Adult ADHD Questionnaire

Date:	
Patient Name:	Patient Birthdate:

Reason for this Evaluation - Please list the symptoms and impairments that led you to seek an ADHD evaluation. If you have been diagnosed with ADHD in the past, list your current most impairing symptoms *off* medication. Please include details of your concerns and those expressed by others during both childhood and adulthood (parents, teachers, friends; peers, significant others, work colleagues; or others).

Have you ever been diagnosed with a learning disability? ☐ Yes ☐ No If yes, describe:

Has anyone in your family been diagnosed with a learning disability? ☐ Yes ☐ No If yes, describe:

Please check the following items that were true for you ***most or all of the time*** during each period:

	ELEMENTARY SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
Were often told by peers and adults, to wait your turn	☐	☐	☐
Fidgeted continuously throughout the day	☐	☐	☐
Talked a good deal more than peers	☐	☐	☐
Had trouble playing or relaxing quietly	☐	☐	☐
Got out of your seat when others were able to remain seated	☐	☐	☐
Were often in trouble, singled out by teachers, or sent the principle			
Were unable to sustain attention to the teacher during classes	☐	☐	☐
Spoke over others' unfinished sentences (teachers, parents, peers)	☐	☐	☐
Misplaced books, left completed assignments at home	☐	☐	☐
Rarely completed complex tasks by separating them into smaller parts	☐	☐	☐
Missed details on assignments, had work called 'sloppy' or 'careless'	☐	☐	☐
Were moved to the front of the class or sent into the hall to prevent disrupting others from attending to the teacher	☐	☐	☐
Turned in assignments, tests with parts *accidentally* left incomplete	☐	☐	☐
Often left homework, chores unfinished (distracted, bored, giving up)	☐	☐	☐
Did just enough to get by	☐	☐	☐
Sought out and enjoyed high stimulation, high adrenaline activities	☐	☐	☐
Acted or spoke before considering whether or not to do so	☐	☐	☐
Were barked at by parents, teachers, coaches after missing instructions	☐	☐	☐
Became used to hearing phrases like "if only you would apply yourself"	☐	☐	☐
Found 'time' problematic (being on time, playing music in time, etc)	☐	☐	☐
Could pursue complex topics, tasks for hours if interested	☐	☐	☐
Relied on others to remember tasks, be on time, complete assignments	☐	☐	☐
Dropped, broke, spilled, or bumped into things more often than peers	☐	☐	☐
Had trouble controlling an explosive temper	☐	☐	☐
Felt uncomfortable in your own skin	☐	☐	☐

Describe details/examples of checked items in ELEMENTARY SCHOOL:

Describe details/examples of checked items in MIDDLE SCHOOL:

Describe details/examples of checked items in HIGH SCHOOL:

Please provide a brief timeline of your life activities after high school. Include all significant jobs held, schools attended, and cities / countries lived in.

Have you ever been diagnosed with ADHD? ☐ Yes ☐ No If yes, how old were you?

Which type? ☐ Inattentive type ☐ Hyperactive-Impulsive type ☐ Combined type

Who diagnosed you? ☐ MD, non-psychiatrist ☐ NP/PA ☐ Psychologist ☐ Psychiatrist ☐ Other

How were you diagnosed? Please check all that apply: ☐ Clinical interview and observation
☐ Checklists by you ☐ Checklists by parents ☐ Checklists by teachers ☐ Psycho-educational testing
☐ Computerized testing ☐ Other

Does anyone in your family have ADHD? ☐ No ☐ Yes ☐ Not sure If yes, please describe:

If you had ADHD symptoms as a child but were not assessed or diagnosed, do you know why not?

Please list all medications you have taken for ADHD ☐ None

Name of medication/maximum dose	How long & age(s) while taking?	Was it effective?	What side effects, if any?	Currently taking? If not, why not?

Driving/Legal History

How many motor vehicle accidents have you been involved with as a driver?

In how many of these were you "at fault"?

How many of these resulted from being distracted?

How many traffic tickets (not including parking tickets) have you received?

How many parking tickets?

Has your driver's license ever been suspended? ☐ No ☐ Yes ☐ Not sure # DUI/DWI citations:

Have you had any legal problems other than the above? ☐ No ☐ Yes If yes, describe and give date/age:

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

In the past 6 months..... **Please provide examples/details in the space below if indicating "Sometimes" "Often" or "Very Often"**	**Never**	**Rarely**	**Sometimes**	**Often**	**Very Often**
	0	1	2	3	4
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	☐	☐	☐	☐	☐
Examples/details:					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?	☐	☐	☐	☐	☐
Examples/details:					
3. How often do you have problems remembering appointments or obligations?	☐	☐	☐	☐	☐
Examples/details:					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	☐	☐	☐	☐	☐
Examples/details:					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	☐	☐	☐	☐	☐
Examples/details:					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	☐	☐	☐	☐	☐
Examples/details:					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?	☐	☐	☐	☐	☐
Examples/details:					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	☐	☐	☐	☐	☐
Examples/details:					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	☐	☐	☐	☐	☐
Examples/details:					
10. How often do you misplace or have difficulty finding things at home or at work?	☐	☐	☐	☐	☐
Examples/details:					
11. How often are you distracted by activity or noise around you?	☐	☐	☐	☐	☐
Examples/details:					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	☐	☐	☐	☐	☐
Examples/details:					
13. How often do you feel restless or fidgety?	☐	☐	☐	☐	☐
Examples/details:					

