Student ADHD Questionnaire

Date:		
Student Name:	Student Birthdate:	
Name/location of high school you attended:	Yr of graduation:	GPA:
How many years have you attended Stanford University?	What is your current GPA?	
Current academic standing: ☐FR ☐SO ☐JR ☐SR ☐Graduate student: degree program :		
What is your current major? How many times have you changed majors?		
When at Stanford where do you live? ☐ dorm ☐ sorority/fraternity house ☐ on campus house ☐ off campus housing ☐other (describe):		
Reason for this Evaluation - Please list the symptoms and impairments that led you to seek an ADHD evaluation. If you have been diagnosed with ADHD in the past, list your current most impairing symptoms off medication. Please include details of your concerns and those expressed by others (professors, roommates, parents and other significant adults in your life) (May continue on back of paper if more space needed.)		
Have you ever been diagnosed with ADHD? ☐ Yes ☐ No If yes, how old were you?		
Which type? ☐ ADHD, inattentive predominant type ☐ ADHD, combined type ☐ ADHD, hyperactive-impulsive predominant type		
Who made the diagnosis? ☐ Psychologist ☐ Pediatrician ☐ Family MD ☐ Psychiatrist ☐ Other:		
Which of the following were involved in making the diagnosis of ADHD? ☐ Clinical interview and observation ☐ Checklists by you ☐ Checklists by parents ☐ Checklists by teachers ☐ Psycho-educational testing ☐ Computerized testing ☐ other (specify):		
Have you ever been diagnosed with a learning disability? ☐ Yes ☐ No If yes, please describe:		
Please check the following items that were true for you **most or all of the time** during each period:		

	ELEMENTARY SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
Blurted out answers before the questions have been completed	☐	☐	☐
Did not sustain attention to schoolwork during classes	☐	☐	☐
Talked excessively	☐	☐	☐
Had trouble playing or doing leisure things quietly	☐	☐	☐
Acted or spoke without thinking	☐	☐	☐
Fidgeted or got out of seat excessively	☐	☐	☐
Did not give close attention to details, made careless mistakes	☐	☐	☐
Required disciplinary interventions, e.g. sat in front of the class	☐	☐	☐
Had trouble organizing activities	☐	☐	☐
Had problems with peers (eg difficulty waiting for turn)	☐	☐	☐
Frequently lost things for tasks or activities (eg. books, assignments)	☐	☐	☐
Did not appear to be listening when spoken to	☐	☐	☐
Failed to finish schoolwork and chores	☐	☐	☐
Did just enough to get by	☐	☐	☐

Describe details/examples of checked items in ELEMENTARY SCHOOL:

Describe details/examples of checked items in MIDDLE SCHOOL:

Describe details/examples of checked items in HIGH SCHOOL:

Medical History:

Current medical illness(es), if any:

Current medications, if any:

History of thyroid disease? ☐No ☐Yes ☐ Not sure

History of head injury with loss of consciousness? ☐No ☐Yes ☐ Not sure

Current sleep disorder? ☐No ☐Yes ☐ Not sure

- Trouble falling asleep? ☐No ☐Yes ☐ Not sure
- Difficulty staying asleep? ☐No ☐Yes ☐ Not sure
- Disrupted breathing or loud snoring during sleep? ☐No ☐Yes ☐ Not sure
- Dozing off during the day? ☐No ☐Yes ☐ Not sure
- Average amount of time before falling asleep min
- Average # of hours of sleep per night hrs

History of heart disease (palpitations, murmurs, congenital heart disease)? ☐No ☐Yes ☐ Not sure, If yes, please describe:

- Have you ever fainted? ☐No ☐Yes ☐ Not sure, If yes, please describe circumstances:
- Any family history of heart disease? ☐No ☐Yes ☐ Not sure, If yes, please describe:
- Have any family member died from heart disease before the age of 50? ☐No ☐Yes ☐ Not sure, If yes, please describe:

