

# CAADID

## Part I: History

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What in your life makes you believe that you have Attention Deficit Hyperactivity Disorder or ADHD?

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(8)

### Childhood

Let us start from the beginning. With whom were you living when you were a child?

Kinship tie	Name	Age
(9)		(10)
(11)		(12)
(13)		(14)
(15)		(16)
(17)		(18)
(19)		(20)

Where were you living? \_\_\_\_\_ (21)

What was your father's occupation? \_\_\_\_\_ (22)

What was your mother's occupation? \_\_\_\_\_ (23)

Were you adopted? **Y** **N** (24)

If yes, at what age? \_\_\_\_\_ (25)

## Risky factors related to pregnancy

Has someone ever told you or have you ever heard about any of the following events during your mother's pregnancy with you?

Disease of the mother (presence of toxic substances in blood, anaemia)	<b>Y</b>	<b>N</b> (26)
The mother was taking drugs	<b>Y</b>	<b>N</b> (27)
The mother was smoking cigarettes	<b>Y</b>	<b>N</b> (28)
The mother was drinking alcoholic drinks	<b>Y</b>	<b>N</b> (29)
The mother was using prohibited substances	<b>Y</b>	<b>N</b> (30)
Premature birth	<b>Y</b>	<b>N</b> (31)
Was there anything else unusual regarding your mother's pregnancy? (If yes, please describe it on the lines below.)	<b>Y</b>	<b>N</b> (32)

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(33)

## Risky factors during child-bearing

Has anything of the following happened to you during child-bearing:

Foetus malady	<b>Y</b>	<b>N</b> (34)
Low weight at child-bearing (lower than 5 lbs or 2000 grams)	<b>Y</b>	<b>N</b> (35)
Sciatic childbirth by means of forceps	<b>Y</b>	<b>N</b> (36)
Staying in hospital longer than the expected period	<b>Y</b>	<b>N</b> (37)
Anoxia (oxygen insufficiency, blue baby)	<b>Y</b>	<b>N</b> (38)
Was there anything else unusual regarding your birth? (If yes, please describe it on the lines below.)	<b>Y</b>	<b>N</b> (39)

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(33)

## Risky factors caused by temper

As a baby and a child learning how to walk, were your parents or other people describing you as having or did you have any of the following:

With high level of activity, unusually energetic	<b>Y</b>	<b>N</b> (41)
Impulsive	<b>Y</b>	<b>N</b> (42)
Cowardly	<b>Y</b>	<b>N</b> (43)
Inclined to incidents	<b>Y</b>	<b>N</b> (44)
With transient attention keeping	<b>Y</b>	<b>N</b> (45)
Irritable	<b>Y</b>	<b>N</b> (46)
With not good adaptation to changes, slowly taking the change	<b>Y</b>	<b>N</b> (47)
With acute stomach-aches	<b>Y</b>	<b>N</b> (48)
With constant irritable temper	<b>Y</b>	<b>N</b> (49)
With nutrition problems	<b>Y</b>	<b>N</b> (50)
With sleep problems	<b>Y</b>	<b>N</b> (51)
Clumsy	<b>Y</b>	<b>N</b> (52)
Starchy, and tense instead of inclined to hugging	<b>Y</b>	<b>N</b> (53)
Is there something else that could describe you as a baby or a child learning how to walk? (If yes, please describe it on the lines below.)	<b>Y</b>	<b>N</b> (54)

(55)

## Risky factors concerning growth

Have you ever heard people saying that as a child you

Began to walk later	<b>Y</b>	<b>N</b> (56)
Began to speak later	<b>Y</b>	<b>N</b> (57)
Were accustomed to using toilet with difficulty	<b>Y</b>	<b>N</b> (58)
Began to read later	<b>Y</b>	<b>N</b> (59)
Was there something else unusual regarding your birth? (If yes, please describe it on the lines below.)	<b>Y</b>	<b>N</b> (60)

(61)

## Risky factors of environment

As a child or a teenager have you experienced any of the following things?

Significant loss or separation with someone you loved	<b>Y</b>	<b>N</b> <sup>(62)</sup>
Sexual abuse	<b>Y</b>	<b>N</b> <sup>(63)</sup>
Physical abuse	<b>Y</b>	<b>N</b> <sup>(64)</sup>
Emotional abuse	<b>Y</b>	<b>N</b> <sup>(65)</sup>
Violence in the family	<b>Y</b>	<b>N</b> <sup>(66)</sup>
Disregard	<b>Y</b>	<b>N</b> <sup>(67)</sup>
Unusual stress in the family	<b>Y</b>	<b>N</b> <sup>(68)</sup>
Economic issues / poverty / financial stress	<b>Y</b>	<b>N</b> <sup>(69)</sup>
A diet poor in nutrients	<b>Y</b>	<b>N</b> <sup>(70)</sup>
Exposure on heavy metals	<b>Y</b>	<b>N</b> <sup>(71)</sup>
Have you experienced other traumas during childhood?	<b>Y</b>	<b>N</b> <sup>(72)</sup>

(If yes, please describe them on the lines below.)

(73)

## Medical Risky factors

As a child were you ill with any of the following

Allergies	<b>Yes</b>	<b>N</b> <sup>(74)</sup>
Asthma	<b>Y</b>	<b>N</b> <sup>(75)</sup>
Encephalitis	<b>Y</b>	<b>N</b> <sup>(76)</sup>
Meningitis	<b>Y</b>	<b>N</b> <sup>(77)</sup>
Fits of loss of consciousness / fainting	<b>Y</b>	<b>N</b> <sup>(78)</sup>
Incidents out of carelessness	<b>Y</b>	<b>N</b> <sup>(79)</sup>
Frequent visits of casualty ward	<b>Y</b>	<b>N</b> <sup>(80)</sup>
Broken bones	<b>Y</b>	<b>N</b> <sup>(81)</sup>
Hospitalization due to any reason	<b>Y</b>	<b>N</b> <sup>(82)</sup>
Loss of consciousness	<b>Y</b>	<b>N</b> <sup>(83)</sup>
Convulsions	<b>Y</b>	<b>N</b> <sup>(84)</sup>

Did you have any other medical issues in childhood? **Y** **N** <sup>(85)</sup>  
(If yes, please describe them on the lines below.)

(86)

## History of elementary education

What elementary school did you attend? \_\_\_\_\_ <sup>(87)</sup>

During elementary education were you in general (select one)<sup>(88)</sup>

- a) usually above basic level                      b) normal – working on basic level  
c) under basic level                                  d) needing additional assistance  
(for instance assistance at learning)

During elementary education did any of the following things happen to you?

Unsuccessful passing into another grade	<b>Y</b>	<b>N</b> <sup>(89)</sup>
Repeating grade	<b>Y</b>	<b>N</b> <sup>(90)</sup>
Taking extra classes	<b>Y</b>	<b>N</b> <sup>(91)</sup>
Estimated by school	<b>Y</b>	<b>N</b> <sup>(92)</sup>
A “label” was put on you by school	<b>Y</b>	<b>N</b> <sup>(93)</sup>
Difficulties in learning	<b>Y</b>	<b>N</b> <sup>(94)</sup>
Advisory assistance received	<b>Y</b>	<b>N</b> <sup>(95)</sup>
Restrained from attending school	<b>Y</b>	<b>N</b> <sup>(96)</sup>
Expelled from school	<b>Y</b>	<b>N</b> <sup>(97)</sup>
Reading problems	<b>Y</b>	<b>N</b> <sup>(98)</sup>
Calculation problems	<b>Y</b>	<b>N</b> <sup>(99)</sup>
Writing problems	<b>Y</b>	<b>N</b> <sup>(100)</sup>
Your work was uncertain or unpredictable	<b>Y</b>	<b>N</b> <sup>(101)</sup>
Have you been told that you were not realizing your potential	<b>Y</b>	<b>N</b> <sup>(102)</sup>
Have you been told that you have disability for learning	<b>Y</b>	<b>N</b> <sup>(103)</sup>
Did other significant events happen to you during the period of your elementary education? ( If yes, please describe them on the lines below.)	<b>Y</b>	<b>N</b> <sup>(104)</sup>

(105)

## History of second education

What secondary school did you attend? \_\_\_\_\_ (106)

What secondary school did you attend? \_\_\_\_\_ (107)

During secondary education were you in general (select one)<sup>(108)</sup>

- a) usually above basic level                      b) normal – working on basic level  
 c) under basic level                                      d) needing additional assistance  
 (for instance assistance at learning)

During elementary and secondary education did any of the following things happen to you?

- |   |          |                |
|---|----------|----------------|
| Unsuccessful passing into another grade                       | <b>Y</b> | <b>N</b> (109) |
| Repeating grade   | <b>Y</b> | <b>N</b> (110) |
| Taking extra classes  | <b>Y</b> | <b>N</b> (111) |
| Estimated by school   | <b>Y</b> | <b>N</b> (112) |
| A “label” was put on you by school                            | <b>Y</b> | <b>N</b> (113) |
| Difficulties in learning                                      | <b>Y</b> | <b>N</b> (114) |
| Advisory assistance received                                  | <b>Y</b> | <b>N</b> (115) |
| Restrained from attending school                              | <b>Y</b> | <b>N</b> (116) |
| Expelled from school  | <b>Y</b> | <b>N</b> (117) |
| You did not graduate  | <b>Y</b> | <b>N</b> (118) |
| Reading problems  | <b>Y</b> | <b>N</b> (119) |
| Calculation problems  | <b>Y</b> | <b>N</b> (120) |
| Writing problems  | <b>Y</b> | <b>N</b> (121) |
| Your work was uncertain or unpredictable                      | <b>Y</b> | <b>N</b> (122) |
| You have been told that you were not realizing your potential | <b>Y</b> | <b>N</b> (123) |
| You have been told that you have disability for learning      | <b>Y</b> | <b>N</b> (124) |

Did other significant events happen to you during the period of your secondary education?

( If yes, please describe them on the lines below.)                      **Y**    **N** (125)

\_\_\_\_\_  
 \_\_\_\_\_ (126)



## History of mental disease

As a child or a teenager were you diagnosed with Attention Deficit Hyperactivity Disorder or Attention Deficit Syndrome? **Y** **N** <sup>(127)</sup>

As a child have you ever visited due to any reasons a professional like social worker, psychologist or psychiatrist? **Y** **N** <sup>(128)</sup>

	Expert 1	Expert 2	Expert 3
For what kind of problems?	(129)	(130)	(131)
What kind of expert?	(132)	(133)	(134)
Expert's name	(135)	(136)	(137)
At what age did you start attending him?	(138)	(139)	(140)
At what age did you stop attending him?	(141)	(142)	(143)
How often?	(144)	(145)	(146)
Benefits	(147)	(148)	(149)
Reason for cessation	(150)	(151)	(152)

	Expert 4	Expert 5	Expert 6
For what kind of problems?	(153)	(154)	(155)
What kind of expert?	(156)	(157)	(158)
Expert's name	(159)	(160)	(161)
At what age did you start attending him?	(162)	(163)	(164)
At what age did you stop attending him?	(165)	(166)	(167)
How often?	(168)	(169)	(170)
Benefits	(171)	(172)	(173)
Reason for cessation	(174)	(175)	(176)

Have you undergone a course of treatment for any psychological / mental problem?

	Treatment 1	Treatment 2	Treatment 3
Drug's name	(177)	(178)	(179)
Prescribed by	(180)	(181)	(182)
At what age did you start?	(183)	(184)	(185)
At what age did you stop?	(186)	(187)	(188)
For what problems?	(189)	(190)	(191)
Total dose per day?	(192)	(193)	(194)
Benefits	(195)	(196)	(197)
Side effects	(198)	(199)	(200)

## History of risky factors related to family

Do you think that any of your closest relatives (for example parents, brothers or sisters, or your children) is possible to have or to have had DHD whether he/she has been diagnosticated/treated or not? If **yes**, who?

Relationship with patient	Diagnosticated?	Treated?
(201)	<b>Y</b> <b>N</b> (202)	<b>Y</b> <b>N</b> (203)
(204)	<b>Y</b> <b>N</b> (205)	<b>Y</b> <b>N</b> (206)
(207)	<b>Y</b> <b>N</b> (208)	<b>Y</b> <b>N</b> (209)
(210)	<b>Y</b> <b>N</b> (211)	<b>Y</b> <b>N</b> (212)

Do you think that other relatives of yours (for example aunts, uncles, cousins, nieces, nephews) are possible to have DHD? If **yes**, who?

Relationship with patient	Diagnosticated?	Treated?
(213)	<b>Y</b> <b>N</b> (214)	<b>Y</b> <b>N</b> (215)
(216)	<b>Y</b> <b>N</b> (217)	<b>Y</b> <b>N</b> (218)
(219)	<b>Y</b> <b>N</b> (220)	<b>Y</b> <b>N</b> (221)
(222)	<b>Y</b> <b>N</b> (223)	<b>Y</b> <b>N</b> (224)

Does any of your relatives have any of the following psychological / mental disorders?

Disorder	Present?	Relationship with patient
Depression	Y N <sup>(225)</sup>	_____ (226)
Maniacal depression (or Bipolar disorder)	Y N <sup>(227)</sup>	_____ (228)
Anxiety or strong inconvenience	Y N <sup>(229)</sup>	_____ (230)
Addition to alcoholic drinks	Y N <sup>(231)</sup>	_____ (232)
Other addiction to substances	Y N <sup>(233)</sup>	_____ (234)
Making problems or troubles with law	Y N <sup>(235)</sup>	_____ (236)
Problems with learning	Y N <sup>(237)</sup>	_____ (238)

## Mature age

### History of education

*These questions concern 18-year old persons.*

Have you attended or do you attend any post-secondary school (for example a college or technical school)?

Y N <sup>(239)</sup>

School	Dates	Specialty	Average results	Graduated?	Degree obtained
_____ (240)	_____ (241)	_____ (242)	_____ (243)	_____ (244)	_____ (245)
_____ (246)	_____ (247)	_____ (248)	_____ (249)	_____ (250)	_____ (251)
_____ (252)	_____ (253)	_____ (254)	_____ (255)	_____ (256)	_____ (257)
_____ (258)	_____ (259)	_____ (260)	_____ (261)	_____ (262)	_____ (263)
_____ (264)	_____ (265)	_____ (266)	_____ (267)	_____ (268)	_____ (269)
_____ (270)	_____ (271)	_____ (272)	_____ (273)	_____ (274)	_____ (275)

## Employment history

What was your occupation after you finished your secondary education?

Job	Dates	Responsibilities	Why / how did it end?
_____ (276)	_____ (277)	_____ (278)	_____ (279)
_____ (280)	_____ (281)	_____ (282)	_____ (283)
_____ (284)	_____ (285)	_____ (286)	_____ (287)
_____ (288)	_____ (289)	_____ (290)	_____ (201)
_____ (292)	_____ (293)	_____ (294)	_____ (295)
_____ (296)	_____ (297)	_____ (298)	_____ (299)
_____ (300)	_____ (301)	_____ (302)	_____ (303)
_____ (304)	_____ (305)	_____ (306)	_____ (307)

## Social / interpersonal history

At the present time who lives in your house?

