

ADHD PARENT CLINICAL INTERVIEW

Assessment Dates _____, _____, _____

Child's Name _____ DOB _____ Age _____

Participants:

Referral source _____

I. Presenting Problem/reason for evaluation/who recommended eval. Etc.

II Symptoms

(Do these characteristics describe the child "as a general rule." Also use this time to gather descriptive examples of the child's behavior for relevant items. Do the examples fit an ADHD profile even if the parent endorses an item? With some children, particularly adolescents, it is helpful to run through this portion of the interview) True or False (Items in italics are reverse scored)

Parent Patient

Inattention Characteristics (6 of 9)

_____ 1. Makes thoughtless errors during activities that should be no trouble.

_____ 2. *Can stick with an activity whether it is work or play.*

_____ 3. Seems to "tune out" when others are talking to him or her.

_____ 4. *Finishes homework or chores or a list of instructions.*

_____ 5. Just can't seem to get organized, even when trying.

_____ 6. Has trouble beginning tasks that are long, boring, or repetitive.

_____ 7. Misplaces things.

_____ 8. Easily pulled off task when something is going on around him/her.

_____ 9. Is forgetful.

_____ Totals

Impulsivity & Hyperactivity Characteristics (6 of 9)

_____ 1. Constantly in motion when sitting (compared to others the same age).

_____ 2. *Can remain seated when required to do so.*

_____ 3. Gets so wound up (running/jumping) that he/she ends up misbehaving.

_____ 4. *Plays quietly.*

- _____ 5. In high gear, never seems to slow down.
- _____ 6. Seems to talk nonstop.
- _____ 7. Rushes to give an answer, even before a question is finished.
- _____ 8. *Patiently waits his/her turn.*
- _____ 9. Interrupts conversation/thoughtlessly breaks into others' activities.
- _____ Totals

Parent Patient **Oppositional and Defiant Behavior (5 of 8)**

- _____ 1. *Able to control temper.*
- _____ 2. Is argumentative
- _____ 3. *Complies with rules and requests from adults.*
- _____ 4. Takes pleasure in bothering, teasing, or pestering others.
- _____ 5. When caught doing wrong, blames someone else.
- _____ 6. People seem to easily get on his/her nerves.
- _____ 7. Is quick to react with anger or resentment.
- _____ 8. Angrily desires to get even with others for perceived wrongdoing.
- _____ Totals

Characteristics of Anxiety (3 of 4)

- _____ 1. Extremely worried about many things.
- _____ 2. Nervously expects things to turn out poorly.
- _____ 3. *Seems able to stop worrying.*
- _____ 4. Worries so much/is so nervous that schoolwork or friendships suffer.
- _____ Totals

Characteristics of Depression (5 of 8)

- _____ 1. Depressed, cranky, or moody.
- _____ 2. Doesn't seem to enjoy things that are usually fun.
- _____ 3. Feels guilty about things there's no reason to feel guilty about.
- _____ 4. Reports thoughts of death or suicide.
- _____ 5. Has recent problems with appetite.

_____ 6. *Sleeps ok, not too little, not too much.*

_____ 7. Seems either agitated or slowed down nearly every day.

_____ 8. *Usually has enough energy every day.*

_____ Totals

A. Describe your child's behavior at home.

- What age did this begin?
- What have you done to deal with it? Discipline strategies used.
- How does your child get along with siblings?

B. Describe your child's behavior at school.

- Academics
- School behavior management problems:
- School work performance or learning problems.
- Interactions with teachers
- Interactions with peers

C. Describe your child's behavior at Daycare .

D. Describe how your child behaves at church or other social settings.

III. Social History

A. Current Living Environment

- Who all lives in the home?
- Are parents married, div., LTP.

- If divorced or separated, who has custody?
- Does the child have contact with the non-custodial parent?
- How does the child interact with family members?
- Who are the authority figures in the child's life? How does the child accept authority?

B. After school activities – sports, band, choir, etc?

C. Any history of abuse/neglect?

D. Does the child use any tobacco, drugs, alcohol, inhalants?

E. Acting out behaviors?

F. Trouble with the law?

G. Peer Relationships? Shy? Withdrawn? Aggressive?

IV. Academic History

- Current school _____ Grade _____
- Teacher's name _____
- Current school release in file?
- Any suspensions/expulsions? Why?

(Difficulties with restless, impulsive, task completion noted? If so, when did these start, were they consistent from year-to-year, what subjects were the worst? Did the child understand what to do? Was there extra support like Title I reading, teachers assistant, tutoring? Is the child classified as LD, EI, EMI, or TMI, and if so, when was this recognized? Did social difficulties or oppositional behavior interfere with learning?)

Regular ed _____ Special Ed _____ LD _____ EI _____ EMI _____ TMI _____

Preschool:

Kindergarten:

1st Grade:

2nd Grade:

3rd Grade:

4th Grade:

5th Grade:

Middle School:

High School:

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V. Developmental/Behavioral History

a. Ages

- At sitting (avg 6 mos)
- At walking (avg 12 mos)
- At first word – dada, mama (avg 8-9 mos)
- Toilet trained (avg 2-3 years)
- Thumb-finger grasp (avg 9 mos)

b. Behavior

- Any behavior problems
- Sleep history
- Appetite (including eating disorder history in older child)

- Any psych treatment/counseling in past (inp or outpt)
- Concerns with hearing or speech?

c. Pregnancy

- Maternal medical problems
- Maternal medications
- Maternal substance use, alcohol use, illicit drugs.
- Prenatal care?
- Complications? i.e. preterm labor, fetal distress?

d. Delivery

- Gestational age at birth
- Vaginal or C-Section
- Birth weight
- Any special interventions needed?
- How long was child in the hospital?
- Any postnatal problems?

VI. Medical History

- Chronic Medical Problems
- Major trauma?
- Surgeries
- Hospitalizations
- Medications

VII. Family Mental Health History (some parents are sensitive to stating in front of their child)

- ADHD
- Depression
- Bipolar
- Anxiety
- Substance/alcohol use

VIII: Assessment: (Rating Scales and how they scored on each scale. Age of onset of symptoms. Other co-morbid conditions).

IX: Summary (Summary of symptoms and dx)

DSM-IV. Diagnosis

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

X: Recommendations