

PSYCHIATRY, PSYCHOLOGY & PSYCHOTHERAPY
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ADHD QUESTIONNAIRE FOR CHILDREN/ADOLESCENTS

I. DEVELOPMENTAL FACTORS

A. Prenatal History

1. How was your health during pregnancy? Good ____ (1)
Fair ____ (3)
Poor ____ (5)
Don't Know ____
2. How old were you when your child was born? Under 20 ____ (1)
20-24 ____ (2)
25-29 ____ (3)
30-34 ____ (4)
35-39 ____ (5)
40-44 ____ (6)
Over 44 ____ (7)
DK ____

Do you recall using any of the following substances or medications during pregnancy?

3. Beer or wine
(1) Never
(2) Once or twice
(3) 3-9 times
(4) 10-19 times
(5) 20-39 times
(6) 40+ times
4. Hard Liquor
(1) Never
(2) Once or twice
(3) 3-9 times
(4) 10-19 times
(5) 20-39 times
(6) 40+ times
5. Coffee or other caffeine (Cokes, ect.)
(1) Never
(2) Once or twice
(3) 3-9 times
(4) 10-19 times
(5) 20-39 times
(6) 40+ times
6. Cigarettes
(1) Never
(2) Once or twice
(3) 3-9 times
(4) 10-19 times
(5) 20-39 times
(6) 40+ times

7. Did you use any of the following substances?

- ____ Valium (Librium, Xanax)
____ Tranquilizers
____ Antiseizure medication (Dilantin, etc)
____ Treatment for diabetes
____ Antibiotics (for viral infections)
____ Sleeping pills
____ Other (Specify: _____)

B. Perinatal History

8. Did you have toxemia or eclampsia? No ____ (0)
Yes ____ (1)
DK ____

9. Was there Rh factor incompatibility? No ____ (0)
Yes ____ (1)
DK ____

10. Was he/she born on schedule? 8 mos or earlier ____ (1)
Term 8-10 mos. ____ (2)
10 months ____ (3)
DK ____

11. What was the duration of labor? Under 6 hr. ____ (1)
7-12 hours ____ (2)
13-18 hours ____ (3)
19-24 hours ____ (4)
Over 24 hr. ____ (5)
DK. ____

12. Were you given any drugs to ease the pain of labor? No ____ (0)
Specify: _____ Yes ____ (1)
DK ____

13. Were there indications of fetal distress during labor or during birth? No ____ (0)
Yes ____ (1)
DK ____

Was delivery: Normal? No ____ (0)
Yes ____ (1)
Breech? No ____ (0)
Yes ____ (1)
Caesarian? No ____ (0)
Yes ____ (1)
Forceps? No ____ (0)
Yes ____ (1)
Induced? No ____ (0)
Yes ____ (1)

15. What was the child's birth weight? 2 lb-3 lb 15 oz ____ (1)
4 lb-5 lb 15 oz ____ (2)
6 lb-7 lb 15 oz ____ (3)
8 lb-9 lb 15 oz ____ (4)
10 lb-11 lb 15 oz ____ (5)
DK ____

16. Were there any health complications following birth? No ____ (0)

If yes, please specify: _____ Yes ____ (1)

c. Postnatal Period and Infancy

17. Were there early infancy feeding problems? No ____ (0)
Yes ____ (1)
18. Was the child colicky? No ____ (0)
Yes ____ (1)
19. Were there early sleep pattern difficulties? No ____ (0)
Yes ____ (1)
20. Were there problems with the infant's responsiveness (alertness)? No ____ (0)
Yes ____ (1)
21. Did the child experience any health problems during infancy? No ____ (0)
Yes ____ (1)
22. Did the child have any congenital problems? No ____ (0)
Yes ____ (1)
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 ____ (1)
Easy ____ (2)
Average ____ (3)
Difficult ____ (4)
Very Diff. ____ (5)
24. How did the baby behave with other people? More sociable than average ____ (1)
Average sociability ____ (2)
More unsociable than ave. ____ (3)
25. When (s)he wanted something, how insistent was (s)he? Very insistent ____ (1)
Pretty insistent ____ (2)
Average ____ (3)
Not very insistent ____ (4)
Not at all insistent ____ (5)
26. How would you rate the activity level of the child as an infant/toddler? Very active ____ (1)
Active ____ (2)
Average ____ (3)
Less active ____ (4)
Not active ____ (5)

44. Has the child had any accidents resulting in the following?
(0=no, 1=yes)
- | | | |
|--------------------|-------|--|
| Broken bones | _____ | |
| Severe Lacerations | _____ | |
| Head injury | _____ | |
| Severe Bruises | _____ | |
| Stomach pumped | _____ | |
| Eye injury | _____ | |
| Lost teeth | _____ | |
| Sutures | _____ | |

Other (please specify): _____

45. How many accidents has the child had?
- | | | |
|---------|-------|-----|
| One | _____ | (1) |
| 2-3 | _____ | (2) |
| 4-7 | _____ | (3) |
| 8-12 | _____ | (4) |
| Over 12 | _____ | (5) |

46. Has (s)he ever had surgery for any of the following conditions? (0 = No; 1 = yes)
- | | | |
|------------------------|-------|--|
| Tonsillitis | _____ | |
| Adenoids | _____ | |
| Hernia | _____ | |
| Appendicitis | _____ | |
| Ear, eye, nose, throat | _____ | |
| Digestive disorder | _____ | |
| Urinary tract | _____ | |
| Leg or arm | _____ | |
| Burns | _____ | |
| Other | _____ | |

47. How many times?
- | | | |
|--------------|-------|-----|
| Once | _____ | (1) |
| Twice | _____ | (2) |
| 3-5 times | _____ | (3) |
| 6-8 times | _____ | (4) |
| Over 8 times | _____ | (5) |

48. Duration of hospitalization?
- | | | |
|-----------------|-------|-----|
| One day | _____ | (1) |
| One day + night | _____ | (2) |
| 2-3 days | _____ | (3) |
| 4-6 days | _____ | (4) |
| 1-4 weeks | _____ | (5) |
| 1-2 mos. | _____ | (6) |
| Over 2 mos. | _____ | (7) |

49. Is there suspicion of alcohol or drug use?
- | | | |
|-----|-------|-----|
| No | _____ | (0) |
| Yes | _____ | (1) |
| DK | _____ | |

50. Is there any history of physical/sexual abuse?
- | | | |
|-----|-------|-----|
| No | _____ | (0) |
| Yes | _____ | (1) |
| DK | _____ | |

51. Does the child have any problems sleeping?
- | | | |
|---------------------------|-------|-----|
| None | _____ | (0) |
| Difficulty falling asleep | _____ | (1) |

Sleep continuity disturbance ____ (2)

Early morning awaking ____ (3)

52. Is the child a restless sleeper? No ____ (0)
Yes ____ (1)
DK ____

53. Does the child have bladder control problems at night? No ____ (0)
Yes ____ (1)

If yes, how often: _____

If yes, was (s)he ever continent? _____

During the day? No ____ (0)
Yes ____ (1)

If yes, how often: _____

If yes, was (s)he ever continent? _____

55. Does the child have any appetite control problems? Overeats ____ (1)
Average ____ (2)
Undereats ____ (3)

II. Treatment History

56. Has the child ever been prescribed any of the following: (0 = No, 1 = Yes) (Duration coded in months)

Ritalin _____

Duration of use _____

Tranquilizers _____

Duration of use _____

Dexedrine _____

Duration of use _____

Anticonvulsants _____

Duration of use _____

Cylert _____

Duration of use _____

Antihistamines _____

Duration of use _____

Other prescription drugs _____

Duration of use _____

Specify: _____

57. Has the child ever had any of the following forms of psychological treatment? If yes, how long did it last?

Individual psychotherapy _____
Duration of therapy _____

Group psychotherapy _____
Duration of therapy _____

Inpatient evaluation/Rx _____
Duration of inpatient _____

Residential treatment _____
Duration of placement _____

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, and if so, how long?