Any family history of ADHD? ☐No ☐Yes ☐ Not sure, If yes, please describe:

Any family history of learning disabilities? ☐No ☐Yes ☐ Not sure, If yes, please describe:

History of alcohol and drug use: (Please list age started and types of substances used through the years and any current usage. Also, describe how each of these substances made you feel; what benefit you got from them.) These include alcohol (hard liquor, beer, wine), marijuana or hash, prescription tranquilizers or sleeping pills, inhalants (glue, gasoline, cleaning fluids, etc.) cocaine or crack, amphetamines or crank or ice, steroids, opiates (heroin, codeine, morphine or other pain killers), barbiturates, hallucinating drugs (LSD, mescaline, mushrooms), PCP. (May continue on back of paper if more space needed.)

Driving/Legal History

How many motor vehicle crashes have you been involved with as a driver?

In how many of these were you "at fault"?

How many of these were caused by being inattentive or distracted?

How many traffic tickets (not including parking tickets) have you received?

How many parking tickets?

Has your driver's license ever been suspended? ☐No ☐Yes ☐ Not sure # DUI/DWI citations:

Have you had any legal problems other than moving violations/traffic tickets in the past? ☐No ☐Yes ☐ Not sure

If yes, please describe and give date/age:

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

In the past 6 months….. **Please provide examples/details in the space below if indicating "Sometimes" "Often" or "Very Often"**	**Never**	**Rarely**	**Sometimes**	**Often**	**Very Often**
	0	1	2	3	4
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?	☐	☐	☐	☐	☐
Examples/details:					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?	☐	☐	☐	☐	☐
Examples/details:					
3. How often do you have problems remembering appointments or obligations?	☐	☐	☐	☐	☐
Examples/details:					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?	☐	☐	☐	☐	☐
Examples/details:					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?	☐	☐	☐	☐	☐
Examples/details:					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?	☐	☐	☐	☐	☐
Examples/details:					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?	☐	☐	☐	☐	☐
Examples/details:					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?	☐	☐	☐	☐	☐
Examples/details:					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?	☐	☐	☐	☐	☐
Examples/details:					
10. How often do you misplace or have difficulty finding things at home or at work?	☐	☐	☐	☐	☐
Examples/details:					
11. How often are you distracted by activity or noise around you?	☐	☐	☐	☐	☐
Examples/details:					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?	☐	☐	☐	☐	☐
Examples/details:					
13. How often do you feel restless or fidgety?	☐	☐	☐	☐	☐
Examples/details:					

14. How often do you have difficulty unwinding and relaxing when you have time to yourself?	☐	☐	☐	☐	☐
Examples/details:					
15. How often do you find yourself talking too much when you are in social situations?	☐	☐	☐	☐	☐
Examples/details:					
16. 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?	☐	☐	☐	☐	☐
Examples/details:					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?	☐	☐	☐	☐	☐
Examples/details:					
18. How often do you interrupt others when they are busy?	☐	☐	☐	☐	☐
Examples/details:					
Is there any additional information that is relevant to the above situations? If so, please describe:					

Please list the medications you are currently taking or have taken most recently for ADHD:				
Name of medication/maximum dose	How long & age(s) while taking?	Was it effective?	What side effects, if any?	Why did you stop taking this?

Other past psychiatric history:
Have you ever been diagnosed with any of the following mental health conditions?
• Depression ☐No ☐Yes ☐ Not sure details:
• Anxiety disorder ☐No ☐Yes ☐ Not sure details:
• Bipolar disorder ☐No ☐Yes ☐ Not sure details:
• Other (specify) ☐No ☐Yes ☐ Not sure details:

Which emotional / behavioral health medications (like antidepressants, mood stabilizers) have been prescribed for you?				
Name of medication/maximum dose	How long & age(s) while taking?	Was it effective?	What side effects, if any?	Why did you stop taking this?