

NCS-R Adult ADHD Interview

**A Semi-Structured Clinical Interview to Assess ADHD in Childhood and Adulthood
Developed for use in the National Comorbidity Survey – Replication Project**

Study: _____ **Site:** _____

Respondent: _____ **Respondent No.:** _____

Interviewer: _____ **Interviewer No.:** _____

Phone Number: _____ **Date of Interview:** _____

Address: _____

_____ **Time interview began:** _____
ended: _____
Time spent on Notes, Ratings: _____

Contact log (attempts to reach respondent):

Edited and checked by: _____ **Date:** _____

The NCS-R Adult ADHD Interview was developed for the purpose of clinical reappraisal in the National Comorbidity Survey – Replication, 2002, by Lenard Adler, MD; Tom Spencer, MD; Molly Howes, Ph.D.; Margaret E. Guyer, Ph.D.; and Elizabeth Mainzer Gagnon, Ph.D.

INTRODUCTION

Hello, my name is _____ from SCHOOL / AGENCY / PROJECT NAME. Thank you for agreeing to this interview. I will be asking you several questions about your experiences. I'll be making some notes as we go along. I will also be tape-recording this interview. The tape will be used for quality control purposes. When the study is complete, we will destroy the tapes. At any point you may let me know that you would like me to stop taping or destroy the tapes. Do I have your permission to tape this interview?

(Note: Interviewer must obtain permission prior to turning on the recorder, as well as on the tape itself.)

Permission granted to tape the interview Yes _____ No _____

2) INFORMED CONSENT

I want to make sure that you understand what we will be doing and that you still want to complete today's interview. As you know, your participation is completely voluntary. You may choose to end the interview at any time. If there is any question that you don't want to answer, tell me and we will skip it.

I will be asking you questions about different problems or difficulties that you may have had at times in your life. In some places I may refer back to the first interview that you completed for us and you may notice that some of the questions are similar. We're asking that you don't try to remember what you said before. Listen to the questions today and answer them honestly in the way they make sense to you today.

It's also important that you understand that your answers to the questions will be kept confidential. This means that your name isn't on the interview. It means that no one other than research staff will know how you answered the questions. There is an exception to this rule: If I am concerned that you or someone else may be in danger of serious harm, then I have to take steps to make sure that everyone is safe. If possible, I will tell you about my concerns.

Do you have any questions?

Would you like to participate in the interview today? Yes _____ No _____

DEMOGRAPHIC DATA

SEX: 1 male
2 female

What's your date of birth? DOB: _____
month day year

AGE: _____

Are you presently located at (ADDRESS)?

IF NOT: What is your location at the moment?

Whom do you live with? MARITAL STATUS (most recent): 1 married or living with someone as if married
2 widowed
3 divorced or annulled
4 separated
5 never married

Have you ever been married or had a long term relationship?

Any children? (What are their ages?) _____

IF YES: How many? _____

P004

EDUCATION HISTORY

How far did you get in school?
(How much schooling have you had?)

YEARS OF EDUCATION:

IF FAILED TO COMPLETE A
PROGRAM IN WHICH THEY WERE
ENROLLED: Why didn't you finish?

Did you interrupt your schooling for any reason?
Transfer from one program to another?

Were your grades reflective of your ability? Did
anything interfere with your school performance?

As a child, did you repeat any grades? Which ones?
Why did that happen?

GRADE RETENTION: 1 NO
2 YES

P005

IF NECESSARY: As a child, were your grades
reflective of your ability? Did anything interfere with
your school performance?

WORK HISTORY

What kind of work do you do?
(Do you work outside of your home?)

Are you working now?

IF YES: How long have you worked
there?

IF LESS THAN 6 MONTHS: Why did you leave
your last job?

Have you always done that kind of work?

IF NO: What kind of work have you done?

How many jobs have you held in the past ten years?

JOBS IN PAST 10 YEARS _____

P006

How many times have you been fired from a job?
What happened?

TIMES FIRED _____

P007

HISTORY OF DISABILITY/IMPAIRMENT

IF UNKNOWN: Has there ever been a period of
time when you were unable to work or go to
school?

IF YES: When? Why was that?

CURRENT INCOME

How are you supporting yourself now?

IF NECESSARY: How long have you been
retired/on disability? What are you on disability
for?

CURRENT MEDICAL ISSUES AND SUBSTANCE USE

Do you take any medications or vitamins?

How often do you drink alcohol?
How much?

How often do you use street/recreational drugs?

HISTORY OF SUBSTANCE USE:

How long did this period last?

How many periods like this have you had?

Has anyone else ever been concerned about your drinking or use of drugs?

Have you ever used medications in a way other than the way they were prescribed?

Have you ever had treatment for alcohol or drugs?

PAST PERIODS OF PSYCHOPATHOLOGY

Have you ever seen anybody for emotional or psychiatric problems?

IF YES: Could you tell me what that was for (in your own words)?

IF NO: Have you ever had emotional or psychiatric problems that you didn't discuss with a doctor or anyone like that?

Treatment for emotional problems with a mental health professional _____
1 NO
2 YES

P010

IF NO: Was there ever a time when you, or someone else, thought you should see someone because of the way you were feeling or acting?

Have you ever taken any medications (for emotional or psychiatric problems)?

Taken psychiatric medication: 1 NO
2 YES

P011

Can you tell me briefly what that was for?

Have you ever been in a hospital for treatment of psychiatric or emotional problems?

Number of previous psychiatric hospitalizations (Do not include transfers)

- 0
- 1
- 2
- 3
- 4
- 5 (or more)

IF YES: What was that for? (How many times?)

IF GIVES AN INADEQUATE ANSWER, CHALLENGE GENTLY:

e.g., Wasn't there something else? People don't usually go to (psychiatric) hospitals just because they are (own words).

P012

CURRENT SOCIAL FUNCTIONING

How have you been spending your free time?

Who do you spend time with?

What do you worry about most?

ADULTHOOD MODULE

For the next parts of this interview, I will be asking you questions about experiences during the past twelve months that is, since (MONTH, YEAR). Then I will ask you about the same or similar experiences during your childhood. Some of these questions will resemble the questions in your earlier interview, but please just listen to the questions now and answer them as truthfully as you can. Of course, you may still skip any questions you don't want to answer.

CIDI ADHD STEM QUESTIONS:

<p>- SKIP</p> <p>+ <i>In the earlier interview, you said that between the ages of kindergarten and second grade, there was a period lasting six months or longer when you had a lot more trouble with concentration than most children: Things like not being able to keep your mind on what you were doing, losing interest very quickly in games or work, trouble finishing what you started without being distracted, and not listening when people speak to you. Have these types of things been a problem for you in the past 12 months?</i></p> <p>? <i>Between the ages of kindergarten and second grade, did you ever have a period lasting six months or longer when you had a lot more trouble with concentration than most children? With things like not being able to keep your mind on what you were doing, losing interest very quickly in games or work, trouble finishing what you started without being distracted, and not listening when people spoke to you? Have these types of things been a problem for you in the past 12 months?</i></p>	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">1 NO</td> <td style="width: 33%;">2 YES, but not in the past 12 months</td> <td style="width: 33%;">3 YES,in the past 12 months</td> </tr> </table>	1 NO	2 YES, but not in the past 12 months	3 YES,in the past 12 months	<p>SC001</p>
1 NO	2 YES, but not in the past 12 months	3 YES,in the past 12 months			
<p>- SKIP</p> <p>+ <i>You said in the earlier interview that you had a time before the age of seven lasting six months or longer when you were very restless and fidgety and so impatient that you would often interrupt people and have trouble waiting your turn. Has this been true of you on the past 12 months?</i></p> <p>? <i>Did you ever have a time before the age of seven lasting six months or longer when you were very restless and fidgety and so impatient that you would often interrupt people and have trouble waiting your turn? Has this been true of you on the past 12 months?</i></p>	<table style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">1 NO</td> <td style="width: 33%;">2 YES, but not in the past 12 months</td> <td style="width: 33%;">3 YES,in the past 12 months</td> </tr> </table>	1 NO	2 YES, but not in the past 12 months	3 YES,in the past 12 months	<p>SC002</p>
1 NO	2 YES, but not in the past 12 months	3 YES,in the past 12 months			

Obtain brief description:

*Can you tell me about that?
Which of these things have been the biggest problem for you?*

ADULT MODULE - PAST TWELVE MONTHS

KSADS: DSM-IV CRITERION FOR ADULT ADHD:

INTERVIEWER: If respondent is on medication for ADHD, rate each symptom for periods in the past 12 months when he/she was not on medication. Some people may be sufficiently medicated, leading to a coding of ‘6’ for the past 12 months. In that case, ascertain when the specific symptom was most recently a problem. Adjacent to the ‘6’ coding, indicate the period during which you assessed the symptom and how the symptom would have been coded at that time (i.e. 1-4).

Standard probes include:

Can you give me (an) example(s)?

How would other people describe/view you in this regard?

What kinds of problems does this cause you in your daily/work/family life?

If you did have other obligations/were working now, how would this interfere with your functioning?

1. Makes a Lot of Careless Mistakes

In the past 12 months ...

*Do (did) you make a lot of mistakes (in school) or work?
Is (was) this because you're careless?*

Do you rush through work, or activities?

Do you have trouble with detailed work?

Do you not check your work ?

Do people complain that you're careless?

Are (were) you messy or sloppy?

Is your desk or workspace so messy that you have difficulty finding things?

- 1 Not present.
- 2 Mild: Occasionally makes careless mistakes.
- 3 Moderate: Often fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information

AD201

2. Difficulty Sustaining Attention on Tasks/Play Activities

In the past 12 months:

Do (did) you have trouble paying attention such as watching movies, reading or lectures ?

Or on fun activities such as sports or board games?

*Is it hard for you to keep your mind on school or work ?
Do you have unusual trouble staying focused on boring or repetitive tasks?*

Does it take a lot longer than it should to complete tasks because you can't keep your mind on the task?

Is (was) it even harder for you than some others you know ?

Do you have trouble remembering what you read and do you need to re-read the same passage several times?

- 1 Not present.
- 2 Mild: Occasionally has difficulty sustaining attention on tasks or play activities.
- 3 Moderate: Often has difficulty sustaining attention in tasks or play activities.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD202

3. Doesn't Listen

In the past 12 months ...

Do (did) people (your wife, boss, colleagues, friends) complain that you don't seem to listen or respond (or daydream) when spoken to or when asked to do tasks?

A lot?

Do people have to repeat directions?

Do you find that you miss the key parts of conversations because of drifting off in your own thoughts?"

Does (did) it cause problems?

- 1 Not present.
- 2 Mild: Occasionally doesn't listen.
- 3 Moderate: Often does not seem to listen when spoken to directly.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD203

4. Difficulty Following Instructions

In the past 12 months ...

Do (did) you have trouble finishing things...work, chores, ?

Do you often leave things half done and start another project?

Do you need consequences (such as deadlines) to finish?

Do (did) you have trouble following instructions? (especially complex, multistep instructions that have to be done in a certain order with different steps)

Do you need to write down instructions, otherwise you will forget the task at hand?"

- 1 Not present.
- 2 Mild: Occasionally has difficulty following instructions. Problem has only minimal effect on functioning.
- 3 Moderate: Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD204

5. Difficulty Organizing Tasks

In the past 12 months ...	1	Not present.	AD205
<i>Do (did) you have trouble organizing things into ordered steps?</i>	2	Mild: Occasionally disorganized. Problem has only minimal effect on functioning.	
<i>Is it hard prioritizing work and chores?</i>	3	Moderate: Often has difficulty organizing tasks and activities.	
<i>Do you need others to plan for you ?</i>	4	Severe	
<i>Do you have trouble with time management?</i>	6	Absent or false due to therapeutic medication.	
<i>Dos (did) it cause problems?</i>	8	Present or true due to medical condition.	
<i>Do you procrastinate and put off tasks until the last moment possible?"</i>	9	Inadequate information.	

6. Dislikes/Avoids Tasks Requiring Attention

In the past 12 months ...	1	Not present.	AD206
<i>Do (did) you avoid tasks (work, chores, reading board games) that are challenging or lengthy because it's hard to stay focused on these things for a long time?</i>	2	Mild: Occasionally avoids tasks that require sustained attention, and/or expresses mild dislike for these tasks.	
<i>Do you have to force yourself to do these tasks ? how hard is (was) it?</i>	3	Moderate: Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as homework).	
<i>Do you procrastinate and put off tasks until the last moment possible?</i>	4	Severe	
	6	Absent or false due to therapeutic medication.	
	8	Present or true due to medical condition.	
	9	Inadequate information.	

7. Loses Things

In the past 12 months ...

Do (did) you lose things? (i.e. important work papers, keys, wallet, coats, etc.)?

A lot?

More than others?

Are you constantly looking for important items?

Do (did) you get into trouble for this? (work, home)

Do you need to put items (eg. glasses, wallet, keys) in the same place each time, otherwise you will lose them?"

- 1 Not present.
- 2 Mild: Occasionally loses things.
- 3 Moderate: Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD207

8. Easily Distracted

In the past 12 months ...

Are (were) you ever very easily distracted by events around you such as noise (conversation, tv, radio), movement, or clutter?

Do you need relative isolation to get work done ?

Can (could) almost anything get your mind off of what you are (were) doing ... like work, chores or if you're talking to someone?

Is it hard to get back to a task once you stop ?

- 1 Not present.
- 2 Mild: Occasionally distracted.
- 3 Moderate: Is often easily distracted by extraneous stimuli (e.g., attention often disrupted by minor distractions other kids would be able to ignore).
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD208

9. Forgetful in Daily Activities

- | | |
|--|---|
| In the past 12 months ... | 1 Not present. |
| <i>Do (did) you forget a lot of things in your daily routine?</i> | 2 Mild: Occasionally forgetful. |
| <i>Like what? chores? work? appointments or obligations?</i> | 3 Moderate: Often is forgetful in daily activities. |
| <i>Do you forget to bring things to work such as work materials or assignments due that day?</i> | 4 Severe |
| <i>Do you need to write regular reminders to yourself to do most activities or tasks, otherwise you will forget?</i> | 6 Absent or false due to therapeutic medication. |
| | 8 Present or true due to medical condition. |
| | 9 Inadequate information. |

AD209

10. Fidget

- | | |
|--|---|
| In the past 12 months ... | 1 Not present. |
| <i>Can (could) you sit still or are (were) you always moving your hands, feet, or in your chair?</i> | 2 Mild: Occasionally fidgets with hands or feet or squirms in seat. |
| <i>Do (did) you tap your pencil or your feet ? A lot?</i> | 3 Moderate: Often fidgets with hands or feet or squirms in seat. |
| <i>Do people notice?</i> | 4 Severe |
| <i>Do you regularly play with your hair or clothing?</i> | 6 Absent or false due to therapeutic medication. |
| <i>Do you consciously resist fidgeting or squirming?</i> | 8 Present or true due to medical condition. |
| | 9 Inadequate information |

AD210

11. Difficulty Remaining Seated

In the past 12 months ...

*Do (did) you have trouble staying in your seat?
at work?
in class?
at home, i.e. watching t.v., eating dinner?
in church or temple?*

Do you chose to walk around rather than sit?

Do you have to force yourself to remain seated?

Is it difficult for you to sit through a long meeting or lecture?

Do you try to avoid going to functions that require you to sit still for long periods of time?"

- | | | |
|---|--|-------|
| 1 | Not present. | AD211 |
| 2 | Mild: Occasionally has difficulty remaining seated when required to do so. | |
| 3 | Moderate: Often leaves seat in classroom or in other situations in which remaining seated is expected. | |
| 4 | Severe | |
| 6 | Absent or false due to therapeutic medication. | |
| 8 | Present or true due to medical condition. | |
| 9 | Inadequate information. | |

12. Restlessness (Runs or Climbs Excessively)

In the past 12 months ...

Are you physically restless?

Do you feel restless inside? a lot?

Do you feel more agitated when you cannot exercise on an almost daily basis?

- | | | |
|---|--|-------|
| 1 | Not present. | AD212 |
| 2 | Mild: Occasionally runs about or climbs excessively. Problem has only minimal effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness.) | |
| 3 | Moderate: Often runs about or climbs excessively in situations in which it is inappropriate. (in adolescents, may be limited to a <u>subjective</u> feeling of restlessness.) | |
| 4 | Severe | |
| 6 | Absent or false due to therapeutic medication. | |
| 8 | Present or true due to medical condition. | |
| 9 | Inadequate information | |

13. Difficulty Playing Quietly/Leisure Time

In the past 12 months ...

Did you have a hard time playing quietly?

During leisure activity (non structured times or on your own such as reading a book , listening to music, playing a board game), are you agitated or dysphoric?

Do you always need to be busy while on vacation?

- 1 Not present.
- 2 Mild: Occasionally has difficulty playing quietly.
- 3 Moderate: Often has difficulty playing or engaging in leisure activities quietly.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate Information

AD213

14. On the Go/Acts Like Driven by Motor

In the past 12 months ...

Is it hard for you to slow down?

Do you feel like you (often) have a lot of energy and that you always have (had) to be moving, are (were) always "on the go"?

Do you feel like you you're driven by a motor?

Do you feel unable to relax ?

- 1 Not present.
- 2 Mild: Occasionally acts "driven by a motor."
- 3 Moderate: Is often "on the go" or often acts as if "driven by a motor."
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD214

15. Talks Excessively

In the past 12 months ...

*Do (did) you talk a lot?
all the time?
more than other people ?*

*Do people complain about your talking?
Is (was) it a problem?*

Are you often louder than the people you are talking to?

- 1 Not present.
- 2 Mild: Occasionally talks excessively.
- 3 Moderate: Often talks excessively.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD215

16. Blurts Out Answers

In the past 12 months ...

Do (did) you give answers to questions before someone finishes asking?

*Do you say things before it is your turn?
Do you say things that don't fit into the conversation?*

*Do you do things without thinking ?
A lot?*

- 1 Not present.
- 2 Mild: Occasionally talks out of turn.
- 3 Moderate: Often blurts out answers before questions have been completed.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD216

17. Difficulty Waiting Turn

In the past 12 months ...

Is it hard for you to wait your turn in conversation, in lines, while driving)?

Are you frequently frustrated with delays?

Does (did) it cause problems?

Do you put a great deal of effort into planning to not be in situations where you might have to wait?

- 1 Not present.
- 2 Mild: Occasionally has difficulty waiting his/her turn.
- 3 Moderte: Often has difficulty waiting his/her turn.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD217

18. Interrupts or Intrudes

In the past 12 months ...

Do (did) you talk when others are talking without waiting until they're finished?

Do (did) you butt into others conversations before being invited.

Do (did) you interrupt others activities?

Is it hard for you to wait to get your point across in conversations or at meetings?

- 1 Not present.
- 2 Mild: Occasionally interrupts others.
- 3 Moderate: Often interrupts or intrudes on others (e.g., butts into conversations or games).
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD218

19. Duration

For how long have you had trouble (list symptoms that were positively endorsed)?

- 1 Not present.
- 2 Symptoms persist less than 6 months.
- 3 Symptoms persist at least 6 months.
- 9 Inadequate information.

AD219

20. Some impairment in 2 or more settings

*In the past 12 months ...
have these things (list positive symptoms) caused trouble for you at work?
With your family?
With friends and colleagues?*

- 1 Not present.
- 2 Mild: Impairment in only one setting.
- 3 Moderate: Some impairment from the symptoms is present in two or more settings (e.g., at school and at home).
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD220

21. Assess clinically significant impairment

*In the past 12 months ...
how much trouble have these things (list positive symptoms) caused for you at work?
With your family?
With friends and colleagues?

Give me an example.*

- 1 Not present.
- 2 Mild.
- 3 Moderate: There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD221

ADDITIONAL CLINICAL QUESTIONS (10 +4)

1. Wastes or mismanages time

- | | |
|--|--|
| Do you waste or mismanage time? | 1 Not present. |
| Do you have difficulty keeping track of time? | 2 Mild. |
| Is it hard for you to remember how much time has passed when you are doing activities. | 3 Moderate: |
| Is this a problem at work? | 4 Severe |
| When doing tasks at home (paying bills, doing the laundry)? | 6 Absent or false due to therapeutic medication. |
| When tending to personal hygiene (showering, bathing, shaving)? | 8 Present or true due to medical condition. |
| | 9 Inadequate information. |

AD222

2. Has trouble planning ahead or preparing for upcoming events

- | | |
|---|--|
| Do you have trouble planning ahead or preparing for upcoming projects or events? | 1 Not present. |
| Does it seem that completing large projects presents more problems than finishing smaller tasks, on shorter time schedules to completion? | 2 Mild. |
| Does planning family functions (birthday parties, anniversary dinners, etc.) create problems for you? | 3 Moderate: |
| | 4 Severe |
| | 6 Absent or false due to therapeutic medication. |
| | 8 Present or true due to medical condition. |
| | 9 Inadequate information. |

AD223

3. Lacks self-discipline

Do you feel that you lack sufficient self-discipline?

1 Not present.

AD224

Is it hard for you to start or complete tasks that you are not interested in or have difficulty doing?

2 Mild.

3 Moderate:

Does your significant other have to constantly remind you to do these kind of things?

4 Severe

Does someone at work need to provide you with these kind of reminders?

6 Absent or false due to therapeutic medication.

8 Present or true due to medical condition.

9 Inadequate information.

4. Has difficulty arranging work by its priority or importance: can't prioritize well

Do you have difficulty arranging work by its priority or importance?

1 Not present.

AD225

Does everything seem to have equal importance to you.

2 Mild.

3 Moderate:

Do you find that you look back at how you spent your day and see that you were side tracked doing tasks that were often less important than the more pressing ones?

4 Severe

6 Absent or false due to therapeutic medication.

Does your significant other feel that you don't do the important things promptly?

8 Present or true due to medical condition.

Do you find that you put off important work tasks, chores at home, or financial matters (such as paying taxes)?

9 Inadequate information.

5. Has a hard time keeping track of several things at once

- Do you have a hard time keeping track of several things at once? 1 Not present.
- Do you feel overwhelmed when you have to perform several tasks at once? 2 Mild.
- Does this make you feel anxious or like your “circuits are overloaded?” 3 Moderate:
- 4 Severe
- Do you notice that others can keep more things in mind than you are? 6 Absent or false due to therapeutic medication.
- Do you have to always write down lists of tasks to accomplish, otherwise you will forget the things you need to do? 8 Present or true due to medical condition.
- Is it critical for you to keep a “to-do” list? 9 Inadequate information.
- Are you forgetful when you go to the grocery store?

AD226

6. Bores easily

- Do you bore easily? 1 Not present.
- Do you always need to busy? 2 Mild.
- If something is not interesting, do you get bored easily? 3 Moderate:
- 4 Severe
- Is it very hard for you to sit through lectures, concerts, talks? In groups, work or school? 6 Absent or false due to therapeutic medication.
- Are you always looking for something new so that you will not be bored? 8 Present or true due to medical condition.
- 9 Inadequate information.

AD227

7. Depends on others to keep life in order and attend to details

- | | | |
|--|---|--|
| Do you depend on others to keep life in order and attend to details? | 1 | Not present. |
| | 2 | Mild. |
| Do you depend on your significant other, parent or sibling to keep things organized at home? | 3 | Moderate: |
| Do you depend on a co-worker or assistant to keep you organized at work? | 4 | Severe |
| Is it a significant burden to you (in terms of organization) when this party is unavailable? | 6 | Absent or false due to therapeutic medication. |
| Would you be able to function without this kind of support? | 8 | Present or true due to medical condition. |
| | 9 | Inadequate information. |

AD228

8. Can't get things done unless there is an absolute deadline

- | | | |
|---|---|--|
| Do you not get things done unless there is an absolute deadline? | 1 | Not present. |
| | 2 | Mild. |
| Is it hard for you to complete tasks in a timely fashion prior to the date that they due? | 3 | Moderate: |
| Do you have trouble setting internal deadlines on projects? | 4 | Severe |
| Is it necessary for you to have a clear deadline on projects in order to complete them? | 6 | Absent or false due to therapeutic medication. |
| Do you leave everything to the last minute so that each project becomes a crisis? | 8 | Present or true due to medical condition. |
| | 9 | Inadequate information. |

AD229

9. Cannot complete tasks in the allotted time; needs extra time to finish satisfactorily

Do you find that you cannot complete tasks in the allotted time; Do you often need extra time to finish satisfactorily?
Do you need extra time to complete school work or job tasks?

Does it take you longer to complete work than co-workers?
Does it take you longer to get things done around your home as compared to your significant other?

Do you find that you constantly hurry to complete tasks in allotted time?

If you do complete the task on time, does it not live up to appropriate standards because you've hurried through completing it?

- 1 Not present.
- 2 Mild.
- 3 Moderate:
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD230

10. Remembers some ideas of the details in required reading, but has difficulty grasping the main idea

Do you have trouble remembering what you read?

Do you remember some points, but often do not recall the central concepts?

Do you find that you regularly have to re-read passages in order to understand what the author intended?

Do you find that you finish a book or article and wonder to yourself what it was that you just read?

- 1 Not present.
- 2 Mild.
- 3 Moderate:
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD231

11. Mood changes frequently

- Is your mood very changeable? 1 Not present.
- Do you find yourself getting overly excited or depressed, beyond what situations would dictate? 2 Mild.
- Do others comment about how changeable your moods are? 3 Moderate:
- Are you known as being moody? 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD232

12. Easily hassled or frequently feel overwhelmed

- Do you frequently feel easily hassled or overwhelmed? like you can't take it anymore? 1 Not present.
- 2 Mild.
- Do you feel kind of like you cannot put another thought into your brain? 3 Moderate:
- 4 Severe
- Does that feeling of being overwhelmed effect your ability to interact with others? 6 Absent or false due to therapeutic medication.
- Do other people see you as getting easily overwhelmed? 8 Present or true due to medical condition.
- 9 Inadequate information.

AD233

13. Difficulty expressing anger appropriately at others; doesn't stand up for self

- Is it hard for you to express anger appropriately? 1 Not present.
- Do you sometimes find that you do not stand-up for yourself and do not let others know when they have offended you? 2 Mild.
- Do you keep the anger inside to the point when you do let it out, it comes out too strongly? 3 Moderate:
- Do those who care about you feel that they have to stand-up for you? 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD234

14. Sensitive to criticism

- Are you overly sensitive or have your feelings bruised easily? 1 Not present.
- Are you know as being touchy? 2 Mild.
- Do you take perceived offenses too much to heart? 3 Moderate:
- Do you have a hard time letting go when you feel that you have been wronged? Do you feel it deeply for a long time? 4 Severe
- 6 Absent or false due to therapeutic medication.
- Do you tend to overly defend yourself when others are critical of you? 8 Present or true due to medical condition.
- Do you take replying to other's perception of you to a more significant level than is necessary? 9 Inadequate information.

AD235

ADHD RATING SCALE-IV: Adult Version

The next questions are a little different. I'm going to read a series of questions about how often you have various problems and I want you to answer by telling me if each problem occurs never, rarely, sometimes, often, or very often. Here's the first one:

(IF NEC: Does that happen never, rarely, sometimes, often, or very often?)

	Never	Rarely	Sometimes	Often	Very Often	
1. How often do you make careless mistakes when you have to work on a boring or difficult project?	0	1	2	3	4	AD301
2. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	0	1	2	3	4	AD302
3. How often do you have difficulty keeping your attention focused when you are doing boring or repetitive work?	0	1	2	3	4	AD303
4. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	0	1	2	3	4	AD304
5. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	0	1	2	3	4	AD305
6. How often do you feel restless or fidgety?	0	1	2	3	4	AD306
7. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	0	1	2	3	4	AD307
8. How often do you have difficulty unwinding and relaxing when you have time to yourself?	0	1	2	3	4	AD308
9. How often do you have difficulty getting things in order when you have to do a task that requires organization?	0	1	2	3	4	AD309
10. How often do you feel overly active and compelled to do things, like you were driven by a motor?	0	1	2	3	4	AD310
11. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	0	1	2	3	4	AD311

	Never	Rarely	Sometimes	Often	Very Often	
12. How often do you find yourself talking too much when you are in social situations?	0	1	2	3	4	AD312
13. How often do you misplace or have difficulty finding things at home or at work?	0	1	2	3	4	AD313
14. When you're in a conversation, how often do you find yourself finishing the sentences of the people that you are talking to, before they can finish them themselves?	0	1	2	3	4	AD314
15. How often are you distracted by activity or noise around you?	0	1	2	3	4	AD315
16. How often do you have difficulty waiting your turn in situations when turn-taking is required?	0	1	2	3	4	AD316
17. How often do you have problems remembering appointments or obligations?	0	1	2	3	4	AD317
18. How often do you interrupt others when they are busy?	0	1	2	3	4	AD318
19. How often do you waste or mismanage time?	0	1	2	3	4	AD319
20. How often do you have trouble making a plan and sticking to it when you are in a situation where planful behavior is needed?	0	1	2	3	4	AD320
21. How often do you have difficulty prioritizing work when you are in a situation where setting priorities is needed?	0	1	2	3	4	AD321
22. How often do you depend on others to keep your life in order and attend to details?	0	1	2	3	4	AD322
23. How often do you put things off until the last minute?	0	1	2	3	4	AD323
24. How often is it hard for you to complete tasks satisfactorily in the allotted time?	0	1	2	3	4	AD324
25. How often do you have trouble remembering the main idea in things that you have read?	0	1	2	3	4	AD325

	Never	Rarely	Sometimes	Often	Very Often	
26. How often do you find that your mood is easily changeable?	0	1	2	3	4	AD326
27. How often do you feel more easily hassled or overwhelmed than other people in your situation?	0	1	2	3	4	AD327
28. How often do you have a hard time controlling your temper?	0	1	2	3	4	AD328
29. How often are your feelings easily hurt when you are criticized?	0	1	2	3	4	AD329

KSADS: DSM-IV CRITERION FOR CHILDHOOD ADHD:

RATE PERIOD WHEN RESPONDENT’S EXPERIENCE OF EACH SYMPTOM WAS MOST SEVERE; INDICATE DATES EVALUATED

NOTE: If respondent was on medication for ADHD as a child, rate behavior for periods when he/she was not on medication. *Now, I’m going to ask you a few more specific questions about these types of problems during your childhood. For these next questions regarding your childhood, we are asking about the period of time before you became a teenager, roughly the time corresponding to elementary or primary school.*

1. Makes a Lot of Careless Mistakes

Did you make a lot of careless mistakes at school?

1 Not present.

AD101

Did you often get problems wrong on tests because you didn't read the instructions right?

2 Mild: Occasionally made careless mistakes.

Did you often leave some questions blank by accident? Forget to do the problems on both sides of a handout?

3 Moderate: Often failed to give close attention to details or made careless mistakes in schoolwork, work or other activities.

How often did these types of things happen?

Did your teacher ever say you should pay more attention to detail?

4 Severe
6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information

Indicate Age/Grade of Onset:

2. Difficulty Sustaining Attention on Tasks/Play Activities

Was there ever been a time when you had trouble paying attention in school?

1 Not present.

AD102

Did it affect your schoolwork?

2 Mild: Occasionally had difficulty sustaining attention on tasks or play activities.

Did you get into trouble because of this?

3 Moderate: Often had difficulty sustaining attention in tasks or play activities.

When you were working on your homework, did your mind wander?

4 Severe

What about when you were playing games?

Did you forget to go when it was your turn?

6 Absent or false due to therapeutic medication.
8 Present or true due to medical condition.
9 Inadequate information.

Indicate Age/Grade of Onset:

3. Doesn't Listen

Was it hard for you to remember what your parents and teachers said?

Did your parents or teachers complain that you didn't listen to them when they talked to you?

Did you "tune people out"?

Did you get into trouble for not listening?

- 1 Not present.
- 2 Mild: Occasionally didn't listen.
- 3 Moderate: Often did not seem to listen when spoken to directly.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD103

Indicate Age/Grade of Onset:

4. Difficulty Following Instructions

Did your teachers complain that you didn't follow instructions?

When your parents or your teacher told you to do something, was it sometimes hard for you to remember what they had said to do?

Did it get you into trouble?

Did you lose points on your assignments for not following directions or not completing the work?

Did you forget to do your homework or forget to turn it in?

Did you get into trouble at home for not finishing your chores or other things your parents asked you to do?

How often?

- 1 Not present.
- 2 Mild: Occasionally had difficulty following instructions. Problem had only minimal effect on functioning.
- 3 Moderate: Often did not follow through on instructions and failed to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD104

Indicate Age/Grade of Onset:

5. Difficulty Organizing Tasks

Was your desk or locker at school a mess?

1 Not present.

AD105

Did it make it hard for you to find the things you needed?

2 Mild: Occasionally disorganized. Problem had only minimal effect on functioning.

Did your teacher complain that your assignments were messy or disorganized?

3 Moderate: Often had difficulty organizing tasks and activities.

When you did your worksheets, did you usually start at the beginning and do all the problems in order, or did you like to skip around?

4 Severe

Did you often miss problems?

6 Absent or false due to therapeutic medication.

Did you have a hard time getting ready for school in the morning?

8 Present or true due to medical condition.

9 Inadequate information.

Indicate Age/Grade of Onset:

6. Dislikes/Avoids Tasks Requiring Attention

Were there some kinds of schoolwork you hated doing more than others? Which ones? Why?

1 Not present.

AD106

Did you try to get out of doing your _____ assignments?

2 Mild: Occasionally avoided tasks that required sustained attention, and/or expressed mild dislike for these tasks.

Did you pretend to forget about your _____ homework to get out of doing it?

3 Moderate: Often avoided, disliked, or was reluctant to engage in tasks that required sustained mental effort (such as homework).

About how many times a week did you not do your homework?

4 Severe

6 Absent or false due to therapeutic medication.

8 Present or true due to medical condition.

9 Inadequate information.

Indicate Age/Grade of Onset:

7. Loses Things

Did you lose things a lot?

*Your pencils at school?
Homework assignments?
Things around home?*

About how often did that happen?

- 1 Not present.
- 2 Mild: Occasionally lost things.
- 3 Moderate: Often lost things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools).
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD107

Indicate Age/Grade of Onset:

8. Easily Distracted

Was there ever a time when little distractions would make it very hard for you to keep your mind on what you were doing?

Like if another kid in class asked the teacher a question while the class was working quietly, was it ever hard for you to keep your mind on your work?

When there was an interruption, like when the phone rang, was it hard to get back to what you were doing before the interruption?

Were there times when you could keep your mind on what you were doing, and little noises and things didn't bother you?

How often were they a problem?

- 1 Not present.
- 2 Mild: Occasionally distracted.
- 3 Moderate: Was often easily distracted by extraneous stimuli (e.g., attention often disrupted by minor distractions other kids would be able to ignore).
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD108

Indicate Age/Grade of Onset:

9. Forgetful in Daily Activities

Did you often leave your homework at home, or your books or coats on the bus?

Did you leave your things outside by accident?

How often did these things happen?

Did anyone ever complain that you were too forgetful?

- 1 Not present.
- 2 Mild: Occasionally forgetful.
- 3 Moderate: Often was forgetful in daily activities.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD109

Indicate Age/Grade of Onset:

10. Fidget

Did people often tell you to sit still, to stop moving, or stop squirming in your seat?

Your teachers?

Parents?

Did you sometimes get into trouble for squirming in your seat or playing with little things at your desk?

Did you have a hard time keeping your arms and legs still?

How often?

- 1 Not present.
- 2 Mild: Occasionally fidgeted with hands or feet or squirmed in seat.
- 3 Moderate: Often fidgeted with hands or feet or squirmed in seat.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information

AD110

Indicate Age/Grade of Onset:

11. Difficulty Remaining Seated

Was there ever a time when you got out of your seat a lot at school?

Did you get into trouble for this?

Was it hard to stay in your seat at school?

What about dinnertime?

- 1 Not present. AD111
- 2 Mild: Occasionally had difficulty remaining seated when required to do so.
- 3 Moderate: Often left seat in classroom or in other situations in which remaining seated was expected.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

Indicate Age/Grade of Onset:

12. Runs or Climbs Excessively

Did you get into trouble for running down the hall in school?

Did your mom often have to remind you to walk instead of run when you were out together?

Did your parents or your teacher complain about you climbing things you shouldn't? What kinds of things? How often did this happen?

IF NECESSARY: When you were an adolescent, did you feel restless a lot? Feel like you had to move around, or that it was very hard to stay in one place?

- 1 Not present. AD112
- 2 Mild: Occasionally ran about or climbed excessively. Problem had only minimal effect on functioning. (In adolescents, may be limited to a subjective feeling of restlessness.)
- 3 Moderate: Often ran about or climbed excessively in situations in which it was inappropriate. (in adolescents, may be limited to a subjective feeling of restlessness.)
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information

Indicate Age/Grade of Onset:

13. Difficulty Playing Quietly

Did your parents or teachers often tell you to quiet down when you were playing?

Did you have a hard time playing quietly?

- 1 Not present.
- 2 Mild: Occasionally had difficulty playing quietly.
- 3 Moderate: Often had difficulty playing or engaging in leisure activities quietly.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate Information

AD113

Indicate Age/Grade of Onset:

14. On the Go/Acts Like Driven by Motor

Was it hard for you to slow down?

Could you stay in one place for long, or were you always on the go?

How long could you sit and watch TV or play a game?

Did people tell you to slow down a lot?

- 1 Not present.
- 2 Mild: Occasionally acted as if “driven by a motor.”
- 3 Moderate: Was often “on the go” or often acted as if "driven by a motor."
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD114

Indicate Age/Grade of Onset:

15. Talks Excessively

Did people say you talked too much?

Did you get into trouble at school for talking when you were not supposed to?

Did people in your family complain that you talked too much?

- 1 Not present.
- 2 Mild: Occasionally talked excessively.
- 3 Moderate: Often talked excessively.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD115

Indicate Age/Grade of Onset:

16. Blurts Out Answers

At school, did you sometimes call out the answers before you were called on?

Did you talk out of turn at home?

Answer questions your parents were asking your siblings?

How often?

- 1 Not present.
- 2 Mild: Occasionally talked out of turn.
- 3 Moderate: Often blurted out answers before questions had been completed.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD116

Indicate Age/Grade of Onset:

17. Difficulty Waiting Turn

Was it hard for you to wait your turn in games?