Learning disabilities class _____
Duration of placement _____
Behavioral/emotional disorders class _____
Duration of placement _____
Speech & language therapy _____
Duration of therapy _____
Other (please specify) : _____
Duration: _____

59. Has the child ever been:

	Suspended from school	_____
	Number of suspensions	_____
	Expelled from school	_____
	Number of expulsions	_____
	Retained in grade	_____
	Number of retentions	_____

60. Have any additional instructional modifications been attempted?

None		_____ (1)
Behavior modification program		_____ (2)
Daily/weekly report card		_____ (3)
Other (please specify):	_____	

V. Social History

61. How does the child get along with his/her brothers/sisters?

Doesn't have any		_____ (0)
Better than average		_____ (1)
Average		_____ (2)
Worse than average		_____ (3)

62. How easily does the child make friends?

Easier than average		_____ (1)
Average		_____ (2)
Worse than average		_____ (3)
Don't know		_____

63. On the average, how long does your child keep friendships?

Less than 6 months		_____ (1)
6 months-1 year		_____ (2)
More than 1 year		_____ (3)
Don't know		_____

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 _____ (1)
- Time out (isolation) _____ (2)
- Removal of privileges _____ (3)
- Rewards _____ (4)
- Physical punishment _____ (5)
- Acquiescence to child _____ (6)
- Avoidance of child _____ (7)

65. On the average, what percentage of the time does your child comply with initial commands?

- 0-20% _____ (1)
- 20-40% _____ (2)
- 40-60% _____ (3)
- 60-80% _____ (4)
- 80-100% _____ (5)

66. On the average, what percentage of the time does your child eventually comply with commands?

- 0-20% _____ (1)
- 20-40% _____ (2)
- 40-60% _____ (3)
- 60-80% _____ (4)
- 80-100% _____ (5)

67. To what extent are you and your spouse consistent with respect to disciplinary strategies?

- Most of the time _____ (1)
- Some of the time _____ (2)
- None of the time _____ (3)

68. Have any of the following stress events occurred within the past 12 months?

- Parents divorced or separated _____ (1)
- Family accident or illness _____ (2)
- Death in family _____ (3)
- Parent changed job _____ (4)
- Changed schools _____ (5)
- Family moved _____ (6)
- Family financial problems _____ (7)
- Other (please specify): _____

VII. Diagnostic Criteria

69. Which of the following are considered to be a significant problem at the present time? (0 = No
1 = Yes)

- Fidgets _____
- Difficulty remaining seated _____
- Easily distracted _____
- Difficulty awaiting turn _____
- Often blurts out answer, even
Before the question is completed _____
- Difficulty following instructions _____
- Difficulty sustaining attention _____
- Shifts from one activity to another _____
- Difficulty playing quietly _____
- Often talks excessively _____
- Often interrupts/intrudes on others _____
- Often does not listen _____
- Often loses things _____
- Often engages in physically
Dangerous activities _____

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?
(0 = No; 1 = Yes)

- Often loses temper _____
- Often argues with others _____
- Often actively defies or refuses
adult requests or rules _____
- Often deliberately does things
that annoy other people _____
- Often blames others for own mistakes _____
- Is often touchy or easily annoyed by others _____
- Is often angry or resentful _____
- Is often spiteful or vindictive _____
- Often swears or uses obscene language _____

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?
(0 = No; 1 = Yes)

- Stolen without confrontation _____
- Run away from home overnight (twice) _____
- Lies often _____
- Deliberate fire-setting _____
- Often truant _____
- Breaking and entering _____
- Destroyed others' property _____
- Cruel to animals _____
- Forced someone into sexual activity _____
- Used a weapon in a fight _____
- Often initiates physical fights _____
- Stolen with confrontation _____
- Physically cruel to people _____

