

**The ADHD Center for Success**  
12625 High Bluff Drive #201 \*San Diego, CA 92130  
Phone (858) 481-4988 \*Fax (858) 400-5204

**Adult ADHD History Questionnaire**

*Please complete the following questionnaire to give me a general understanding of the various aspects of your life. This information will be very helpful in understanding more about you and your life experiences.*

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Driver's License #:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Home Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Is it OK to receive email regarding appointments:** yes/no

**it OK to leave a voicemail at:**    **home** yes/no            **mobile** yes/no            **work** yes/no

**Emergency Contact's name:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_ - \_\_\_\_\_

**Birthplace:** \_\_\_\_\_ **Religious affiliation:** \_\_\_\_\_ **Pronouns:** she/her he/him they/them

**Reason for Seeking an evaluation at this time:**

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Have you ever been evaluated and/or diagnosed with ADHD? yes/no

If so, when and by whom?

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List three issues/conditions that concern you most:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

When did you first notice these issues/conditions?

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What have you already tried to resolve these issues/conditions?

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What has helped? What has not been helpful?

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What worries you most if things stay the way they are?

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List the most stressful things in your life that are affecting you right now:

- ---
- ---
- ---

What would you like to see happen as a result of this evaluation?

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**Therapy History:**

Are you currently receiving therapy? ☐ yes ☐ no From who? 

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When did you start therapy? 

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 For what issue(s)? 

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Have you previously seen a therapist? ☐ yes ☐ no

If yes, what did you find **most helpful** in therapy?

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What did you find **least helpful** in therapy?

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Have you ever been on medication for ADHD? If so, what?

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Have you ever tried a stimulant (even once) ☐ yes ☐ no

If yes, what did you notice? 

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Are you currently taking any medication? Please list 

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List past psychiatric medications: 

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Have you ever been hospitalized for psychological problems? ☐ yes ☐ no When? 

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Where were you hospitalized? 

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Have you ever attempted suicide? 

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 When? 

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How? 

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Have you had a prior psychological or neuropsychological evaluation? ☐ yes ☐ no

If yes, complete this information:

Name of psychologist: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date of and reason for this evaluation: \_\_\_\_\_

Findings of the evaluation/diagnoses?: \_\_\_\_\_

\_\_\_\_\_

### Family History:

Are both of your parents living? ☐ yes ☐ no

Are your parents: ☐ married ☐ divorced ☐ remarried

Have either of your parents been diagnosed with ADHD? (circle) MOM DAD

Have they taken medication for ADHD? MOM DAD

If not diagnosed, do they have any characteristics that suggest ADHD? If so, what?

\_\_\_\_\_

\_\_\_\_\_

Do you have any siblings? ☐ yes ☐ no

Names and ages of brothers and sisters:

\_\_\_\_\_

\_\_\_\_\_

Do any of them have ADHD? ☐ yes ☐ no If yes, who? \_\_\_\_\_

Have they taken medication? ☐ yes ☐ no

### Marital History

Marital status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

### Current Marriage:

Date of marriage: \_\_\_\_\_ Number of years married: \_\_\_\_\_ Date of separation: \_\_\_\_\_

Date of divorce: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Health: \_\_\_\_\_ Education: \_\_\_\_\_ Type of

marital problems:

\_\_\_\_\_

Names and ages of children:

\_\_\_\_\_

### Prior Marriage:

Date of marriage: \_\_\_\_\_ Number of years married: \_\_\_\_\_ Date of separation: \_\_\_\_\_

Date of divorce: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Health: \_\_\_\_\_ Education: \_\_\_\_\_ Type of

marital problems:

\_\_\_\_\_

Names and ages of children:

\_\_\_\_\_

Have any been diagnosed with ADHD?

**List names of spouses or children with the following problems:**

Developmental/Learning problems:

Emotional/Behavioral problems:

Alcohol/Drug abuse:

Medical Problems:

**Educational History:**

Current grade (Or Highest grade/degree completed): \_\_\_\_\_ Current school: \_\_\_\_\_

Last grade completed: ☐ High School Diploma ☐ GED ☐ Vocational Training ☐ College \_\_\_\_\_

Hardest subject(s): \_\_\_\_\_ Favorite subject(s): \_\_\_\_\_

Grades earned in elementary school: \_\_\_\_\_ Junior High G.P.A. \_\_\_\_\_

High School G.P.A. \_\_\_\_\_ College GPA \_\_\_\_\_ Grades repeated: \_\_\_\_\_

Do you have any learning challenges? (ADHD, Learning Disability, Dyslexia, etc.)

