Adult ADHD Interview

date:

name:

dob: age:

GIVE A DESCRIPTION OF THE PROBLEMS FOR WHICH YOU FEEL YOU NEED HELP:

DESCRIBE THE NATURE OF YOUR CURRENT EMPLOYMENT OR STUDIES INCLUDING WORK/SCHOOL RELATED PROBLEMS:

LIST YOUR PRIOR JOBS AND NOTE THE PROBLEMS YOU MAY HAVE HAD WITH THEM:

LIST THE NAMES, AGES AND RELATIONSHIP OF PERSONS IN YOUR IMMEDIATE FAMILY (parents, siblings, spouse, children). INDICATE AND DESCRIBE ANY PROBLEMS (psychiatric, behavioral, alcohol, drugs, academic, etc) THAT FAMILY STRUGGLED WITH:

PROVIDE A BRIEF SUMMERY OF YOUR ACADEMIC AND SOCIAL EXPERIENCE IN SCHOOL. TRY TO RECALL YOUR ELEMENTARY AS WELL AS YOUR MIDDLE AND HIGH SCHOOLS AND COLLEGE. HOW DID YOU GET ALONG WITH YOUR TEACHERS? YOUR PEERS? THE OPPOSITE GENDER? YOUR FRIENDS?

PROVIDE A BRIEF DESCRIPTION OF WHAT YOUR HOME WAS LIKE GROWING UP. DESCRIBE WHAT YOUR FAMILY RELATIONSHIPS ARE LIKE, BOTH WITH YOUR ORIGINAL FAMILY AND YOUR CURRENT FAMILY:

DESCRIBE ANY SERIOUS ILLNESSES, ACCIDENTS, DISEASES OR MEDICAL CONDITIONS OF WHICH YOU ARE AWARE:

LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING (include dose and time(s). LIST ALL PSYCHIATRIC MEDICATIONS TAKEN IN THE PAST:

DO YOU SMOKE? IF YES, HOW MUCH?

DO YOU THINK YOU HAVE OR DRUG OR ALCOHOL PROBLEM?

HAS ANYONE EVER TOLD YOU THAT THEY WERE CONCERNED ABOUT YOUR USE OF DRUGS OR ALCOHOL?

ON AVERAGE HOW OFTEN DO YOU DRINK?

IF YOU DRINK ALCOHOL HOW MUCH (one ounce hard liquor equals one beer or glass of wine) DO YOU USUALLY CONSUME AT ONE TIME?

DO YOU HAVE A PROBLEM WITH DEPENDENCE ON A DRUG NOW?

DESCRIBE ANY DRUG PROBLEM YOU HAD IN THE PAST?

PLEASE NOTE ANYTHING ELSE ABOUT YOURSELF THAT YOU FEEL MIGHT BE HELPFUL IN UNDERSTANDING YOUR CURRENT SITUATION OR PROBLEM: