significant distress or impairment in social, academic, or other important areas of functioning.*]

(cont.)

I would like to speak with you now about your mood as it occurs for most of the time.

A. [*Enter 1 if present, 0 if absent, and ? if unknown.*]

1. Do you have depressed mood for most of the day? ___
2. Has this depressed mood occurred more days than not for at least the past 12 months? ___

[*Interviewer: If the two questions in A were endorsed, proceed with remaining criteria for this disorder; otherwise skip to next disorder. If any of the remaining criteria are not met, skip to the next disorder.*]

B. Do you show any of the following difficulties while you are depressed: [*Enter 1 if present, 0 if absent, and ? if unknown.*]

1. Poor appetite or overeating ___
2. Insomnia (trouble falling asleep) or hypersomnia (excessive sleeping) ___
3. Low energy or fatigue ___
4. Low self-esteem ___
5. Poor concentration or difficulty making decisions ___
6. Feelings of hopelessness ___

C. During the 12 months or more that you have experienced this depressed mood, have you ever been without this depressed mood or the other difficulties you mentioned for at least two months? [*Enter 0 if client has had a 2-month remission, 1 if client has not had any remission of symptoms for at least 2 months, and ? if unknown.*] ___

D. Has this depressed mood created distress for you or impairment in any of the following areas? [*Enter 1 if present, 0 if absent, and ? if unknown.*] ___

Social relations with others_____ Academic or occupational performance_____

Any other areas of functioning_____ (explain)_____

E. Exclusion Criteria: [*Interviewer: Enter 1 if person meets criteria for Major Depressive Episode during the year or more of his/her mood disorder or if the disorder is better accounted for by Major Depressive Disorder. Also, enter 1 if there has ever been a manic episode, mixed manic–depressive episode, or hypomanic episode or if criteria for cyclothymic disorder apply. Enter 1 if the mood disorder described occurs exclusively during the course of a chronic psychosis, schizophrenia, or delusional disorder or is the result of the direct physiological effects of a substance or a general medical condition. Enter 0 if not and ? if unknown.*]

(cont.)

Diagnostic Code

Requirements for diagnosis:

Does section A total 2? ___
Does section B total 2? ___
Does section C total 1? ___
Does section D total 1 or more? ___
Does section E total 0? ___

[Check here if all requirements are met.]

☐ Dysthymic Disorder (300.4)

Major Depressive Episode

[Interviewer: Diagnosis requires that at least five or more of the symptoms listed in A have been presented for a 2-week period; that this represents a change from previous functioning; that at least one of the symptoms is depressed mood or loss of interest or pleasure; that the symptoms create clinically significant distress or impairment in social, academic, or other important areas of functioning; and that all exclusion criteria are met.]

Let's continue to talk about your mood or emotional adjustment. Have you experienced any of the following for at least a 2-week period?

A. Major Depressive Episode Symptom List: *[Enter 1 if present, 0 if absent, and ? if unknown.]*

1. Depressed or irritable mood most of the day nearly every day for at least 2 weeks ___
2. Markedly diminished interest or pleasure in all or almost all activities most of the day, nearly every day for at least 2 weeks ___

[Interviewer: If either 1 or 2 was endorsed, proceed with remaining criteria; otherwise, skip to next disorder.]

3. Significant weight loss when not dieting ___
   Significant weight gain ___
   Decrease or increase in appetite nearly every day ___
4. Insomnia (trouble falling asleep) or hypersomnia (excessive sleep) nearly every day ___
5. Agitated or excessive movement nearly every day ___
   Or lethargic, sluggish, slow moving, or significantly reduced movement or activity nearly every day ___
6. Fatigue or loss of energy nearly every day ___
7. Feelings of worthlessness or excessive or inappropriate guilt nearly every day *[Interviewer: This should not just be self-reproach or guilt about being sick.]* ___

(cont.)

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day ___
9. Recurrent thoughts of death ___
   Or recurrent thoughts of suicide without a specific plan ___
   Or suicide attempt or a specific plan for committing suicide ___

B. Have these symptoms of depression created distress for you or impairment in any of the following areas? *[Enter 1 if present, 0 if absent, and ? if unknown.]*

Social relations with others_____ Academic or occupational performance_____

Any other areas of functioning_____ (explain)_____

C. Exclusion Criteria: *[Interviewer: Enter 1 if person meets criteria for Manic–Depression, if the symptoms are due to direct physiological effects of a substance of a general medical condition, or if the symptoms are better accounted for by clinical bereavement after the loss of a loved one. Enter 0 if not and ? if unknown.]*

Diagnostic Code

Requirements for diagnosis:

Do questions 1 and 2 in section A total 1 or more? ___
Does section A total 5 or more? ___
Does section B total 1 or more? ___
Does section C total 0? ___

[Check here if all requirements are met.]

☐ Major Depressive Disorder (296.xx)

[Code for single episode is 296.2x, recurrent episodes is 296.3x.]

Depressive Disorder—NOS

[Interviewer: Code this only when there is clinically significant depression with impairment but full criteria for Major Depression, Dysthymia, Adjustment Disorder with Depressed Mood, or Adjustment Disorder with Mixed Anxiety and Depressed Mood are not met.]

