

ADULT ADHD QUESTIONNAIRE--ACTIVE DUTY/RETIREEES

Name: _____

Social Security Number: _____ Date: _____

Age: _____ Date of birth: _____

Sex (circle one): Male Female Handedness: Right Left Ambidextrous

Ethnic background (circle one): Caucasian African American Hispanic

American Indian Asian Other: _____

Marital Status (circle one): Married (first marriage) Remarried Separated

Single, never married Single, previously married Widowed

Service Status (circle one): Active Duty Reserves National Guard

Service Branch (circle one): Navy Marines Army Air Force Coast Guard

Other: _____

Rank (e.g., E-4, O-1): _____ Rating: _____

Where are you stationed (include city and state)? _____

Total years of active duty service: _____

Year entered military service (first enlistment): _____

Years of education: _____

Academic degrees (e.g., High School Diploma, A.A. degree): _____

Reason for this referral/current problem: _____

Current and past medical problems include: _____

Current medication include: _____

Educational background. Circle Y for “Yes” and N for “No” for each statement below:

Y N When in school I had to repeat one or more grades (I flunked).

Y N When I was in school I failed one or more subjects.

Y N I attended special classes because I was behind other students my age.

Y N I had difficulty learning to read.

Y N I do not read very well now.

Y N My arithmetic skills have always been below average.

Y N I have difficulty doing arithmetic now.

Y N In school I was a below average student.

Y N In school I was an average student.

Y N I was an above average student.

General background. Answer each of the following statements by circling Y for “Yes” or N for “No” according to how each applies to you.

Y N There were significant medical complications with my birth or I was premature.

Y N I did not develop physically as a child at a normal rate (e.g., was slow learning to walk).

Y N As a child I was required to see a counselor or mental health professional.

Y N As a child I was diagnosed with ADHD or ADD.

- Y N As a child I took a medication because I was overly active or couldn't pay attention.
- Y N As a child or teenager I was a disciplinary problem at home or at school.
- Y N As an adult I have gotten in serious financial trouble buying things I really do not need.
- Y N In the past, I tried to commit suicide.
- Y N In the past I suffered a loss of consciousness as a result of an injury to my head--that is, I have been "knocked out" in the past.
- Y N At some point in the past I passed out due to exposure to solvents or other fumes.
- Y N I have gotten into trouble for drinking too much.
- Y N I have been arrested for drunk driving.
- Y N I have been required to attend ARC or a similar program because of my drinking.
- Y N I have a relative, such as a parent, grandparent, brother or sister, who has or has had in the past a significant alcohol problem.
- Y N I have a relative, such as a parent, grandparent, brother or sister, who has or has had in the past a significant emotional problem.
- Y N I have a relative, such as a parent, grandparent, brother or sister, who has or has had in the past a significant neurological disorder.
- Y N I have had a positive urine test for drugs since joining the service.
- Y N I have always had trouble making rank or advancing at a normal rate.
- Y N I have been arrested by military or civilian authorities.
- Y N I have spent time restricted to base or in the brig for misconduct.
- Y N I have been disciplined for being UA.
- Y N I would like to leave military service in the near future.
- Y N I have been under the care of a mental health professional (that is, a psychiatrist, psychologist or social worker in the past.
- Y N Sometime in the past I was admitted to an inpatient psychiatric ward.

Current Symptoms. Answer each of the following statements by circling Y for “Yes” or N for “No” according to how each applies to you.

Y N I have very little energy these days. I feel worn-out and tired.

Y N I have been feeling blue and down in the dumps quite a bit lately.

Y N I have not been sleeping normally.

Y N My appetite is not normal. I either eat way too much or too little.

Y N There has been a significant change in my weight over the past year.

Y N I worry about one thing or another most of the time.

Y N I have been having thoughts of ending my life.

Y N I have been having thoughts about hurting or killing another person.

Y N I am a high-strung, anxious person.

Y N I worry about being or getting sick much more than I used to.

Y N I hear voices in my head when there is no one else around me and/or see things, like objects or people, that other persons do not see.

Y N I believe that other persons would like to see harm come to me.

Y N Sometimes my energy level is so high I do not sleep for days on end.

Y N My memory and concentration have become very poor.

Y N My memory and concentration are getting much worse over time.

Y N I am having trouble balancing my check book or making change.

Y N I have recently been getting lost in familiar places.

Y N I have been forgetting well-known information such as how to do my job or my telephone number.

Y N I have been having difficulty performing my job properly.

Y N I drink alcohol almost every night.

Y N I have been using illegal drugs.

Y N I am currently under the care of a mental health professional.

Contact Information

Y N Is your medical record kept here at NMCP?

If no, where? _____

Home phone number: _____

Work/duty phone number: _____

What number is the best one to reach you? _____

At what time? _____

Home address: _____
