ADHD Interview Template

Name:

DOB:

Date of Testing:

Consult/Referral Question from CPRS:

# Intro Questions

## What are you hoping to get out of the evaluation? What brings you in?

## Presently, what difficulties or symptoms are you experiencing that cause you the most distress? (Open-ended, let them describe their symptoms and listen carefully for ADHD sx. Refer to the DSM criteria)

## Have you ever been diagnosed with ADHD before? Treated?

First I will ask you a few background questions and then we will get into some of the things you might be struggling with.

# Current Life

## Where do you live and who do you live with? (is this a safe/supportive environment for you?)

## Medical diagnoses

## Medications

## Surgeries: (cognitive changes associated with surgery)

## Accidents: (head injuries – if so, loss of consciousness or amnesia?)

## Family history (mental health)

## Sleep: How much on average? Any difficulties?

# Attention/Cognitive Symptoms

**ASRS-6 Screening Questions**

* How often do you have difficulty concentrating on what people say to you, even when they are speaking directly to you?
* How often do you leave your seat in meetings or other situations in which you are expected to remain seated?
* How often do you have difficulty unwinding and relaxing when you have time to yourself?
* When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to before they can finish them themselves?
* How often do you put things off until the last minute?
* How often do you depend on others to keep your life in order and attend to details?

## Inattention:

**Do you have difficulty with sustained attention often? Is it primarily with tasks you dislike? Or also with tasks/activities you enjoy?**

**Are you often forgetful? Losing and misplacing items?**

**Are you easily distracted, jumping from one task to another? Do you struggle to return to the tasks and finish them?**

**Do you have difficulty organizing yourself for activities and tasks?**

## Hyperactivity/Impulsivity:

**Observe** for fidgeting, tapping, or squirming in seat.

**Observe** for talking excessively, disorganized thoughts, jumping from topic to topic

**Observe** for blurting out answers, interrupting others, difficulty waiting their turn

Ask about these too.

**Are these symptoms present in certain situations? Or are they pervasive?**

**How do these symptoms interfere with social, academic, or occupational functioning?**

# Military History

**(Try to get a sense of how much of their current presentation might be impacted by mental health concerns related to military experience)**

## What branch did you serve in?

## What years?

## Military Occupational Specialty (MOS)?

## Combat Exposure? Traumas?

### Did you notice these symptoms of \_\_\_\_\_\_\_\_ impacting you while in the service?

# Educational History:

**What is the highest level of education you’ve achieved? Where/When?**

* Academic Performance: I want to discuss your academic performance in some detail. Let’s begin in childhood. *Listen for early signs of ADHD symptoms…there would likely have been a noticeable difference between the pt and other children in terms of behaviors, grades, etc.*

## Elementary School:

**What do you remember about your performance in ES:**

**Messages from teachers/parents?**

**Any remedial classes? Every held back?**

**Any advanced or gifted classes?**

**Any behavioral difficulties?**

## Middle School

**Grades:**

**Social:**

**Home life:**

## High School

**Grades:**

**Social:**

**Home life:**

## Post High school:

# Occupational History:

## What do you do for work?

## Any difficulty sustaining stable employment? Why?

## How do your current symptoms impact you at work?

# DEVELOPMENTAL AND PSYCHOSOCIAL HISTORY

## Family

**Tell me about your family growing up? Where did you live, who was in the household?**

## Major Disruptions/Traumas

**Any major disruptions or traumas?**

**Losses, accidents, injuries, abuse, assault, neglect?**

**Anything that significantly disrupted things for you?**

Listen for descriptions of ADHD symptoms in childhood, and prompt for it if they don’t mention it on their own.

# PSYCHIATRIC HISTORY

*(For these sections, try to get a good understanding of the diagnostic picture. If they are already diagnosed with Axis I disorders, ask about symptom picture and course. When did it begin? What symptoms do they experience? What is the pattern of symptoms? Try to get a good sense of how that diagnosis impacts their functioning.)*

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## Psych Treatment

### Current treatment

### Previous treatment

### Current diagnoses

### Psych hospitalizations

### History of suicide attempt or self harm?

# Mood

## Depression

### When symptoms first started:

### Pattern of symptoms:

## Mania:

*A distinct period of time that lasts at least a week and up to a month, something that’s a pretty serious disruption during that time.   
  
Begins with you feeling great, invincible, racing thoughts/ideas, starting a lot of projects…*

*Because people don’t need a lot of sleep during this period, and particularly the longer it goes on, usually people start to fray at the edges, find yourself more often on edge/irritable or taking significant risks that might easily get you into trouble (either arrested or wound up in a psychiatric inpatient).*

### Have you ever experienced anything like this in the past?

### Describe what you experienced when this happened:

### When was the last time it happened?

### How long did it last?

*BP I: Most of the day, nearly every day for at least 7 days (And if hospitalized for it)*

*BP II: 2 days to a few weeks (less intense)*

### How frequently have you experienced this?

**Once every month?**

**Several times a year?**

**Less than once a year?**

## Anxiety

**Now let’s talk about anxiety, is this something that you struggle with? How do you experience anxiety?**

**Are you a worrier? Do you find the worry difficult to control?**

**What do you worry about?**

**How does it impact your functioning?**

**Do you experience panic attacks? Physical symptoms? How long to they last? What seems to trigger them?**

### Social Anxiety

### Other Anxiety

**Are there any other ways that you experience anxiety that I haven’t asked you about?**

## PTSD

Have you experienced or been exposed to a traumatic event that still haunts you in some way?

Could you briefly describe the event(s) using some detail but not more than you’re comfortable sharing with me? Broad strokes if that’s helpful:

How do these experiences haunt you? Do you have intrusive thoughts/memories about them, nightmares, feel like you’re not yourself when you’re reminded of them?

Do you notice that your mood and emotions change when you remember these events? Do you also have a reaction in your body to them (racing heart, panic-type symptoms)

How has experiencing this trauma impacted the way you see the world and your beliefs about yourself or other people?

Do you find it difficult to feel pleasure or positive emotions?

Do you have any angry outbursts, find that you’re particularly irritable, feel hyper aware of potential threats around you, feel jumpy, and have difficulty concentrating?

How’s your sleep?

Trouble falling and/or staying asleep?

How do you explain this (nightmares, diet, caffeine, other?)

# Psychosis

**Do you ever experience any perceptual changes, such as seeing or hearing things that others do not see or hear?**

# Substance Use:

Have you every struggled with your relationship to substances?

Which substances have you used?

To what extent? Amount? Time period?

Problems causes (legal, family, occupational)

# Sleep, Eating, Pain, etc.

Any concerns that I have not asked you about? Mention sleep, eating habits, and pain as examples….

# BEHAVIORAL OBSERVATIONS

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*Take note of how the person handles sitting in still in the chair and participating in the interview and testing. Are they restless? Fidgety? Do they ramble when they speak? Lose track of questions before answering them? Interrupt you?*

**Test Scoring Notes**

|  |  |  |  |
| --- | --- | --- | --- |
| Test | Raw Score | Normed score | Range |
| WTAR |  | Estimated FIQ = |  |
|  |  |  |  |
| CVLT Trial 1 |  | Z = |  |
| CVLT Trial 2 |  | Z= |  |
| CVLT Trial 3 |  | Z= |  |
| CVLT Trial 4 |  | Z= |  |
| Trials 1-4 total |  | T = |  |
| Short delay total |  | Z = |  |
| Long delay free total |  | Z = |  |
| Long delay cued total |  | Z |  |
| Recognition Hits |  | Z = |  |
| Forced Choice |  | % |  |
|  |  |  |  |
| Trails A |  | Standard score = |  |
| Trails b |  | Standard score = |  |
|  |  |  |  |
| COWAT FAS |  | Strd = |  |
| Animals |  | Strd = |  |
|  |  |  |  |
| Digit Span |  | Scaled score = |  |
|  |  |  |  |
| BDI |  |  |  |
| SCAARED Total |  | >23 is significant |  |
| SCAARED Panic/Som |  | 5 is cutoff |  |
| SCAARED GAD |  | 12 is cutoff |  |
| SCAARED Separation |  | 3 is cutoff |  |
| SCAARED Social phobia |  | 7 is cutoff |  |
| PCL |  |  |  |