☐ Depressive Disorder, NOS (311)

Bipolar I Disorder: Manic Episode

[Interviewer: Diagnosis requires that the client has had a distinct period of at least 1 week of abnormally and persistently elevated, expansive, or irritable mood or any period of such mood that resulted in hospitalization; and has had at least three of the symptoms in list B (or four if mood was primarily irritable) to a significant degree. Also the symptoms must create clinically significant impairment in social, academic, or other important areas of functioning, and exclusion criteria must be met.]

(cont.)

I have some more questions to ask you about your moods or emotional adjustment.

A. Have you ever experienced a period that lasted at least 1 week: *[Enter 1 if present, 0 if absent, and ? if unknown.]*

1. Where your mood was unusually and persistently elevated; that is, you felt abnormally happy, giddy, joyous, or ecstatic well beyond normal feelings of happiness? ___
2. Or where for at least 1 week your mood was abnormally and persistently expansive; that is, you felt as if you could accomplish everything you set your mind to do, were nearly superhuman in your ability to do anything you wished to do, or felt as if your abilities were without limits? ___
3. Or where for at least for 1 week your mood was abnormally and persistently irritable; that is you were unusually touchy, too easily prone to anger or temper outbursts, too easily annoyed by events or by others, or abnormally cranky? ___

[Interviewer: If any of above three were endorsed, proceed with B; otherwise, skip to next disorder.]

B. During the week or more that you showed this abnormal and persistent mood, did you notice any of the following that were persistent and that occurred to an abnormal or significant degree: *[Enter 1 if present, 0 if absent, and ? if unknown.]*

1. Inflated self-esteem or felt grandiose about yourself well beyond what would be characteristic for your level of abilities ___
2. Showed a decreased need for sleep, for instance you they felt rested after only 3 hours of sleep ___
3. Were more talkative than usual or seemed to feel pressured to keep talking ___
4. Skipped from one idea to another and then another in your speech as if your ideas were flying rapidly by ___

   Or felt that your thoughts were racing or flying by at an abnormal rate of speed ___
5. Were distractible; your attention was too easily drawn to unimportant or irrelevant events or things around you ___
6. Showed an increase in goal-directed activity; that is, you became unusually and persistently productive or directed more of your activity than normal toward the tasks you wanted to accomplish ___

   Or seemed very agitated, overly active, or abnormally restless ___
7. Showed an excessive involvement in pleasurable activities that have a high likelihood of have negative, harmful, or painful consequences ___

[Interviewer: If three or more symptoms were endorsed, proceed with remaining criteria; otherwise, skip to next disorder.]

(cont.)

C. *[Enter 1 if present, 0 if absent, and ? if unknown.]*

1. Was this disturbance in your mood enough to cause severe impairment, disruption, or difficulties with social relationships, academic performance, or other important activities ___
2. Or did your abnormal mood lead to your being hospitalized to prevent harm to yourself or others ___
3. Or did you have hallucinations [explain], bizarre ideas [psychotic thinking], or feel or act paranoid (as if others were intentionally out to harm you) ___

D. Exclusion Criteria: *[Interviewer: Enter 1 if symptoms meet criteria for mixed manic–depressive episode or if they are the direct physiological effects of a substance or a general medical condition. Enter 0 if not and ? if unknown. Also, if your client meets criteria for Attention-Deficit/Hyperactivity Disorder, enter 0 only if your client meets the criteria after excluding distractibility (item 4) and psychomotor agitation (second part of 6).]*

Diagnostic Code

Requirements for diagnosis:

Does section A total 1 or more? ___
Does section B total 3 or more? ___
Does section C total 1 or more? ___
Does section D total 0? ___

[Check here if all requirements are met.]

☐ Bipolar I Disorder: Manic Episode (296.xx)
[Code 296.0x if single episode; 296.40 if multiple episodes and most recent was Manic Episode]

Bipolar I Disorder: Mixed Episode

[Interviewer: Code this disorder if criteria are met both for a Manic Episode and for a Major Depressive Episode nearly every day for at least 1 week; disturbance causes clinically significant impairment; and symptoms are not the result of a substance or a general medical condition.]

☐ Bipolar I Disorder: Mixed Episode (_____)
[Code 296.6x if most recent episode is mixed, 296.5x if most recent episode is depressed, 296.7 if most recent episode is unspecified.]

SCHOOL HISTORY

What was the highest level of school that you completed? *[Circle one]*

1. 6th grade or less
2. 7th or 8th grade
5. Some college
6. College graduate

(cont.)

