

ADULT COMPREHENSIVE HISTORY INTERVIEW

Name: _____ Age: _____ Ethnicity: _____ Gender: M F

Today's Date: _____ Date of Birth: _____ Examiner: _____

What makes you believe that you have ADHD? Give examples.

MEDICAL HISTORY

Gestation

Circle any of the following that happened during your mother's pregnancy with you:

I'm not sure Mother smoked cigarettes Mother drank alcohol Mother used illegal drugs

Mother was ill (toxemia, anemia) Mother took medication Premature birth

Anything else unusual about your mother's pregnancy: _____

Delivery

Circle any of the following that happened at the time of your birth:

I'm not sure Fetal distress Breech birth Delivered with forceps Lack of oxygen

Low birth weight (less than 5 lbs or 2000 grams) Stayed in hospital longer than expected

Anything else unusual about your delivery: _____

Development

Circle any of the following for which you were delayed:

Walking Talking Toilet training Reading Social Maturity

Explain any other abilities you were slow to develop: _____

Circle the following that you experienced as a child or adolescent?

Lots of careless accidents Frequent emergency room visits Broken bones

Current medications?

Medication and dose	For what problems	Prescribing physician	When prescribed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes regarding medications: _____

Medical Hospitalizations

When	Where	Reason	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Head injuries?

When	How	Loss of Consciousness?	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Circle the following you have experienced, and complete the chart for those items.

Incident	When	Current status
Tourette's syndrome		
Hyper or hypothyroidism / Thyroid problems		
Seizures / Epilepsy		
Fainting spells / Blackouts		
Ear infections		
Menopause / Hormonal imbalance		
Hearing or vision loss		
Glaucoma		
Heart disease		
Diabetes		
Migraines		
Meningitis		
Encephalitis		
Asthma		
Other:		

Date of last physical exam: _____

Current medical problems: _____

EDUCATION / EMPLOYMENT HISTORY

Early Academic

Name of elementary school(s): _____

Which describes your elementary school performance best?

Usually above grade level

Average—working at grade level

Below grade level

Needed extra help or special education

Circle the following that pertain to your elementary school years:

Failed a grade

Took special classes

Evaluated by school

Labeled by school

Had a tutor

Suspended

Expelled

Learning difficulties

Told you had a learning disability

Performance was variable or unpredictable

Told you weren't achieving up to potential

Reading problems

Math problems

Writing problems

Any other significant events to occur during your elementary school years: _____

Middle/High school Academic

Name of Middle School(s): _____

Name of High School(s): _____

Which describes your middle and high school performance best?

Usually above grade level

Average—working at grade level

Below grade level

Needed extra help or special education

Circle the following that pertain to your middle and high school years.

Failed a grade

Took special classes

Evaluated by school

Labeled by school

Had a tutor

Learning difficulties

Suspended

Expelled

Reading problems

Math problems

Writing problems

Told you had a learning disability

Performance was variable or

unpredictable

Told you weren't achieving up to potential

Other significant events during middle and high school years: _____

Adult Education

Did you graduate from high school? **Yes** **No** **Got General Equivalency Degree (GED)**

List educational experiences you've had since high school:

School	Dates	Major	GPA	Graduated?	Degree obtained

Employment

List job experiences you've had since high school:

Job	Dates	Job Duties	Why/How it ended?

SOCIAL HISTORY

Family

Who lived in your home growing up?

Relationship	Name	Current Age

Adopted? **No** **Yes, at age:** _____

Parent Information

	Female Caretaker	Male Caretaker
Type of work each caregiver did while you were growing up		
What was your relationship like with each caretaker?		
Brief description of each caregiver's personality (e.g., caring, abusive, frequently angry, worried too much, got along with everybody, etc.)		
Medical problems		
Diagnosed psychiatric problems including hospitalizations		
Describe mental/emotional problems that you noticed but were not formally diagnosed		

Childhood Environment

In what type of area did you live?

Inner-city Suburban Rural

Family income when you were growing up?

Upper class Upper-middle class Middle class Lower-middle class Lower class

Did you experience the following as a child or adolescent? (circle)

Loss or separation from a loved one Change in caregivers Neglect Poor diet

Exposed to pornographic materials in the home Witnessed violence in the family

Extreme family stress Economic/financial stress Exposure to heavy metals

Sexual, physical, or emotional abuse?