14. How often do you have difficulty unwinding and relaxing when you have time to yourself?	☐	☐	☐	☐	☐
Examples/details:					
15. How often do you find yourself talking too much when you are in social situations?	☐	☐	☐	☐	☐
Examples/details:					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?	☐	☐	☐	☐	☐
Examples/details:					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?	☐	☐	☐	☐	☐
Examples/details:					
18. How often do you interrupt others when they are busy?	☐	☐	☐	☐	☐
Examples/details:					
Is there any additional information that is relevant to the above situations? If so, please describe:					

© World Health Organization 2005

Psychiatric History:

Have you ever been diagnosed with any of the following mental health conditions?

- Depression ☐No ☐Yes ☐ Not sure details:
- Anxiety disorder ☐No ☐Yes ☐ Not sure details:
- Bipolar disorder ☐No ☐Yes ☐ Not sure details:
- Other (specify) ☐No ☐Yes ☐ Not sure details:

Have you ever stayed overnight in the hospital for a psychiatric reason? ☐No ☐Yes If so, where, when, why, and for how long?

Have you ever been in the care of a psychiatrist, therapist, or psychiatric nurse practitioner? ☐No ☐Yes

Name	Reason	Dates in treatment	Treatment provided, outcome

Which psychiatric medications (like antidepressants, mood stabilizers) have been prescribed for you?

Name of medication/maximum dose	How long & age(s) while taking?	Was it effective?	What side effects, if any?	Why did you stop taking this?

- Have you ever self-harmed or tried to end your own life? ☐No ☐Yes

Do any family members have a mental health condition other than ADHD? ☐No ☐Yes ☐ Not sure details:

- Has a family member ever completed suicide? ☐No ☐Yes ☐ Not sure

Medical History:
Current medical illness(es), if any:
Current medications, if any:
History of thyroid disease? ☐No ☐Yes ☐ Not sure
History of head injury with loss of consciousness? ☐No ☐Yes ☐ Not sure
If so, what happened?
Current sleep disorder? ☐No ☐Yes ☐ Not sure
• Trouble falling asleep? ☐No ☐Yes ☐ Not sure
• Difficulty staying asleep? ☐No ☐Yes ☐ Not sure
• Disrupted breathing or loud snoring during sleep? ☐No ☐Yes ☐ Not sure
• Dozing off during the day? ☐No ☐Yes ☐ Not sure
• Average amount of time before falling asleep min
• Average # of hours of sleep per night hrs
Have you ever had a seizure? ☐No ☐Yes ☐ Not sure If yes, how many?
History of heart disease (palpitations, murmurs, congenital heart disease)? ☐No ☐Yes ☐ Not sure, If yes, please describe:
• Have you ever fainted? ☐No ☐Yes ☐ Not sure, If yes, please describe circumstances:
• Any family history of heart disease? ☐No ☐Yes ☐ Not sure, If yes, please describe:
• Have any family member died from heart disease before the age of 50? ☐No ☐Yes ☐ Not sure, If yes, please describe:
Any other family medical history? ☐No ☐Yes ☐ Not sure If yes, please describe

Menstration:
Do you take medication that alters or regulates your menstrual cycle? ☐No ☐Yes Name:
Is your menstrual cycle ☐ regular ☐irregular describe:
Do you experience significant mood or anxiety fluctuation in the week before menstruation? ☐No ☐Yes

Substance Use:
Do you use, or have you ever used, each of the following? If so, please describe how much and how often.
• Caffeine No:☐Yes:
• Nicotine No:☐Yes:
• Alcohol No:☐Yes:
• Marijuana / THC / CBD No:☐Yes:
• Cocaine / Crack Cocaine No:☐Yes:
• Opiates No:☐Yes:
• Benzodiazepines No:☐Yes:
• Hallucinogens No:☐Yes:
• Someone else's prescription stimulants No:☐Yes:
• Other No:☐Yes:
Please mark if you have you ever ☐ blacked out ☐ experienced withdrawal ☐ been to rehab ☐ been hospitalized due to a substance ☐ had legal consequences ☐ been asked to use/drink less
Which mood or mind-altering substances do you prefer, and why?
If you have ever used someone else's prescription stimulants, please mark all reasons you have done so: ☐ to experiment ☐ to study ☐ to lose weight ☐ to adjust other drug effects ☐ to stay alert or concentrate ☐ to get high ☐ other: