



ADD and ADHD QUESTIONNAIRE

Client _____ Age/DOB _____

When was ADD or ADHD first diagnosed? _____

Sub-type, if known:

- Inattentive
- Hyperactive

Have any of the following also been diagnosed (check all that apply):

- Depression
- Bipolar Disorder
- Anxiety Disorder
- Developmental Disorders (speech & language delays or specific learning disability)
- Tourette’s Disorder
- Pervasive Developmental Disorder (Autism, Asperger’s)
- Schizophrenia or other psychosis
- Oppositional Defiant Disorder
- Conduct Disorder
- Alcohol or drug abuse
- Aggressive or violent behavior
- Seizure Disorder
- Anti-social or borderline personality disorder

Have any of the following occurred (check all that apply):

- History of psychiatric hospitalization(s) or in-patient treatment
- History of psychiatric disability
- No disability, but time lost from work due to ADD/ADHD or mood disorder
- History of alcohol or drug treatment/rehab
- History of psychoanalysis, counseling or psychiatric/specialist care
- History of panic attacks
- Family history of depression or mood disorder
- History of violence
- History of suicidal thoughts, but no attempts or plans
- History of suicide attempt(s)
- History of psychotic episode(s)
- Special Education Program or tutoring
- History of school expulsion
- History of DUI, motor vehicle violations/accidents, arrests

If any checked above, please provide dates and details: _____

List all medications, dosages & how often taken: _____

If previously on medication(s) for ADD or ADHD that has been discontinued, please list date of last use: _____

Do you currently use any type of nicotine/tobacco products? YES NO

If yes, type of tobacco used?

Cigarettes Cigars Chew Pipe Patch/gum Electronic

If no, have you ever used nicotine/tobacco in the past? YES NO

Type used & date quit: _____

Any other health problems or impairments? _____

Please list any other information or details you would like to include that might help classify this risk: _____