When	General description	Outcome

Explain any other traumas that you experienced during childhood: _____

Temperament

Circle the descriptors that you've heard people use to describe you as an infant and toddler:

Impulsive Fearful High activity level, unusually active Difficult to calm

Did not handle change in routine well colic Clumsy Frequent temper tantrums

eating problems Rigid or tense instead of cuddly sleep problems

How else have others used to describe you as an infant and toddler: _____

Circle the words that you were known for in your preteen years:

Risk-taker Angry at the world Picked-on Bullied others Known for irritating others

Clumsy Short fuse Accident prone Irritable Liked to break rules

Circle the words that you were known for in your junior and high school years:

Risk-taker Angry at the world Picked-on Bullied others Known for irritating others

Clumsy Short fuse Accident prone Irritable Liked to break rules

Relationships

Did you have friends growing up... at school? **Y N** outside of school? **Y N**

Comments: _____

How long generally did your friendships last in junior and senior high school?

How many friends do you have now that you see on a regular social basis? _____

How often do you talk to or see these friends? _____

How many romantic relationships have you been in since high school? _____

Have you noticed a common trend that seems to lead to the end of your friendships or romantic relationships?

Complete the chart regarding marriage.

Spouse's name	Dates	Why/how it ended?
1 st		
2 nd		
3 rd		

Who currently lives in your home with you?

Relationship	Name	Current age

Do you have biological children living away from you? **Y** **N**

Give names and current ages. _____

PSYCHIATRIC / PSYCHOLOGICAL HISTORY

List counselors, psychologists, or psychiatrists you have seen in the past for any reason including testing or hospitalizations:

	Provider 1	Provider 2	Provider 3	Provider 4
Age started				
Age stopped				
Problems				
Type of professional				
How often?				
Results				
Why Stopped?				

Have you had a time when you've felt a distinct period of abnormally and persistently elevated, expansive, or irritable mood? **Y N**

If Yes, did it last for at least a week or were you hospitalized for it? **Y N**

If Yes, circle any of the following that you experienced during this time: **inflated self-esteem or grandiosity; decreased need for sleep; more talkative than usual; racing thoughts or ideas; distractibility; increase in goal-directed activity at work, socially, at school, or sexually; engage in risky behaviors (e.g., buying sprees, sexual indiscretions, foolish business deals)**

Have you felt excessive anxiety and worry (apprehensive expectation), occurring more days than not about a number of events or activities (such as work or school performance)? **Y N**

If Yes, has this been going on for at least 6 months? **Y N**

If Yes, circle any of the following that you experienced during this time: **restlessness or feeling keyed up or on edge; being easily fatigued; difficulty concentrating or mind going blank; irritability; muscle tension; sleep disturbance?**

Do you use any of the following substances?

Substance	Yes or No	Age of 1 st Use	Age of Last Use	Age of Heaviest Use	Heaviest Use (amt/day)	Current Usage (amt/day)
Alcohol	Y N					
Cigarettes	Y N					
Caffeinated Drinks	Y N					

Did you smoke cigarettes during pregnancy? **Y N N/A** drink alcohol during pregnancy? **Y N N/A**

What illegal substances have you used?

Substance	1 st Used (age)	Last Used (age)	Heaviest Use (age)	Heaviest Use (amt/day)	Current Use (amt/day)

Have you ever been in trouble with the law? **Y N**

<u>When</u>	<u>Why</u>	<u>Outcome</u>

How many driving violations have you had? _____ How many auto accidents while you were driving? _____

FAMILY PSYCHIATRIC / PSYCHOLOGICAL HISTORY

Read the list of diagnoses in the first column. If you suspect a blood relative as having the diagnosis, write in that person's relationship to the patient in the middle column. In the last column, tell if it was a formal diagnosis by a qualified professional or if you just suspect the person as having the disorder.

	Relationship to patient (e.g., brother, mother, maternal aunt, etc.). List more than one person if applicable.	Formally diagnosed by a qualified professional? Write <i>YES</i> or <i>NO</i>, and list symptoms you noticed or heard about.
ADD or ADHD		
Oppositional defiant disorder or conduct disorder (rule- breaking behavior)		
Depressive disorder		
Bipolar disorder (manic depression)		
Anxiety disorder		
Alcohol or drug abuse		
Learning disability		
Schizophrenia or other psychotic disorder		