What about in line in the cafeteria or at the water fountain?

- 1 Not present.
- 2 Mild: Occasionally had difficulty waiting his/her turn.
- 3 Moderate: Often had difficulty waiting his/her turn.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD117

Indicate Age/Grade of Onset:

18. Interrupts or Intrudes

Did you get into trouble for talking out of turn in school?

Did your parents, teachers, or any of the kids you knew complain that you cut them off when they were talking?

Did kids complain that you broke in on games?

Did this happen a lot?

- 1 Not present.
- 2 Mild: Occasionally interrupted others.
- 3 Moderate: Often interrupted or intruded on others (e.g., butted into conversations or games).
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD118

Indicate Age/Grade of Onset:

19. Duration

For how long did you have trouble with _____ (list symptoms that were positively endorsed)?

- 1 Not present.
- 2 Symptoms persisted less than 6 months.
- 3 Symptoms persisted at least 6 months.
- 9 Inadequate information.

AD119

20. Age of Onset

IF NECESSARY: How old were you when you first started having trouble (list symptoms)?

Did you have these problems in kindergarten?

First Grade?

Specify: _____

- 1 Not present.
- 2 Onset of symptoms since 7 years of age.
- 3 Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7.
- 9 Inadequate information.

AD120

21. Some impairment in 2 or more settings

Did these things (list positive symptoms) cause trouble for you in school?

With your family?

With other kids?

- 1 Not present.
- 2 Mild: Some impairment in only one setting.
- 3 Moderate: Some impairment from the symptoms was present in two or more settings (e.g., at school and at home).
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD121

22. Assess clinically significant impairment

How much trouble did these things (list positive symptoms) cause for you in school?

With your family?

With other kids?

Give me an example.

- 1 Not present.
- 2 Mild.
- 3 Moderate: There must be clear evidence of clinically significant impairment in social, academic or occupational functioning.
- 4 Severe
- 6 Absent or false due to therapeutic medication.
- 8 Present or true due to medical condition.
- 9 Inadequate information.

AD122

ADULT'S GLOBAL ASSESSMENT of FUNCTIONING

**RATE SUBJECT'S LEVEL OF GENERAL FUNCTIONING DURING THE MOST SEVERE PERIOD OF
ADHD SYMPTOMS IN THE PAST 12-MONTHS**

G.A.F. SCORE: _____ (SEE NEXT PAGE.)

AD236

DSM-IV Axis V: Global Assessment of Functioning (G.A.F.) Scale

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Indicate appropriate code for the LOWEST level of functioning during the week of POOREST functioning in the past 12 months. (Use intermediate level when appropriate, e.g., 45, 68, 72.) Note: Make a rating of 0 if inadequate information.

- 100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
- 91
- 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
- 81
- 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument), no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in school work).
- 71
- 70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or absences from work), but generally functioning pretty well, has some meaningful interpersonal relationships.
- 61
- 60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with workers).
- 51
- 50 Serious symptoms (e.g., suicidal ideation, several obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).
- 41
- 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas. Such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing in school).
- 31
- 30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal pre-occupation) OR inability to function in almost all areas (e.g., stay in bed all day; no job, home, or friends).
- 21
- 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
- 11
- 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicide act with clear expectation of death.
- 1

7. Please give your clinical impression of the presence and development of psychiatric symptoms, particularly in terms of ADHD and related symptoms. Address any differential diagnosis questions.

OPTIONAL (IF TIME ALLOWS)

FAMILY HISTORY OF ADHD

Have you ever heard of an illness called “Attention Deficit / Hyperactivity Disorder”?

PARENTS

Was either of your parents ever diagnosed with ADHD?

Father

1 NO
2 YES

P013

IF SO: Which one? Their age when diagnosed?

Was the other one ever diagnosed with ADHD?

Mother

1 NO
2 YES

P014

SIBLINGS

Were any of your siblings ever diagnosed with ADHD?

IF YES: Who was it? At what age? (Any others?)

Siblings

1 NO
2 YES

P015

OFFSPRING

Were any of your children ever diagnosed with ADHD?

Offspring

1 NO
2 YES

P016

IF YES: How old were they when their problems in this area became evident? (Any others?)

AUNTS/UNCLES

Do you know if any of your aunts and uncles were ever diagnosed with ADHD?

Aunts/Uncles (paternal)

1 NO
2 YES

P017

IF YES: On your father’s side? How old was he/she when they were diagnosed? (Any others?)

Aunts/Uncles (maternal)

1 NO
2 YES

P018

On your mother’s side? How old was he/she when they were diagnosed? (Any others?)

NIECES/NEPHEWS

Do you know if any of your nieces or nephews were ever diagnosed with ADHD?

Nieces/Nephews (familial)

1 NO
2 YES

P019

IF YES: Were they on your side or your spouse’s side? At what age were they diagnosed? (Any others?)

Nieces/Nephews (by marriage)

1 NO
2 YES

P020

LEGAL HISTORY

Have you ever had a car accident? How many?	# AUTO ACCIDENTS_____	P021
How much property damage and personal injury occurred?		
When was the most recent one?		
How many speeding tickets have you gotten (ever)?	# SPEEDING TICKETS_____	P022
In the past year?	# SPEEDING TICKETS/PAST YEAR_____	P023
How fast were you going above the speed limit?		
Has your driver's license ever been suspended or revoked? IF SO: For what reason?	LICENSE REVOKED OR SUSPENDED: 1 NO 2 YES	P024
Have you ever been arrested? For what?	# ARRESTS_____	
How many times have you had run-ins with the legal authorities?		P025