Learning problems (what subjects):

Do you currently or have you had an: ☐ IEP ☐ 504 ☐ GATE Program

Special education placement (Type): \_\_\_\_\_ During which grades: \_\_\_\_\_

Extracurricular activities (Music, Sports, Clubs, etc.)

Expulsions/suspensions/conduct problems (Type of problem and date):

Additional schooling or non-academic training:

**Elementary School**

Describe your experience in Elementary school:

Did you find school easy? Hard?

Did you get into trouble in school? If so what kind?

Were you ever expelled? ☐ Yes ☐ No

Did you ever repeat a grade? ☐ Yes ☐ No Skip a grade? ☐ Yes ☐ No

Did your parent need to help you with homework?

Did your parent need to redirect you to stay on track with your homework?

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Did you have friends in Elementary school?

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### **Middle School**

Describe your experience of middle school including friendships, workload and study habits.

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Were you involved in any activities?

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Did you have difficulty getting homework completed?

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Did you choose not to do homework?

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Did you ever do it but forget to hand it in?

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### **High School**

Describe your experience of high school.

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What was the workload like for you?

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Did you take any honors, IB or AP classes?

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What was your experience with Homework? (eg., too much, didn't do it, worked late into night, etc)

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Did you participate in any sports or clubs?

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Did you have a 504 or IEP at any time in school?

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### **College**

Did you attend college? ☐ yes ☐ no

Where did you attend college?

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What was college like for you?

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What was your major?

\_\_\_\_\_

Did you complete your degree? ☐ Yes ☐ No How long did it take? \_\_\_\_\_

If you did not complete your degree, how long did you attend? \_\_\_\_\_

Why did you discontinue your studies?

\_\_\_\_\_

Did you have any accommodations? ☐ Yes ☐ No

\_\_\_\_\_

Did you go to graduate school? ☐ Yes ☐ No

What type of degree did you earn? \_\_\_\_\_

### Occupational History

Are you working? ☐ Yes ☐ No

Present employer: \_\_\_\_\_ Position: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Do you enjoy your job? yes/no

Current responsibilities: \_\_\_\_\_

List previous employment for last ten years (Include type of work):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been terminated from a job (please explain):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Legal History

Present legal problems (Describe):

\_\_\_\_\_

Past arrest (For what?):

\_\_\_\_\_

Convictions (For what?):

\_\_\_\_\_

Time served in Juvenile hall, jail or prison (give dates and locations):

\_\_\_\_\_

### Military Service

Branch of service: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Job(s) within service:

\_\_\_\_\_

Highest rank: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_ Discharge status: \_\_\_\_\_

**Social History:**

List some of the good qualities you like about yourself:

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What do you like to do in your free time?

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Are you dating? ☐ Yes ☐ No Are you currently in a relationship? ☐ Yes ☐ No

Do you have a history of trauma? (i.e. sexual assault, been in an accident, witnessed violence, history of physical abuse, emotional abuse) ☐ Yes ☐ No If so, what happened? \_\_\_\_\_

**Lifestyle Behaviors**

Do you have any current physical concerns or chronic health conditions? ☐ Yes ☐ No

Please describe:

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What medications do you take, including vitamins, natural products, etc: \_\_\_\_\_

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Do you take your prescribed medications daily? ☐ Yes ☐ No

Do you suspect you may misuse any prescription medication? ☐ Yes ☐ No

How would you describe your current physical health? ☐ very healthy ☐ mostly healthy ☐ moderately healthy  
☐ often sick ☐ almost always sick

How well do you sleep? ☐ very well ☐ pretty well ☐ ok ☐ poorly

I sleep: ☐ too much ☐ not enough ☐ have trouble falling asleep ☐ have trouble staying asleep

How often do you exercise? ☐ daily ☐ couple of times a week ☐ occasionally ☐ rarely

What do you do for exercise? \_\_\_\_\_

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Do you drink caffeine? ☐ Yes ☐ No

If so, what (soda, coffee, etc.)? \_\_\_\_\_

Do you have any concerns around your eating habits? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

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**Drugs/ Alcohol History:**

Do you currently use alcohol? ☐ Yes ☐ No

If yes, how often? ☐ daily ☐ 1-2x weekly ☐ socially ☐ occasionally ☐ rarely

If so, how much and what do you typically drink?

