



CALIFORNIA STATE UNIVERSITY,  
SACRAMENTO

COLLEGE OF EDUCATION  
DEPARTMENT OF SPECIAL EDUCATION, REHABILITATION  
AND SCHOOL PSYCHOLOGY

School Psychology Diagnostic Clinic  
6000 J Street  
Sacramento, California 95819-6079

**ATTENTION-DEFICIT/HYPERACTIVITY DISORDER DIAGNOSTIC EVALUATION  
HEALTH, FAMILY, DEVELOPMENTAL, & BEHAVIORAL HISTORY INTERVIEW FORM**

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent(s): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Languages spoken in the home: \_\_\_\_\_  
Siblings and their ages: \_\_\_\_\_  
Other adults living in the home: \_\_\_\_\_

**Referring concern:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At what age did the referring concerns first emerge? \_\_\_\_\_

***Health History (Perinatal Factors)***

1. General obstetric status (circle one):      Optimal      Adequate      Poor
  
2. Complications during pregnancy (circle all that apply):  
     Eclampsia      Diabetes mellitus  
     Placenta previa      Multiple pregnancies  
     Abnormal fetal position  
     Other (list): \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_
  
3. Was there threatened miscarriage (circle)?      YES      NO      If YES describe below:  
     \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_
  
4. Maternal illnesses during the pregnancy (list when illness occurred):  
     \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_

**Health History (Perinatal Factors; Continued)**

5. Mothers age time of the pregnancy (list): \_\_\_\_\_
6. Alcohol exposure during pregnancy (circle): YES NO If YES answer the following:
- |    |   |               |               |                |
|----|---|---------------|---------------|----------------|
| a. | How often did mother drink?                 | Every day     | Once a week   | Rarely         |
| b. | How much did mother drink?                  | Just a little | One drink     | Several drinks |
| c. | When during pregnancy did the mother drink? | 1st trimester | 2nd Trimester | 3rd trimester  |
7. Cigarette exposure during pregnancy (circle): YES NO If YES answer the following:
- |    |   |               |               |                    |       |
|----|---|---------------|---------------|--------------------|-------|
| a. | How often did mother smoke?                 | Every day     | Once a week   | Rarely             | Never |
| b. | How much did mother smoke?                  | Just a little | One cigarette | Several cigarettes |       |
| c. | When during pregnancy did the mother smoke? | 1st trimester | 2nd Trimester | 3rd trimester      |       |
8. Medication/Drug exposure during pregnancy (circle): YES NO If YES answer the following:  
What drugs were taken? (list): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- |    |   |               |               |               |
|----|---|---------------|---------------|---------------|
| a. | When during pregnancy were medications/drugs taken? | 1st trimester | 2nd Trimester | 3rd trimester |
|----|---|---------------|---------------|---------------|
9. Birth weight (list): \_\_\_\_\_ lbs. \_\_\_\_\_ oz.  
(if exact weight not known check one of the following)  
\_\_\_\_\_ less than 2.2 lbs. \_\_\_\_\_ less than 5.5 lbs.  
\_\_\_\_\_ less than 3.3 lbs. \_\_\_\_\_ more than 5.5 lbs.
10. Length (list): \_\_\_\_\_ inches
11. Length of pregnancy (circle/list): Full term Premature @ \_\_\_\_\_ weeks
12. Was and incubator required (circle): YES NO If YES report how long:  
\_\_\_\_\_
13. Was oxygen therapy required (circle): YES NO
14. Complications during labor/delivery (circle)? YES NO If YES answer the following:
- |    |                     |                               |                          |
|----|---------------------|-------------------------------|--------------------------|
| a. | What complications? | Respiratory distress          | Meconium aspiration      |
|    |                     | Prolonged labor               | Prolapsed umbilical cord |
|    |                     | Cardiopulmonary abnormalities |                          |
|    |                     | Other (list): _____           |                          |
|    |                     | _____                         |                          |
|    |                     | _____                         |                          |
- |    |               |              |              |               |           |
|----|---------------|--------------|--------------|---------------|-----------|
| b. | C-section     | YES          | NO           | Planned       | Emergency |
| c. | Apgar (list): | 1-min. _____ | 5-min. _____ | 10-min. _____ |           |



