

Adult ADHD Collateral Information From Caretaker

For whom are you completing this questionnaire? _____

Your Name: _____

Date: _____

MEDICAL HISTORY

Gestation

Circle any of the following that happened during pregnancy:

Mother was ill (toxemia, anemia) Mother took medication Mother smoked cigarettes

Mother drank alcohol Mother used illicit drugs Premature birth

Anything else unusual about mother's pregnancy: _____

Delivery

Circle any of the following that happened at the time of patient's birth:

Fetal distress Low birth weight (less than 5 lbs or 2000 grams) Breech birth with forceps delivery

Staying in hospital longer than expected Anoxia (lack of oxygen, blue baby)

Anything else unusual about the delivery: _____

Development

Circle any of the following for which patient was delayed:

Walking Talking Toilet training Reading Social Maturity

Explain any other abilities that were slow to develop: _____

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

Careless accidents Frequent emergency room visits Broken bones

Head injuries?

When	How	Loss of Consciousness?	Outcome

Early Academic

Which describes patient's 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 patient's elementary school years:

Failed a grade **Took special classes** **Evaluated by school** **Labeled by school** **Had a tutor**

Suspended **Expelled** **Learning difficulties** **Told he/she had a learning disability**

Performance was variable or unpredictable **Told he/she wasn't achieving up to potential**

Reading problems **Math problems** **Writing problems**

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

Middle/High school Academic

Which describes patient's 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 patient's 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 he/she had a learning disability** **Performance was variable or**

Unpredictable **Told he/she wasn't achieving up to potential**

Other significant events during middle and high school years: _____

Childhood Environment

Did patient 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 lead water pipes or paint

Temperament

Circle the descriptors that describe patient 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 patient as an infant and toddler: _____

Circle the words that patient was known for in 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 patient was known for in 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**

PSYCHIATRIC / PSYCHOLOGICAL HISTORY

Describe the reasons the person has seen any counselors, psychologists, or psychiatrists in the past for counseling, testing, or psychiatric hospitalizations:

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		

SIGNS OF ATTENTION PROBLEMS

Circle 0 through 3 to indicate how often the individual exhibited the following behaviors **as a child**.

0=Rarely or Never

1=Somewhat

2=Frequently

3=Very Frequently

a.) Often failed to give close attention to details or made careless mistakes in schoolwork or other activities **0 1 2 3**

Examples:

Careless mistakes in schoolwork

Missed items/problems you knew how to do

Didn't go back over work to check answers

Rushed through work without thinking it through

b.) Often had difficulty sustaining attention in tasks or play activities **0 1 2 3**

Examples:

Short attention span

Required supervision to stay on task

Trouble concentrating (excluding computer games or activities that are immediately gratifying)

c.) Often did not seem to listen, even when spoken to directly **0 1 2 3**

Examples:

Eye contact necessary in order to hear

Parents/teachers had to repeat directions or raise voice in order to get you to comply

d.) Often did not follow through on instructions and failed to finish schoolwork or chores (not due to oppositional behavior or failure to understand) **0 1 2 3**

Examples:

Couldn't follow teacher/parent's instructions

Left things unfinished

Unable to complete multiple step commands

e.) Often had difficulty organizing tasks or activities **0 1 2 3**

Examples:

Excessively messy at home and school, cluttered closet and desk, backpack stuffed with junk

Trouble organizing long-term assignments/book reports, projects

Trouble organizing self to get homework completed

f.) Often avoided, disliked, or was reluctant to engage in tasks that required sustained mental effort (like school or homework) **0 1 2 3**

Examples:

Avoided school/homework

Avoided reading books, puzzles, etc. (tasks requiring concentration)

g.) Often lost things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools) 0 1 2 3

Examples:

Lost pencils, books, notebooks

Lost toys, gloves, etc.

Lost homework assignments

h.) Was often easily distracted by extraneous stimuli 0 1 2 3

Examples:

Mind wandered

Called a “daydreamer” or “spacey”

Distracted by looking out window or around room during class

Hard to get back on task after being distracted

i.) Was often forgetful in daily activities 0 1 2 3

Examples:

Trouble remembering to do chores

Forgot what he/she was supposed to be doing in the middle of a task

Forgot books at school or home

Forgot to do errands

Look at the items for which you answered 3 or 4. At what age did these inattentive/forgetful/disorganized symptoms appear? _____

Where did these symptoms occur as a child? **School** **Home** **Athletics or Clubs** **Social settings**

Circle 0 through 3 to indicate how often the individual exhibited the following behaviors as a child.

0=Rarely or Never

1=Somewhat

2=Frequently

3=Very Frequently

a.) Often fidgeted with hands or feet or squirmed in seat 0 1 2 3

Examples:

Squirmy

Unable to sit still

b.) Often left seat in classroom or in other situations in which remaining in seat was expected 0 1 2 3

Examples:

Trouble staying seated at school, mealtime, homework time, religious service, etc.

Needed constant reminders to sit

c.) Often ran about or climbed excessively in situations in which it was not appropriate 0 1 2 3

Examples:

Climbed on furniture

Climbed trees a lot

Always ran about

d.) Often had difficulty playing or engaging in leisure activities quietly 0 1 2 3

Examples:

Played games loudly

Teachers had to frequently remind the child to keep the noise down

Unable to watch TV or movies quietly

e.) Was often “on the go” or often acted as if “driven by a motor” 0 1 2 3

Examples:

Unusually active at school/home

Endless energy

Constantly moving

f.) Often talked excessively 0 1 2 3

Examples:

Acted like a “chatterbox” or “motor-mouth”

Teacher/parent had to remind child constantly to stop talking

Parents/teacher/friends complained of constant talking

g.) Often blurted out answers before the questions had been completed 0 1 2 3

Examples:

Always had to be the first to answer questions

Teachers complained that child didn't wait for the full question before answering

Teachers said that the child had trouble raising his/her hand

Gave any answer that came to mind, even if incorrect

h.) Often had difficulty awaiting turn 0 1 2 3

Examples:

Trouble waiting for turn in sports/games

Trouble taking turns in video games

Almost Always needed to be first in line

Pushing ahead of others

i.) Often interrupted or intruded on others (.e.g., butts into conversations and games) 0 1 2 3

Examples:

Interrupted other people's conversations or phone calls

Barged into other children's games

Look at the items for which you answered 3 or 4. At what age did these hyperactive/impulsive symptoms appear? _____

Where did hyperactivity/impulsivity occur as a child? **School Home Athletics or Clubs Social settings**