3. Freshman or sophomore 7. Graduate degree
4. High school graduate

If you were ever in college, have you ever dropped out of college or stopped taking courses? ___

Number of times you have started college courses and failed to complete them. ___

Did you ever repeat a grade? [Yes = 1, No = 0] ___
Which grades did you repeat?_____

Number of times you repeated grades. ___

Were you ever in any special classes in school? [Yes = 1, No = 0] ___
Details:_____

Were you considered a discipline or behavior problem in school? (e.g., a mischief maker or class clown)? ___
Details:_____

Would you say your grades in school were: [Circle one]

1. A's + B's 3. C's + D's 5. Widely variable
2. B + C's 4. D's + F's

Did your teachers always say you were capable of doing much better than you did? [Yes = 1, No = 0] ___

Were you ever truant from school? [Yes = 1, No = 0] ___
Details:_____

Were you ever expelled or suspended from school? ___
Details:_____

Did you have problems getting along with your peers in school? ___
Details:_____

Did you ever get in any physical fights at school? ___
If yes, how often and during which grades?_____

Did you have any trouble doing homework? ___

Did you have trouble with reading comprehension? ___

(cont.)

Briefly describe the kinds of problems you experienced during your school years.
When did they begin?_____

Family Psychiatric History

[Interviewer: Record here the psychiatric problems that may exist among relatives that are biologically related to this client. Place a checkmark in the cell if that disorder is believed to have existed in that relative.]

Disorders	Children	Siblings	Mother	Father	Others
ADHD symptoms or diagnosis					
LD symptoms or diagnosis					
Mental retardation					
Psychosis/schizophrenia					
Manic-depression					
Major depression					
Suicide					
Anxiety disorders					
Tics/Tourette syndrome					
Alcohol abuse					
Substance abuse					
Inpatient psychiatric treatment					
Epilepsy/seizures					

Other medical problems (note condition):

Mental Status Notes

(cont.)

Recommendations

[Interviewer: Note here the recommendations you are going to suggest to this client based on this evaluation. Simply place a checkmark in the appropriate column next to each type of recommendation.]

Type of recommendation	Yes	No
Education about ADHD		
Individual counseling		
Trial of medication. Type:		
Vocational assessment		
Marriage counseling		
Compensatory behavioral strategies		
Organizational consultant for work related problems		
Substance abuse counseling/treatment		
Coaching		
Neuropsychological evaluation		
Consultation with college/school personnel		
Consultation with employment supervisor/employer		
Other (briefly note).		

Diagnostic Summary

[Interviewer: Note here if client meets DSM-IV criteria for any of the following. Yes = 1, No = 0.]

___ ADHD Combined
___ ADHD Primarily Inattentive
___ Dysthymia
___ Major Depression (past)
___ Generalized Anxiety Disorder (past)
___ Generalized Anxiety Disorder (current)
___ Obsessive Compulsive Disorder
___ Alcohol abuse
___ Cocaine abuse
___ Antisocial Personality
___ Learning Disability
___ ADHD Primarily Hyperactive–Impulsive
___ ADHD NOS
___ Major Depression (current)
___ Bipolar Disorder
___ Alcohol dependence
___ Cocaine dependence
___ Oppositional Defiant Disorder
___ Other

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ **was on medication** ☐ **was not on medication** ☐ **not sure?**

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

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NICHQ

National Initiative for Children's Healthcare Quality

McNeil Consumer & Specialty Pharmaceuticals

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

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NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: _____.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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NICHQ Vanderbilt Assessment Scale—TEACHER Informant

Teacher's Name: _____ Class Time: _____ Class Name/Period: _____

Today's Date: _____ Child's Name: _____ Grade Level: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance *Academic Performance*	Excellent	Average	Above Average	Somewhat of a Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

Classroom Behavioral Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments:

Please return this form to: _____

Mailing address: _____

_____

Fax number: _____

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–28: _____

Total number of questions scored 2 or 3 in questions 29–35: _____

Total number of questions scored 4 or 5 in questions 36–43: _____

Average Performance Score: _____

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MILESTONE PEDIATRICS

4043 S. Route 59
Naperville, IL 60564
Ph:630-420-4275
Fax: 630-420-8957

ADHD AGREEMENT

I understand my child has been prescribed medication for the treatment of ADHD. The risks and benefits have been reviewed and discussed with me.

I agree and/or I have been informed of the following:

1) I am aware my child will need an ADHD follow up office visit every **6 months or sooner (if indicated) with a physician and will call at least 24 hours in advance if I have to cancel.** This appointment is necessary so that your child's height/weight/blood pressure, response to medication and general well-being can be established and be regularly monitored.
2) **Prescriptions will NOT be given if the last ADHD appointment is greater than 6 months.**
3) I will request refills of my child's medication **at least 3 days prior to the last dose of the current prescription.** (NOTE: refills cannot be filled on weekends or during on-call hours)
4) I will administer my child's medication as prescribed and **not adjust dosage on my own** without advice from the physician.
5) I understand that **ADHD medications are controlled substances that are regulated by state and federal law** because of their high risk for abuse. I acknowledge that I am responsible for protecting my child's prescription and my child's medication from being lost, stolen or misused by other persons.
6) Milestone Pediatrics staff may request information from the Illinois Prescription Monitoring program on all controlled medications dispensed to my child to establish prescription history.

I understand and agree to all of the above.

_____ _____

Print name of Parent/Guardian | Child's name & Date of Birth

_____ _____

Signature of Parent/Guardian | Today's Date

Revised 03/2024