

## DEVELOPMENTAL HISTORY

Name _____	Date _____	
1. As far as you know, were there any problems with your mother's pregnancy with you? If yes, please give details:	Yes	No
2. Were there any problems associated with her delivery of you? If yes, please give details:	Yes	No
3. Did your mother use alcohol or other drugs during the pregnancy? If yes, please give details:	Yes	No
4. Did your mother smoke cigarettes during the pregnancy? If yes, please give any details:	Yes	No
5. Did you have any significant delays in your development (i.e., in walking, talking, or sitting up)? If yes, please give details:	Yes	No
6. Did you have any serious childhood illnesses/diseases/ major surgeries? If yes, please give details:	Yes	No

(cont.)

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7. Did you have any problems getting along with other children when you were a child? Yes No  
If yes, please give details:

8. Please place a checkmark beside any of the following that you believe you had significant difficulties with as a child:

Defiant       Aggressive       Stubborn       Destructive

Hyperactive       Impulsive       Inattentive       Distractible

Shy       Withdrawn       Depressed       Anxious

Fearful       Lying       Stealing       Fighting

Learning       Language       Memory       Motor skills

Sleeping       Eating       Toilet training

Strange ideas (explain):

Strange behavior (explain):

# EMPLOYMENT HISTORY

Name \_\_\_\_\_ Date \_\_\_\_\_

1. What is your current employment status (circle one)?  
a. Full time                      c. Unemployed                      e. Homemaker  
b. Part time                      d. Student                      f. Disabled
2. What is your current occupation? \_\_\_\_\_
3. Who is your current employer? \_\_\_\_\_
4. How long have you worked in your present job? \_\_\_\_\_ years
5. Please give us your history of previous employment since completing your education:

Job title	Time on job (years)	Reason for leaving

6. What is your longest period of employment at one place? \_\_\_\_\_
7. Have you ever been fired from a job?                      Yes                      No  
If yes, how many jobs were you fired from or asked to leave by your employer? \_\_\_\_\_
8. Have you served in the military?                      Yes                      No  
If yes, please give details: \_\_\_\_\_
9. Briefly describe the types of problems you have experienced with work either at your current job or in the past:

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# HEALTH HISTORY

Name \_\_\_\_\_ Date \_\_\_\_\_

Have you ever had any of the following:

Type of problem	During childhood	Past as an adult	Currently
Allergies/asthma			
Heart problems			
Epilepsy or seizures			
High blood pressure			
Serious head injury			
Injury resulting in loss of consciousness			
Lead poisoning			
Broken bones			
Surgery			
Migraine headaches			
Thyroid condition			
Problems with vision			
Problems with hearing			
Diabetes			
Any other serious medical problems: (explain):			

Are you currently taking any medications? Yes No

If yes, please give details:

Please describe any other health difficulties you have experienced now or in the past:

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# SOCIAL HISTORY

Name \_\_\_\_\_

Date \_\_\_\_\_

1. How would you describe your mood most of the time? (circle one)  
a. Cheerful/happy      b. Sad/depressed      c. Changes all the time  
d. Anxious/nervous      e. Angry/irritable      d. Bland/unfeeling
2. Do your moods change very frequently, abruptly, and/or unpredictably?      Yes      No  
If yes, please give details:
3. Do you have trouble making friends?      Yes      No
4. Do you have trouble keeping friends?      Yes      No
5. Do you have trouble in your relationships with others?      Yes      No  
If yes, please give details:
6. Do you have problems with your temper?      Yes      No  
If yes, please give details:
7. Do you have a driver's license?      Yes      No
8. Has your license ever been suspended?      Yes      No  
If so, please explain why:
9. How many speeding tickets have you ever gotten? \_\_\_\_\_
10. Have you ever been stopped for driving while intoxicated?      Yes      No  
If so, how many times? \_\_\_\_\_ Were you arrested?      Yes      No
11. How many car accidents, regardless of fault, have you ever been involved in? \_\_\_\_\_
12. How many times did your family move during your childhood and adolescent years? \_\_\_\_\_
13. How many times have you moved since leaving high school? \_\_\_\_\_
14. If you believe that you have attention deficit hyperactivity disorder, or ADHD, please tell us in what way have your ADHD symptoms interfered with your life?
15. In what ways have you tried to compensate for or cope with your deficits?

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## CHILDHOOD SYMPTOMS SCALE — SELF-REPORT FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** Please circle the number next to each item that best describes your behavior when you were a child age 5 to 12 years.

Items:	Never or rarely	Sometimes	Often	Very often
1. Failed to give close attention to details or made careless mistakes in my work	0	1	2	3
2. Fidgeted with hands or feet or squirmed in seat	0	1	2	3
3. Had difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Left my seat in classroom or in other situations in which seating was expected	0	1	2	3
5. Didn't listen when spoken to directly	0	1	2	3
6. Felt restless	0	1	2	3
7. Didn't follow through on instructions and failed to finish work	0	1	2	3
8. Had difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Had difficulty organizing tasks and activities	0	1	2	3
10. Felt "on the go" or "driven by a motor"	0	1	2	3
11. Avoided, disliked, or was reluctant to engage in work that required sustained mental effort	0	1	2	3
12. Talked excessively	0	1	2	3
13. Lost things necessary for tasks or activities	0	1	2	3
14. Blurted out answers before questions were completed	0	1	2	3
15. Was easily distracted	0	1	2	3
16. Had difficulty awaiting turn	0	1	2	3
17. Was forgetful in daily activities	0	1	2	3
18. Interrupted or intruded on others	0	1	2	3

(cont.)

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To what extent did the problems you may have circled on the previous page interfere with your ability to function in each of these areas of life activities *when you were a child between 5 and 12 years of age?*

Areas:	Never or rarely	Sometimes	Often	Very often
In my home life with my immediate family	0	1	2	3
In my social interactions with other children	0	1	2	3
In my activities or dealings in the community	0	1	2	3
In school	0	1	2	3
In sports, clubs, or other organizations	0	1	2	3
In learning to take care of myself	0	1	2	3
In my play, leisure, or recreational activities	0	1	2	3
In my handling of my daily chores or other responsibilities	0	1	2	3

**Instructions:** Again, please circle the number next to each item that best describes your behavior *when you were a child age 5 to 12 years.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Lost temper	0	1	2	3
2. Argued with adults	0	1	2	3
3. Actively defied or refused to comply with adults' requests or rules	0	1	2	3
4. Deliberately annoyed people	0	1	2	3
5. Blamed others for my mistakes or misbehavior	0	1	2	3
6. Was touchy or easily annoyed by others	0	1	2	3
7. Was angry or resentful	0	1	2	3
8. Was spiteful or vindictive	0	1	2	3

(cont.)

**Instructions:** Please indicate whether you engaged in any of the following during the period between 5 and 18 years of age:

1. Often bullied, threatened, or intimidated others	No	Yes
2. Often initiated physical fights	No	Yes
3. Used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, or gun)	No	Yes
4. Was physically cruel to people	No	Yes
5. Was physically cruel to animals	No	Yes
6. Stole while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)	No	Yes
7. Forced someone into sexual activity	No	Yes
8. Deliberately engaged in fire setting with the intention of causing serious damage	No	Yes
9. Deliberately destroyed others' property (other than by fire setting)	No	Yes
10. Broke into someone else's house, building, or car	No	Yes
11. Often lied to obtain goods or favors or to avoid obligations (i.e., "conned" others)	No	Yes
12. Stole items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)	No	Yes
13. Often stayed out at night despite parental prohibitions If so, at what age did this begin? _____	No	Yes
14. Ran away from home overnight at least twice while living in parents' home, foster care, or group home. If so, how many times? _____	No	Yes
15. Was often truant from school If so, at what age did this begin? _____	No	Yes



## CURRENT SYMPTOMS SCALE—SELF-REPORT FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

*Instructions:* Please circle the number next to each item that best describes your behavior *during the past 6 months.*

