



**Parent Interview Form for
Possible Behavioral/ADD/ADHD Disorder**

Name of child: _____ DOB: _____ Date: _____

Reason for referral: _____

Parental concerns: _____

Preferred DSP provider : _____

Please answer the following question to the best of your ability.

1. Perinatal History

a. How was your health during pregnancy? Good Fair Poor UNK

b. How old were you when your child was born? _____

c. How many weeks gestation (full term = 40 weeks)? _____

d. What was your child's birth weight? _____

e. The delivery:

i. Were you given pain medication? Y / N

ii. Was there fetal distress? Y / N

iii. Vaginal Delivery? Y / N

iv. C-Section? Y / N

v. Breech? Y / N

vi. Induction? Y / N

f. Were there health complications following birth? Y / N

i. If yes, please explain.

g. Were any of the following substances used during the pregnancy?

i. Beer/Wine: Never <5 times 5-25 times Regularly

ii. Hard Alcohol: Never <5 times 5-25 times Regularly

iii. Caffeine: Never <5 times 5-25 times Regularly

iv. Cigarettes: Never <5 times 5-25 times Regularly

h. Were any of the following medications taken during the pregnancy?

i. Anxiolytics (Valium, Xanax, etc.) Y / N

ii. Anti-seizure meds (Depakote, Dilantin, etc.) Y / N

iii. Treatment for Diabetes Y / N

iv. Other (please specify): _____

2. Developmental History

a. Was your baby colicky? Y / N

b. Did your baby have sleep problems? Y / N

c. Were there health problems during infancy? Y / N

i. If yes, please explain: _____

d. How did your child interact with other people?

i. More Social Average Socially Less Social

e. MILESTONES. At what age did your child:

i. Sit up? _____

ii. ii. Crawl? _____

iii. iii. Walk? _____

iv. iv. Use a single word? _____

v. Use two words together? _____

vi. Learn bladder control? _____

vii. Learn bowel control? _____

3. Past Medical History

a. How is your child's:

i. General health? Very Good Good Fair Poor Very Poor

ii. Hearing? Very Good Good Fair Poor Very Poor

iii. Vision? Very Good Good Fair Poor Very Poor

iv. Fine motor coordination? Very Good Good Fair Poor Very Poor

v. Gross motor coordination? Very Good Good Fair Poor Very Poor

vi. Speech Articulation? Very Good Good Fair Poor Very Poor

b. Does your child have chronic health problems (diabetes, asthma, heart condition)? Y / N

i. Please explain: _____

c. Has your child had accidents resulting in a broken bone, head injury or laceration? Y / N

i. Please explain: _____

d. Has your child ever had any surgeries? Y / N

i. Please explain: _____

e. Does your child have trouble with sleep? Y / N

i. Difficulty falling asleep? Y / N

ii. Trouble staying asleep or early morning waking? Y / N

iii. Restless sleeping, snoring or sleep apnea? Y / N

iv. Bedwetting? Y / N

f. Is there any concern about alcohol or drug use? Y / N

g. Is there any concern for, or history of physical or sexual abuse? Y / N

h. How is your child's appetite? Overeats Average Undereats

i. Does your child have a history of any of the following?

i. Headaches or Dizziness? Y / N ii. Heart problems (Chest pain, passing out,

Murmur, Abnormal Rhythm)? Y / N iii. Seizures, Tics or other Neurological problems?

Y / N iv. Glaucoma or other Eye problems? Y / N

v. Anxiety, Depression or other Psychological problems? Y / N

j. Has your child ever been prescribed medicine for ADHD? Y / N

i. If so, what medicine(s)? _____

k. Has your child ever been in Individual, Group or Family Therapy? Y / N

4. Social History

a. How does your child get along with his siblings? Good Avg Poor No Sibs

b. How easily does your child make friends? Easily Avg Poorly

c. How long does your child keep friendships? Short Avg Long Term

d. What grade in school is your child? _____

- e. Has your child ever been in special education? Y / N
- f. Has your child ever been diagnosed with learning disabilities? Y / N
- g. Has your child ever been suspended or retained in a grade level? Y / N
- h. Describe your child's progress (academic and social) within the following grades:
 - i. Preschool:
 - ii. Kindergarten:
 - iii. First Grade:

5. **Family History** – For the following, please state all relative(s) (mom, dad, maternal aunt, paternal grandfather, etc.) that are affected by the disorder -

- a. Attention and hyperactivity problems as a child? _____
- b. Impulse control problems as a child? _____
- c. Aggression, Defiance and Oppositional problems as a child? _____
- d. Learning Disabilities? _____
- e. Failed to graduate from High School? _____
- f. Mental Retardation? _____
- g. Bipolar or Schizophrenia? _____
- h. Depression? _____
- i. Anxiety? _____
- j. Tics or Tourette's? _____
- k. Alcohol / Substance abuse? _____
- l. Antisocial Behavior (thefts, arrests)? _____
- m. Physical abuse? _____
- n. Sexual abuse? _____
- o. High Blood Pressure? _____
- p. Heart Attacks <50 years of age? _____
- q. Abnormal Heart Rhythms/Pacemakers? _____
- r. Migraine Headaches? _____
- s. Seizures? _____
- t. Thyroid Disease? _____
- u. Other? _____
- v. How is the relationship of the child's parents?

i. Never Married ii. Separated /

Divorced iii. Widowed iv.

Married for _____ years

1. How stable is the current marriage? _____

w. Have any of the following stressful events occurred in the last year?

i. Family accident, illness or death? _____ ii.

Parents divorced/separated? _____ iii.

Change/Loss of job/Financial problems? _____ iv.

Family move? _____

v. School change? _____ vi.

Other? _____

6. Behavior Concerns

a. What are your primary behavior/academic concerns? _____

b. Please circle any/all strategies you have previously tried for your child.

i. Verbal Reprimands

ii. Time Out

iii. Loss of Privileges

iv. Punishments

v. Giving in to Child

vi. Rewards

vii. Other

c. How consistent are you and your spouse with discipline strategies

i. Most of the time Some of the time Rarely

d. How often does your child comply with INITIAL commands?

i. <25% 25-50% 50-75% 75-100% of the time

e. How often does your child EVENTUALLY comply with commands?

- i. <25% 25-50% 50-75% 75-100% of the time

7. Please share any other thoughts or concerns:

8. DSM-IV Criteria

a. Which of these are considered to be a ***significant*** problem at the present time? (6/9)

- i. Often fails to give close attention to details; makes careless mistakes Y / N
- ii. Often has difficulty sustaining attention in tasks or play Y / N
- iii. Often does not seem to listen when spoken to directly Y / N
- iv. Often doesn't follow through on instructions; fails to finish homework Y / N
- v. Often has difficulty organizing tasks and activities Y / N
- vi. Often avoids/dislikes tasks that require sustained mental effort Y / N
- vii. Often loses things necessary for tasks (toys, homework, books) Y / N
- viii. Is often easily distracted by extraneous stimuli Y / N
- ix. Is often forgetful in daily activities Y / N

b. Which of these are considered to be a ***significant*** problem at the present time? (6/9)

- i. Often fidgets with hands or feet or squirms in seat. Y / N
- ii. Often leaves seat in classroom Y / N
- iii. Often runs/climbs about excessively (feels restless in adolescents) Y / N
- iv. Often has difficulty playing/engaging in leisure activities quietly Y / N
- v. Is often "on the go" or acts as if "driven by a motor" Y / N
- vi. Often talks excessively Y / N
- vii. Often blurts out answers out of turn or before questions completed Y / N
- viii. Often has difficulty awaiting turn Y / N
- ix. Often interrupts or intrudes on others Y / N

c. Which of these are considered to be a significant problem at the present time? (4/8)

- i. Often loses temper Y / N
- ii. Often argues with adults Y / N
- iii. Often actively defies or refuses to comply with adults requests/rules Y / N
- iv. Often deliberately annoys people Y / N

v. Often blames others for his/her mistakes Y / N

vi. Is often touchy or easily annoyed Y / N

vii. If often angry or resentful Y / N

viii. Is often spiteful or vindictive Y / N

d. At what age did these problems begin? _____