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?
(0 = No; 1 = Yes)

- Unrealistic and persistent worry about possible harm
To attachment figures _____
- Unrealistic and persistent worry that a calamitous
Event will separate child from attachment figure _____
- Persistent school refusal _____
- Persistent refusal to sleep alone _____
- Persistent avoidance of being alone _____
- Repeated nightmares re: separation _____
- Somatic complaints _____
- Excessive distress in anticipation of separation from
Attachment figure _____
- Excessive distress when separated from home or
Attachment figure _____

TOTAL FOR SEPERATION 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?
(0 = No; 1 = Yes)

Unrealistic worry about future events	_____
Unrealistic concern about appropriateness Of past behavior	_____
Unrealistic concern about competence	_____
Somatic complaints	_____
Marked self-consciousness	_____
Excessive need for reassurance	_____
Marked inability to relax	_____
 TOTAL FOR OVERANXIOUS DISORDER	 _____ (4 or more)

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

79. Which of the following are considered to be a significant problem at the present time?
(0 = No; 1 = Yes)

Depressed or irritable mood for most of the day (x 1 yr)	_____
Poor appetite or over eating	_____
Insomnia or hypersomnia	_____
Low energy or fatigue	_____
Low self-esteem	_____
Poor concentration or difficulty making decisions	_____
Feelings of hopelessness	_____
Never with symptoms for > 2 mos. over a year period	_____
 TOTAL FOR DYSTHYMIA (ITEMS 2-7) =	 _____ (2 or more)

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

VIII. Other Concerns

83. Has the child exhibited any of the symptoms below? (0 = No; 1 = Yes)

Stereotyped mannerisms	_____
Odd postures	_____
Excessive reaction to noise or fails to react to Loud noises	_____
Overreacts to touch	_____
Compulsive rituals	_____
Motor Tics	_____
Vocal tics	_____
 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:
(0 = No; 1 = Yes)

Loose thinking (e.g. tangential ideas,
Circumstantial speech) _____
Bizarre ideas (e.g. odd fascinations, delusions,
Hallucinations) _____
Disoriented, confused, staring or "spacey" _____
Incoherent speech (Mumbles, jargon) _____

85. Has the child exhibited any symptoms of affective disturbance, including any of the following:
(0 = No; 1 = Yes)

Excessive lability w/o reference to environment _____
Explosive temper with minimal provocation _____
Excessive clinging, attachment or dependence
On adults _____
Unusual fears _____
Strange aversions _____
Panic attacks _____
Excessively constricted or bland affect _____
Situational inappropriate emotions _____

TOTAL _____

86. Has the child exhibited any symptoms of social conduct disturbance, including any of the following: (0 = No; 1 = Yes)

Little or no interest in peers _____
Significantly indiscreet remarks _____
Initiates or terminates interactions inappropriately _____
Qualitatively abnormal social behavior _____
Excessive reaction to changes in routine _____
Abnormalities of speech _____
Self-mutilation _____

TOTAL _____

IX. Family History

86. 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 married _____ (0)
Separated _____ (1)
Divorced _____ (2)
Widowed _____ (3)
Married for ___ years _____ (4)

88. How stable is your current marriage?

Stable _____ (1)
Unstable _____ (2)

NOTES:

SIBLINGS

0 = Negative; 1 = Positive

	Brother	Brother	Sister	Sister	Total
Problems with aggressiveness, Defiance, and oppositional Behavior as a child.					
Problems with attention, Activity, and impulse control As a child					
Learning disabilities					
Failed to graduate from High school					
Mental retardation					
Depression for greater than Two weeks					
Anxiety disorder that Impaired judgement					
Tics or Tourette's Syndrome					
Alcohol Abuse					
Substance Abuse					
Antisocial Behavior (Assaults, thefts, etc.)					
Arrests					
Physical Abuse					
Sexual Abuse					
Psychosis or Schizophrenia					