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Do you currently smoke marijuana? ☐ Yes ☐ No

If yes, how often? ☐ daily ☐ 1-2x weekly ☐ socially ☐ occasionally ☐ I've tried it

Have you ever smoked cigarettes? ☐ Yes ☐ No Do you currently smoke? ☐ Yes ☐ No

If so, how much per day? \_\_\_\_\_

Have you ever/ do you engage in any of the following: ☐ vape ☐ chew tobacco ☐ electronic cigarettes  
☐ Other \_\_\_\_\_

Where and when do you typically use? \_\_\_\_\_

What does using do for you? \_\_\_\_\_  
 \_\_\_\_\_

Does your personality change when you drink? ☐ Yes ☐ No How? \_\_\_\_\_

Have you ever felt you have needed to cut down on alcohol/pot/substance use? ☐ Yes ☐ No

Have you ever felt annoyed by criticism from others about your alcohol/pot/substance abuse? ☐ Yes ☐ No

Have you ever felt guilty about your alcohol/pot/substance abuse? ☐ Yes ☐ No

Have you ever used alcohol/pot or another substance to get the day started? ☐ Yes ☐ No

Who in your family (now or in the past) has had a problem with drugs of alcohol? \_\_\_\_\_

**Specify substances you currently use (Even if only occasionally or in small amounts):**

- ☐ Alcohol ☐ Tobacco ☐ Marijuana ☐ Barbiturates (“Downers”) ☐ Tranquilizers  
☐ Amphetamines (“Speed”) ☐ Crank ☐ Crack ☐ Cocaine  
☐ Opiates (Heroin, Opium, Codeine, etc.) ☐ Hallucinogens (LSD, STP, “Magic Mushrooms”, etc.)  
☐ PCP (“angel dust”) ☐ Other: \_\_\_\_\_

**Specify substances you have taken in the past (Even if only occasionally or in small amounts):**

- ☐ Alcohol ☐ Tobacco ☐ Marijuana ☐ Barbiturates (“Downers”) ☐ Tranquilizers  
☐ Amphetamines (“Speed”) ☐ Crank ☐ Crack ☐ Cocaine  
☐ Opiates (Heroin, Opium, Codeine, etc.) ☐ Hallucinogens (LSD, STP, “Magic Mushrooms”, etc.)  
☐ PCP (“angel dust”) ☐ Other: \_\_\_\_\_

**Place a check to indicate if any problems apply currently (in the last 6 months) or in the past.**

Now	Past	
		Suicidal thoughts
		Depression/sadness
		Recurrent/intrusive thoughts
		Difficulty Sleeping
		Overeating
		Weight Gain
		Visual/Auditory hallucinations
		Anorexia/Bulimia
		Rapid mood changes
		Decreased need for sleep
		Distractible



		Fatigue
		Poor self esteem
		Overwhelming need to perform certain behaviors/rituals
		Significant concerns with physical problems
		Homicidal thoughts
		Anxiety/ nervousness
		Nightmares
		Loss of appetite
		Weight Loss
		Sexual Problems
		Apathy
		Explosive anger
		Euphoria (feel on top of the world)
		Racing thoughts
		Feeling worthless
		Loss of interest in almost all activities
		Feelings of hopelessness
		Recurrent/intrusive disturbing recollections or dreams
		Excessive fears or phobias
		Other Problems: _____

**Indicate which stressors you are experiencing currently (within the last 6 months) or in the past**

Now	Past	
		Death of spouse
		Death of family member
		Illness of family member
		Illness of friend
		Personal injury/illness
		Marital difficulties

		Marital separation
		Divorce
		Sexual difficulties
		Conflicts with family
		Conflicts with friends
		Conflicts at work
		New job
		Job termination
		Retirement
		Business difficulties
		Academic difficulties
		Financial problems
		Change in residence
		Legal problems
		Sexual assault
		Incest/sexual abuse
		Physical abuse
		Verbal/ emotional abuse
		Other problems: _____

### Other

Is there anything else that is important for me to know about you that has not yet been asked or expressed? If yes, please explain here:

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