

Is English your primary language? ____ Yes ____ No

If no, when did you begin to communicate comfortably in English? _____

What other language(s) do you speak? _____

What other language(s) do you read and/or write? _____

Reason for this Assessment

What is your main reason for seeking an assessment?

How long has this been going on?

Why have you chosen to seek help now?

Have you had any previous assessments for this problem? If so, when? What was the main finding?

Do you have the report? ____ Yes ____ No (if “Yes”, please bring it to your next appointment)

Your Occupation

Please describe the work you are doing now. If you are currently not working, please describe the work you did last.

Are you having any trouble on the job? What are the parts that are most difficult for you?

Overall, to what extent does your present work satisfy you?

What kinds of jobs have you held?

Current Education

Are you currently in school? Yes No

If you are currently in school, where do you go? Are you in full-time or part-time studies? How are your marks? How hard do you feel you work at your studies? What courses do you like the best / least?

Previous Education

Did you: like school not like school feel indifferent toward school?

For each of the following, please indicate generally how you did. Please describe any special help you received (resource, guidance, accommodations, etc.):

I. Primary (Grades K-3)

II. Intermediate grades (Grades 4-6)

III. Junior High (Middle School)

IV. High School

What was your best subject? _____

What was your worst subject? _____

Did you have any problems with reading?

- late learning to read sounding words
 reading aloud reading comprehension
 memory of material read

Other information about your reading:

Did you have problems with writing?

- spelling grammar
 neatness of handwriting creativity (making up stories, etc.)
 organization of ideas

Other information about your written expression:

In your math work, were significant problems noted with:

- understanding new concepts remembering "math facts"
 timed tests careless errors

Other information about your math work:

How did you do in:

| | Below Average | Average | Above average |
|---------|----------------------|----------------|----------------------|
| Science | | | |
| History | | | |
| Music | | | |
| Gym | | | |
| Art | | | |

Did your teachers think you did as well as you could have done?

___ performing below potential ___ working to potential ___ exceeding expectations

Did you have speech problems? If yes, describe _____

Did you receive speech and language therapy? ___ yes ___ no

Were you thought to have memory problems of any kind? ___ yes ___ no

Were you in any type of special education programming, and if so, what? ___ yes ___ no

Were you ever retained in a grade? ___yes ___no

If so, which one(s)? _____

Did teachers say that you were:

| | Yes | No | Don't know |
|---|-----|----|------------|
| Distractible | | | |
| Inattentive | | | |
| Daydreamy | | | |
| A poor listener | | | |
| Slow moving, slow responding | | | |
| Impulsive | | | |
| Hyperactive | | | |
| Someone who talked too much | | | |
| Someone who disturbed others in class | | | |
| Often out of your seat without permission | | | |
| A class clown | | | |
| Disorganized | | | |
| A poor time manager | | | |
| Poor at completing your work | | | |
| Unmotivated or lazy | | | |
| Someone who could not follow instructions | | | |
| Someone who had difficulty in thinking of words to say | | | |
| Under performing in school | | | |

School Social Life

Did you have social problems as a child or teen? ____ yes ____ no

If so, please say more. For example, were you very shy around peers, aggressive, ignored, bullied, awkward, etc.?

How well did you:

| | Below average | Average | Above average |
|--|---------------|---------|---------------|
| Get along with brothers or sisters? | | | |
| Get along with your peers? | | | |
| Make friends? | | | |
| Maintain friendships? | | | |

Were significant behavior problems noted? ____yes ____ no

Please describe these as best you can.

If you were placed in any behavioural programming, what was it?

Were you ever in fights at school? ____ yes ____ no

If so, approximately how many and during which grades? Who would you say started these, you or someone else?

Did you ever use a weapon in a fight? ____ yes ____ no

Were you ever:

| | Yes | No | Number of times |
|-----------------------|-----|----|-----------------|
| Suspended from school | | | |
| Expelled from school | | | |

Current Family Situation

Marital Status:

____ single ____ married ____ dating ____ separated ____ co-habiting

Please list the people you are living with: spouse, children, relatives, roommates, partner. Please list any of your children who are not living with you.

| First name | Gender | Age | Relationship to you | Occupation (give grade for students) | Health (any specific problem) |
|------------|--------|-----|---------------------|--------------------------------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

How long have you and your spouse or partner been together? _____

What does he or she think about the problems you have been describing?

Do the problems affect your relationship? If so, how?

If you have children, do they seem to have any of the same problems you have been describing? Do any of your children have special needs?

During the past two years, have you experienced any of the following?

| Event | Family member(s) involved and when |
|-------------------------|------------------------------------|
| Death in the family | |
| Divorce | |
| Trouble with the law | |
| Financial trouble | |
| Job/school difficulties | |
| Serious illness | |
| Serious operation | |
| Mental illness | |
| Alcoholic problems | |
| Drug problems | |
| Family conflict | |

Family of Origin

What was your family situation like when you were growing up? How would you describe the prevailing emotional overtones in your family when you were growing up? Were you generally happy as a child or unhappy?

Siblings:

Number of brothers: _____

Brothers' ages: _____

Number of sisters: _____

Sisters' ages: _____

Please indicate whether any of your siblings were not biologically related to you, or half-siblings to you:

Did any of your siblings have difficulties similar to the one(s) with which you are struggling?

____ yes ____ no. If yes, please describe _____

Your Parent / Caregiver 1

Is he/she living? If alive, their age: _____

Deceased? If deceased, age when he/she died: _____

How old were you at this time? _____

Level of education he/she earned: _____

Occupation: _____

Is this your biological parent ? yes no

Did he/she have difficulties similar to the one(s) with which you are struggling?

yes no. If yes, please describe _____

Your Parent / Caregiver 2

Is he/she living? If alive, their age: _____

Deceased? If deceased, age when he/she died: _____

How old were you at the time? _____

Level of education he/she earned: _____

Occupation: _____

Is this your biological parent? yes no

Did he/she have difficulties similar to the one(s) with which you are struggling?

yes no. If yes, please describe _____

Has any member of your extended family – parents, siblings, aunts, uncles, cousins, grandparents:

| | |
|--|--|
| | Had trouble with paying attention |
| | Struggled with hyperactivity or impulsivity |
| | With serious behavior problems |
| | Experienced serious school difficulties |
| | Seemed much smarter than his or her achievement would indicate |
| | Had serious trouble with reading |
| | Had trouble with anxiety |
| | Had trouble with depression |
| | Suffered fro another mental illness |
| | Had trouble with drugs |
| | Had trouble with alcohol |
| | Had serious problems with the law |

If so, please provide some information about this:

Health

How is your health generally? _____

Are you taking any medication? If so, please describe the type and purpose of the medication.

Have you ever had hearing difficulties? _____ yes _____ no

If so, have you ever used a hearing aid? _____ yes _____ no

Do you now? _____yes _____ no

Have you ever had difficulties with vision? _____ yes _____ no

If so, have glasses been prescribed? _____yes _____ no

Are they to be worn at all times, or just for certain activities? _____

Beside each item indicate how often each is a problem for you:

| | Never | Less than once a year | Every few months | Once a week | 2 to 3 times per week | Most days |
|----------------------------|-------|-----------------------|------------------|-------------|-----------------------|-----------|
| Headaches | | | | | | |
| Back pain | | | | | | |
| Other aches and pains | | | | | | |
| Rapid heartbeat | | | | | | |
| Dizziness/light-headedness | | | | | | |
| Stomach upset | | | | | | |
| Mental confusion | | | | | | |
| Blurred vision | | | | | | |

As far as you know, did your mother have any difficulties during her pregnancy with you?

___ yes ___ no

As far as you know, during this pregnancy, did your mother

- ___ take prescription medication
- ___ smoke cigarettes
- ___ drink alcohol
- ___ use street drugs
- ___ use caffeine (coffee, tea, etc.)

If yes, please elaborate:

Were there any difficulties with the delivery? ___ yes ___ no

As far as you know, did you reach physical developmental milestones (sitting up, crawling, walking, using a spoon, etc.):

___ early ___ at the expected ages ___ late

As far as you know, did you reach verbal milestones (speaking single words, making short sentences, developing longer sentences)

___ early ___ at the expected age ___ late

Have you ever had:

- allergies
- heart problems
- blood pressure problems
- thyroid difficulties
- diabetes
- convulsions or seizures
- a head injury
- meningitis
- encephalitis
- tics
- other diseases or illness
- unusual physical symptoms

Other information about this: _____

Please list any serious illnesses, surgeries, or hospital stays you have had. How old were you when you had this? Are any effects of the condition still present?

Alcohol and Drugs

How many cups of regular (not decaffeinated) coffee, tea, or cola drinks do you drink on the average day?

Coffee ____ cups Tea ____ cups Cola ____ glasses

If you smoke, how many cigarettes do you smoke on an average day?

- 1-3
- 4-10
- ½ package - 1 pack
- 1-2 packages
- more than 2 packs

On average, how often do you have beer, wine or other alcohol?

- every day
- 4-6 times a week
- 2-3 times a week
- about once a week
- 2-3 times a month
- about once a month
- less than once a month
- not at all in the past year
- never tried

How often would you have five or more drinks (beer, wine, or other alcohol)?

- every day
- 4-6 times a week
- 2-3 times a week
- about once a week
- 2-3 times a month
- about once a month
- less than once a month
- not at all in the past year
- never

On average, how often do you use marijuana?

- every day
- 4-6 times a week
- 2-3 times a week
- about once a week
- 2-3 times a month
- about once a month
- less than once a month
- not at all in the past year
- never tried

If you use, or have used any street drugs (cocaine, amphetamines), when and how often?

Sleep

What time do you usually go to bed on a work or school night? _____

How long does it take before you fall asleep? _____

Is falling asleep often difficult? ____ yes ____ no

Please provide some detail:

After you fall asleep, do you usually stay asleep all night? ____ yes ____ no

If not, about how many times do you wake up each night? _____

Do you have trouble getting back to sleep? ____ yes ____ no

Is it normally difficult for you to wake up and get moving in the morning? ____ yes ____ no

How often are you late for school or work? _____

Are you often tired during the day? ____ yes ____ no

Do you nap during the day? ____yes ____ no

Appetite and Energy

Do you have a big appetite, an average one or a small appetite? _____

Does your mood affect your appetite? ____ yes ____ no

Please say more about this.

Has your weight increased or decreased recently?

____ significant increase ____ significant decrease

Were you trying to lose or gain weight? ____ yes ____ no

Currently, are you trying to gain or lose weight? ____ yes ____ no

Have you ever had an eating disorder? ____ yes ____ no

Please say more about this.

How would you describe your typical energy level?

What kind of regular exercise do you do?

Mood

What is your usual mood?

- even and stable
- sad, blue
- angry or irritable
- worried or anxious
- other _____

Please say more about this.

Are you troubled by:

- work stress
- school stress
- financial stress
- legal stress
- disturbing thoughts
- social fears
- family problems
- anger problems

___ health problems

Please elaborate.

Attention and Concentration

Beside each item below, please indicate how much of a problem each one is for you.

| | Not at all | Just a little | Pretty much | Very much |
|---|-------------------|----------------------|--------------------|------------------|
| Physical restlessness | | | | |
| Mental restlessness | | | | |
| Easily distracted | | | | |
| Impatient | | | | |
| “Hot” or explosive temper | | | | |
| Unpredictable behaviour | | | | |
| Difficulty completing tasks | | | | |
| Shifting from one task to another | | | | |
| Difficulty sustaining attention | | | | |
| Impulsive | | | | |
| Talking too much | | | | |
| Difficulty doing task alone | | | | |
| Interrupting others | | | | |
| Not listening to others | | | | |
| Losing a lot of things | | | | |
| Forgetting to do things | | | | |
| Engaging in physically daring activities | | | | |
| Always on the go, as if driven by a motor | | | | |

The items below refer to how you have behaved and felt DURING THE PAST WEEK, INCLUDING TODAY:

Rate each of the following using the scale below:

| | |
|---------------------------------|----------|
| Not true of me | 0 |
| Rarely true of me | 1 |
| Sometimes true of me | 2 |
| Often true for me | 3 |
| Very often true of me | 4 |
| Almost always true of me | 5 |

- ___ At home, work or school, I find my mind wandering from tasks that are uninteresting or difficult.
- ___ I find it difficult to read written material unless it is very interesting or very easy.
- ___ Especially in groups, I find it hard to stay focused on what is being said in conversations.
- ___ I have a quick temper ... a short fuse.
- ___ I am irritable, and get upset by minor annoyances.
- ___ I say things without thinking, and later regret having said them.
- ___ I make quick decisions without thinking enough about their possible bad results.
- ___ My relationships with people are made difficult by my tendency to talk first and think later.
- ___ My moods often have highs and lows.
- ___ I have trouble planning in what order to do a series of tasks.
- ___ I easily become upset
- ___ I seem to be thin skinned and many things upset me.
- ___ I almost always am on the go.
- ___ I am more comfortable when moving than when sitting still.
- ___ In conversations, I start to answer questions before the questions have been fully asked.
- ___ I usually work on more than one project at a time, and fail to finish many of them.
- ___ There is a lot of "static" or "chatter" in my head.

Rate each of the following using the scale below:

| | |
|---------------------------------|----------|
| Not true of me | 0 |
| Rarely true of me | 1 |
| Sometimes true of me | 2 |
| Often true for me | 3 |
| Very often true of me | 4 |
| Almost always true of me | 5 |

- ___ Even when sitting quietly, I am usually moving my hands and feet.
- ___ In group activities it is hard for me to wait my turn.
- ___ My mind gets so cluttered that it is hard for it to function.
- ___ My thoughts bounce around as if my mind were a pinball machine.
- ___ My brain feels as if it were a TV with all the channels going at once.
- ___ I am unable to stop daydreaming.
- ___ I am distressed by the disorganized way my brain works.

**Thank you for taking the time to complete this questionnaire.
Please return it to our office as soon as possible.**