

# 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) \_\_\_\_\_

### B. Perinatal History

8. Did you have toxemia or eclampsia?

No Yes Don't know \_\_\_\_\_

9. Was there Rh factor incompatibility?

No Yes Don't know \_\_\_\_\_

10. Was (s)he born on schedule?

8 mos. or less 8-10 mos. 10 mos. Don't know \_\_\_\_\_

11. What was the duration of labor?

Under 6 hr. 7-12 hr. 12-18 hr. 19-24 hr. Over 24 hr. Don't know \_\_\_\_\_

12. Were you given any drugs to ease the pain during labor?

Name: \_\_\_\_\_

No Yes Don't know \_\_\_\_\_

13. Were there indications of fetal distress during labor or during birth?

No Yes Don't know \_\_\_\_\_

14. Was delivery:

Normal? No Yes \_\_\_\_\_

Breech? No Yes \_\_\_\_\_

Caesarian? No Yes \_\_\_\_\_

Forceps? No Yes \_\_\_\_\_

Induced? No Yes \_\_\_\_\_

15. 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 \_\_\_\_\_

16. Were there any health complications following birth?

If yes, specify: \_\_\_\_\_

No

Yes

\_\_\_\_\_

C. Postnatal Period and Infancy

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

\_\_\_\_\_

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?				No	Yes	_____
			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?				No	Yes	_____
			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?				No	Yes	_____
			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	_____

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? \_\_\_\_\_
- Does the child have bladder control problems during the day?  
 If yes, how often? \_\_\_\_\_      No      Yes      \_\_\_\_\_  
 If yes, was (s)he ever continent? \_\_\_\_\_
54. Does the child have bowel control problems at night?  
 If yes, how often? \_\_\_\_\_      No      Yes      \_\_\_\_\_  
 If yes, was (s)he ever continent? \_\_\_\_\_
- Does the child have bowel control problems during the day?  
 If yes, how often? \_\_\_\_\_      No      Yes      \_\_\_\_\_  
 If yes, was (s)he ever continent? \_\_\_\_\_
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	_____
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### 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	_____
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62. How easily does the child make friends?

Easier than average	Average	Worse than average	Don't know	_____
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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	_____
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### 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	_____

	Rewards	_____
	Physical punishment	_____
	Acquiescence to child	_____
	Avoidance of child	_____
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	_____

### VII. Diagnostic Criteria

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

Fidgets	No	Yes	_____
Difficulty remaining seated	No	Yes	_____
Easily distracted	No	Yes	_____
Difficulty awaiting turn	No	Yes	_____
Often blurts out answers to questions before they have been completed	No	Yes	_____
Difficulty following instructions	No	Yes	_____
Difficulty sustaining attention	No	Yes	_____
Shifts from one activity to another	No	Yes	_____
Difficulty playing quietly	No	Yes	_____
Often talks excessively	No	Yes	_____
Often interrupts or intrudes on others	No	Yes	_____
Often does not listen	No	Yes	_____
Often loses things	No	Yes	_____
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?

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

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

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

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

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

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

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

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

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

Unrealistic worry about future events	No	Yes	_____
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Unrealistic concern about appropriateness of past behavior	No	Yes	_____
Unrealistic concern about competence	No	Yes	_____
Somatic complaints	No	Yes	_____
Marked self-consciousness	No	Yes	_____
Excessive need for reassurance	No	Yes	_____
Marked inability to relax	No	Yes	_____

Total for Overanxious Disorder (4 or more)

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

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

Depressed or irritable mood most of day, nearly every day	No	Yes	_____
Diminished pleasure in activities	No	Yes	_____
Decrease or increase in appetite associated with possible failure to make weight gain	No	Yes	_____
Insomnia or hypersomnia nearly every day	No	Yes	_____
Psychomotor agitation or retardation	No	Yes	_____
Fatigue or loss of energy	No	Yes	_____
Feelings of worthlessness or excessive inappropriate guilt	No	Yes	_____
Diminished ability to concentrate	No	Yes	_____
Suicidal ideation or attempt	No	Yes	_____

Total for Major Depressive Episode (items 3-9) (5 or more)

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

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

Depressed or irritable mood for most of the day x 1 yr.	No	Yes	_____
Poor appetite or overeating	No	Yes	_____
Insomnia or hypersomnia	No	Yes	_____
Low energy or fatigue	No	Yes	_____
Low self-esteem	No	Yes	_____
Poor concentration or difficulty making decisions	No	Yes	_____
Feelings of hopelessness	No	Yes	_____
Never without symptoms for > 2 mos. over a one year period	No	Yes	_____

Total for Dysthymia (items 2-7) (3 or more)

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

### VIII. Other Concerns

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

Stereotyped mannerisms	No	Yes	_____
Odd postures	No	Yes	_____
Excessive reaction to noise or fails to react to loud noises	No	Yes	_____
Overreacts to touch	No	Yes	_____
Compulsive rituals	No	Yes	_____
Motor tics	No	Yes	_____
Vocal tics	No	Yes	_____

Total



*NOTE: The remaining questions in this section are optional.*

84. Has the child exhibited any symptoms of thought disturbance, including any of the following:				
	Loose thinking (e.g. tangential ideas, circumstantial speech)	No	Yes	_____
	Bizarre ideas (e.g. odd fascinations, delusions, hallucinations)	No	Yes	_____
	Disoriented, confused, staring, or "spacey"	No	Yes	_____
	Incoherent speech (mumbles, jargon)	No	Yes	_____
			Total	_____
85. Has the child exhibited any symptoms of affective disturbance, including any of the following:				
	Excessive lability without reference to environment	No	Yes	_____
	Explosive temper with minimal provocation	No	Yes	_____
	Excessive clinging, attachment, or dependence on adults	No	Yes	_____
	Unusual fears	No	Yes	_____
	Strange aversions	No	Yes	_____
	Panic attacks	No	Yes	_____
	Excessively constricted or bland affect	No	Yes	_____
	Situationally inappropriate emotions	No	Yes	_____
			Total	_____
86. Has the child exhibited any symptoms of social conduct disturbance, including the following:				
	Little of no interest in peers	No	Yes	_____
	Significantly indiscreet remarks	No	Yes	_____
	Initiates or terminates interactions inappropriately	No	Yes	_____
	Qualitatively abnormal social behavior	No	Yes	_____
	Excessive reaction to changes in routine	No	Yes	_____
	Abnormalities of speech	No	Yes	_____
	Self-mutilation	No	Yes	_____
			Total	_____

### **IX. Family History**

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.)	Never	Separated	Divorced	Widowed	Married for _____ years	_____
88. How stable is your current marriage?					Stable	Unstable
						_____

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