**Family History**

23. Siblings with AD/HD (circle)? YES NO  
 a. Is sibling an identical twin? YES NO
24. Siblings with AD/HD-like behavior (circle)? YES NO  
 a. Is sibling an identical twin? YES NO
25. Parent with AD/HD (circle)? YES NO  
 a. Relationship to child (circle): biological father biological mother step-parent
26. Parent with AD/HD-like behavior (circle): YES NO  
 a. Relationship to child (circle): biological father biological mother step-parent
27. Parent with antisocial behavior history or conduct disorder (circle)? YES NO  
 a. Relationship to child (circle): biological father biological mother step-parent
28. Other family members with AD/HD (circle)? YES NO  
 a. Relationship to child (list): \_\_\_\_\_
29. Other family members with AD/HD-like behavior (circle)? YES NO  
 a. Relationship to child (list): \_\_\_\_\_
30. Other family members with antisocial behavior history or conduct disorder (circle)? YES NO  
 a. Relationship to child (list): \_\_\_\_\_
31. Family history of alcoholism (circle)? YES NO
32. Highest paternal educational attainment (list) Mother \_\_\_\_\_ grade Father \_\_\_\_\_ grade

**Developmental History**

33. Age major milestones were obtained (list)? First word \_\_\_\_\_ First steps \_\_\_\_\_  
 Sentences \_\_\_\_\_ Walks alone \_\_\_\_\_  
 Stands alone \_\_\_\_\_

**Behavioral History**

34. Abnormal eating or sleeping habits (list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Behavioral History (continued)<sup>1</sup>**

35. Is/Was the child hyperactive and/or impulsive? YES NO If YES answer the following:

- a. Early childhood: Does/Did the child runs in circles, not stopping to rest? \_\_\_\_\_  
 Does/Did the child may bang into objects or people? \_\_\_\_\_  
 Does/Did the child constantly ask questions? \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_

DIAGNOSTIC NOTE: Young children in infancy and in the preschool years are normally very active and impulsive and may need constant supervision to avoid injury. Their constant activity may be stressful to adults who do not have the energy or patience to tolerate the behavior.

- b. Middle childhood: Does/Did the child play active games for long periods? \_\_\_\_\_  
 Does/Did the child occasionally do things impulsively \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_

DIAGNOSTIC NOTE: During school years and adolescence, activity may be high in play situations and impulsive behaviors may normally occur, especially in peer pressure situations.

- c. Adolescence Does the adolescent engages in active social activities (e.g., dancing) for long periods? \_\_\_\_\_  
 Does the adolescent engage in risky behaviors w/ peers? \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_

DIAGNOSTIC NOTE: High levels of hyperactive/impulsive behavior do not indicate a problem or disorder if the behavior does not impair function.

36. Is/Was the child inattentive? YES NO If YES answer the following:

- a. Early childhood: Does/Did the preschooler has difficulty attending, except briefly, to a storybook or a quiet task such as coloring or drawing. \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_

DIAGNOSTIC NOTE: A young child will have a short attention span that will increase as the child matures. The inattention should be appropriate for the child's level of development and not cause any impairment.

- b. Middle childhood: Does/Did the child fail to persist very long with a task the child does not want to do such as read an assigned book, homework, or a task that requires concentration such as cleaning something? \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_

- c. Adolescence Is the adolescent is easily distracted from tasks he or she does not desire to perform? \_\_\_\_\_

NOTES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<sup>1</sup>Adapted from American Academy of Pediatrics. (2000). Clinical Practice Guideline: Diagnosis and Evaluation of the Child With Attention-Deficit/Hyperactivity Disorder. *Pediatrics*, 105, 1158-1170.