ATTENTION-DEFICIT/HYPERACTIVITY DISORDER DIAGNOSTIC EVALUATION
HEALTH, FAMILY, DEVELOPMENTAL, & BEHAVIORAL HISTORY INTERVIEW FORM

Child’s Name: ________________________________  Birth date: __________________
School: ________________________________  Grade: __________________
Parent(s): ________________________________  E-mail: __________________
Home phone: ________________________________  Alt. Phone: __________________
Languages spoken in the home: ________________________________
Siblings and their ages: ________________________________
Other adults living in the home: ________________________________

Referring concern: ______________________________________________________

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

At what age did the referring concerns first emerge? __________________

Health History (Perinatal Factors)

1. General obstetric status (circle one):
   - Optimal
   - Adequate
   - Poor

2. Complications during pregnancy (circle all that apply):
   - Eclampsia
   - Placenta previa
   - Diabetes mellitus
   - Multiple pregnancies
   - Abnormal fetal position
   - Other (list): __________________

3. Was there threatened miscarriage (circle)?
   - YES
   - NO
   - If YES describe below:

____________________________________________________________________

4. Maternal illnesses during the pregnancy (list when illness occurred):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
**Health History (Perinatal Factors; Continued)**

5. Mothers age time of the pregnancy (list):

6. Alcohol exposure during pregnancy (circle): YES NO If YES answer the following:
   a. How often did mother drink? Every day Once a week Rarely
   b. How much did mother drink? Just a little One drink Several drinks
   c. When during pregnancy did the mother drink? 1st trimester 2nd Trimester 3rd trimester

7. Cigarette exposure during pregnancy (circle): YES NO If YES answer the following:
   a. How often did mother smoke? Every day Once a week Rarely Never
   b. How much did mother smoke? Just a little One cigarette Several cigarettes
   c. When during pregnancy did the mother smoke? 1st trimester 2nd Trimester 3rd trimester

8. Medication/Drug exposure during pregnancy (circle): YES NO If YES answer the following:
   What drugs were taken? (list):
   a. When during pregnancy were medications/drugs taken? 1st trimester 2nd Trimester 3rd trimester

9. Birth weight (list):
   _____ lbs. _____ oz. (if exact weight not known check one of the following)
   _____ less than 2.2 lbs. _____ less than 5.5 lbs.
   _____ less than 3.3 lbs. _____ more than 5.5 lbs.

10. Length (list):
    _____ inches

11. Length of pregnancy (circle/list):
    Full term Premature @ _____ weeks

12. Was an incubator required (circle): YES NO If YES report how long:

13. Was oxygen therapy required (circle): YES NO

14. Complications during labor/delivery (circle):
   a. What complications? Respiratory distress Meconium aspiration
      Prolonged labor Prolapsed umbilical cord
      Cardiopulmonary abnormalities Other (list):
   b. C-section YES NO Planned Emergency
   c. Apgar (list): 1-min. 5-min. 10-min.
**Health History (Perinatal Factors; Continued)**

15. Neonatal surgery (circle):
   - YES
   - NO
   - If YES answer the following:
     - Reason for surgery?
     - Outcome of surgery?
     - Complications?

**Health History (Infancy and childhood)**

16. Childhood infections (circle)?
   - Meningitis
   - Encephalitis
   - Other (list):

17. Childhood viruses (circle all that apply/list when illness occurred)?
   - Mumps
   - Chicken pox
   - Ear infections
   - Unexplained fever
   - Other (list):

18. Medical Diagnoses/Issues (circle):
   - Fetal alcohol syndrome
   - Epilepsy
   - Lead poisoning
   - Pica
   - Chronic ear infections
   - Tube placement
   - Immune dysfunction
   - Thyroid problems
   - Arthritis
   - Rashes
   - Allergy history
   - Gastrointestinal symptoms
   - Asthma
   - Other (list):

19. Medications currently prescribed (list):

20. Vision Screening (list):  
   - Date: 
   - Near 20/___  
   - Far 20/___

21. Suspected hearing loss
   - YES
   - NO
   - If YES describe reasons for concern:

22. Hearing Screening (list):
   - Date: 
   - Result: ________________
**Family History**

23. Siblings with AD/HD (circle)? YES NO
   a. Is sibling an identical twin? YES NO

24. Siblings with AD/HD-like behavior (circle)? YES NO
   a. Is sibling an identical twin? YES NO

25. Parent with AD/HD (circle)? YES NO
   a. Relationship to child (circle): biological father biological mother step-parent

26. Parent with AD/HD-like behavior (circle): YES NO
   a. Relationship to child (circle): biological father biological mother step-parent

27. Parent with antisocial behavior history or conduct disorder (circle)? YES NO
   a. Relationship to child (circle): biological father biological mother step-parent

28. Other family members with AD/HD (circle)? YES NO
   a. Relationship to child (list):

29. Other family members with AD/HD-like behavior (circle)? YES NO
   a. Relationship to child (list):

30. Other family members with antisocial behavior history or conduct disorder (circle)? YES NO
   a. Relationship to child (list):

31. Family history of alcoholism (circle)? YES NO

32. Highest paternal educational attainment (list)
   Mother ______ grade  Father ______ grade

**Developmental History**

33. Age major milestones were obtained (list)?
   First word ______  First steps ______
   Sentences ______  Walks alone ______
   Stands alone ______

**Behavioral History**

34. Abnormal eating or sleeping habits (list):
**Behavioral History (continued)**

35. Is/Was the child hyperactive and/or impulsive? YES NO If YES answer the following:
   
a. Early childhood:  Does/Did the child runs in circles, not stopping to rest? ______
   Does/Did the child may bang into objects or people? ______
   Does/Did the child constantly ask questions? ______
   
   NOTES: ____________________________________________

   DIAGNOSTIC NOTE: Young children in infancy and in the preschool years are normally very active and impulsive and may need constant supervision to avoid injury. Their constant activity may be stressful to adults who do not have the energy or patience to tolerate the behavior.

   b. Middle childhood:  Does/Did the child play active games for long periods? ______
   Does/Did the child occasionally do things impulsively ______
   
   NOTES: ____________________________________________

   DIAGNOSTIC NOTE: During school years and adolescence, activity may be high in play situations and impulsive behaviors may normally occur, especially in peer pressure situations.

   c. Adolescence: Does the adolescent engages in active social activities (e.g., dancing) for long periods? ______
   Does the adolescent engage in risky behaviors w/ peers? ______
   
   NOTES: ____________________________________________

   DIAGNOSTIC NOTE: High levels of hyperactive/impulsive behavior do not indicate a problem or disorder if the behavior does not impair function.

36. Is/Was the child inattentive? YES NO If YES answer the following:
   
a. Early childhood:  Does/Did the preschooler has difficulty attending, except briefly, to a storybook or a quiet task such as coloring or drawing. ______
   
   NOTES: ____________________________________________

   DIAGNOSTIC NOTE: A young child will have a short attention span that will increase as the child matures. The inattention should be appropriate for the child’s level of development and not cause any impairment.

   b. Middle childhood:  Does/Did the child fail to persist very long with a task the child does not want to do such as read an assigned book, homework, or a task that requires concentration such as cleaning something? ______
   
   NOTES: ____________________________________________

   c. Adolescence: Is the adolescent is easily distracted from tasks he or she does not desire to perform? ______
   
   NOTES: ____________________________________________