Items:	Never or rarely	Sometimes	Often	Very often
1. Fail to give close attention to details or make careless mistakes in my work	0	1	2	3
2. Fidget with hands or feet or squirm in seat	0	1	2	3
3. Have difficulty sustaining my attention in tasks or fun activities	0	1	2	3
4. Leave my seat in situations in which seating is expected	0	1	2	3
5. Don't listen when spoken to directly	0	1	2	3
6. Feel restless	0	1	2	3
7. Don't follow through on instructions and fail to finish work	0	1	2	3
8. Have difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Have difficulty organizing tasks and activities	0	1	2	3
10. Feel "on the go" or "driven by a motor"	0	1	2	3
11. Avoid, dislike, or am reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talk excessively	0	1	2	3
13. Lose things necessary for tasks or activities	0	1	2	3
14. Blur out answers before questions have been completed	0	1	2	3
15. Am easily distracted	0	1	2	3
16. Have difficulty awaiting turn	0	1	2	3
17. Am forgetful in daily activities	0	1	2	3
18. Interrupt or intrude on others	0	1	2	3

(cont.)

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How old were you when these problems with attention, impulsiveness, or hyperactivity first began to occur? \_\_\_\_\_ years old

To what extent do the problems you may have circled on the previous page interfere with your ability to function in each of these areas of life activities?

Areas:	Never or rarely	Sometimes	Often	Very often
In my home life with my immediate family	0	1	2	3
In my work or occupation	0	1	2	3
In my social interactions with others	0	1	2	3
In my activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In my dating or marital relationship	0	1	2	3
In my management of my money	0	1	2	3
In my driving of a motor vehicle	0	1	2	3
In my leisure or recreational activities	0	1	2	3
In my management of my daily responsibilities	0	1	2	3

**Instructions:** Again, please circle the number next to each item that best describes your behavior during the past 6 months.

Items:	Never or rarely	Sometimes	Often	Very often
1. Lose temper	0	1	2	3
2. Argue	0	1	2	3
3. Actively defy or refuse to comply with requests or rules	0	1	2	3
4. Deliberately annoy people	0	1	2	3
5. Blame others for my mistakes or misbehavior	0	1	2	3
6. Am touchy or easily annoyed by others	0	1	2	3
7. Am angry or resentful	0	1	2	3
8. Am spiteful or vindictive	0	1	2	3

## CURRENT SYMPTOMS SCALE—OTHER REPORT FORM

Your name \_\_\_\_\_ Date \_\_\_\_\_

Person to be rated by you \_\_\_\_\_

Your relationship to that person \_\_\_\_\_

**Instructions:** Please rate the person named above by circling the number next to each item that best describes this person's behavior *during the past 6 months*.

Items:	Never or rarely	Sometimes	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in his/her work	0	1	2	3
2. Fidgets with hands or feet or squirms in seat	0	1	2	3
3. Has difficulty sustaining his/her attention in tasks or fun activities	0	1	2	3
4. Leaves his/her seat in situations in which seating is expected	0	1	2	3
5. Doesn't listen when spoken to directly	0	1	2	3
6. Seems restless	0	1	2	3
7. Doesn't follow through on instructions and fails to finish work	0	1	2	3
8. Has difficulty engaging in leisure activities or doing fun things quietly	0	1	2	3
9. Has difficulty organizing tasks and activities	0	1	2	3
10. Seems to be "on the go" or "driven by a motor"	0	1	2	3
11. Avoids, dislikes, or is reluctant to engage in work that requires sustained mental effort	0	1	2	3
12. Talks excessively	0	1	2	3
13. Loses things necessary for tasks or activities	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted	0	1	2	3

(cont.)

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16. Has difficulty awaiting turn	0	1	2	3
17. Is forgetful in daily activities	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3

19. If you indicated that this person experienced any of the problems on the first page, at what age did these problems develop: \_\_\_\_\_ At approximately \_\_\_\_\_ years old

To what extent do the problems you may have circled on the previous page interfere with this person's ability to function in each of these areas of life activities?

Areas:	Never or rarely	Sometimes	Often	Very often
In his/her home life with the immediate family	0	1	2	3
In his/her work or occupation	0	1	2	3
In his/her social interactions with others	0	1	2	3
In his/her activities or dealings in the community	0	1	2	3
In any educational activities	0	1	2	3
In his/her dating or marital relationship	0	1	2	3
In his/her management of money	0	1	2	3
In his/her driving of a motor vehicle	0	1	2	3
In his/her leisure or recreational activities	0	1	2	3
In his/her management of daily responsibilities	0	1	2	3