Relationship	Name	Present age
_____ (308)	_____ (309)	_____ (310)
_____ (311)	_____ (312)	_____ (313)
_____ (314)	_____ (315)	_____ (316)
_____ (317)	_____ (318)	_____ (319)
_____ (320)	_____ (321)	_____ (322)

Describe the children who live out of your house:

Relationship	Name	Present age
_____ (323)	_____ (324)	_____ (325)
_____ (326)	_____ (327)	_____ (328)
_____ (329)	_____ (330)	_____ (331)
_____ (332)	_____ (333)	_____ (334)
_____ (335)	_____ (336)	_____ (337)

Have you been married?  
If yes, to whom?

Y N (338)

Name of partner	Dates	Why /how did it end?
(339)	(340)	(341)
(342)	(343)	(344)
(345)	(346)	(347)
(348)	(349)	(350)
(351)	(352)	(353)

How many significant intimate relations did you have as a grown-up? \_\_\_\_\_ (354)

### State of health

At the present time are you in good health? Y N (355)

When was the last time you visited a doctor for examination? \_\_\_\_\_ (356)

Did you have specific chronic diseases?  
If you answer **yes**, please describe them below.) Y N (357)

1. \_\_\_\_\_ (358)
- \_\_\_\_\_ (359)
2. \_\_\_\_\_
- \_\_\_\_\_ (360)
3. \_\_\_\_\_
- \_\_\_\_\_ (361)
4. \_\_\_\_\_
- \_\_\_\_\_

At the moment are you under treatment for any diseases? **Y** **N** <sup>(362)</sup>

If **yes**, please describe them below:

	Treatment 1	Treatment 2	Treatment 3
Drug's name	_____ (363)	_____ (364)	_____ (365)
For what problem?	_____ (366)	_____ (367)	_____ (368)
Dose	_____ (369)	_____ (370)	_____ (371)

	Treatment 4	Treatment 5	Treatment 6
Drug's name	_____ (372)	_____ (373)	_____ (374)
For what problem?	_____ (375)	_____ (376)	_____ (377)
Dose	_____ (378)	_____ (379)	_____ (380)

As an adult has any of the following things happened to you?

If has happened, what was the outcome?

Hospitalization (not for childbirth)	<b>Y</b>	<b>N</b> <sup>(381)</sup>	_____ (382)
Sexual, physical or emotional abuse	<b>Y</b>	<b>N</b> <sup>(383)</sup>	_____ (384)
Trauma / loss of consciousness	<b>Y</b>	<b>N</b> <sup>(385)</sup>	_____ (386)
Tourette's syndrome	<b>Y</b>	<b>N</b> <sup>(387)</sup>	_____ (388)
Hyper / Hypothyroidism / problems with thyroid gland	<b>Y</b>	<b>N</b> <sup>(389)</sup>	_____ (390)
Careless incidents	<b>Y</b>	<b>N</b> <sup>(391)</sup>	_____ (392)
Convulsions / Epilepsy	<b>Y</b>	<b>N</b> <sup>(393)</sup>	_____ (394)
Broken bones	<b>Y</b>	<b>N</b> <sup>(395)</sup>	_____ (396)
Menopause / hormone disbalance	<b>Y</b>	<b>N</b> <sup>(397)</sup>	_____ (398)

Sensory deficit like ear loss	Y	N (399)	_____	(400)
Heart disease	Y	N (401)	_____	(402)
High blood pressure	Y	N (403)	_____	(404)
Diabetes	Y	N (405)	_____	(406)
Migraines	Y	N (407)	_____	(408)
Asthma	Y	N (409)	_____	(410)
Glaucoma	Y	N (411)	_____	(412)

During your maturity have you had any of the following diseases?                    Y    N (413)

(If you answer **yes**, please describe them on the lines below.)

1. \_\_\_\_\_ (414)

2. \_\_\_\_\_ (415)

3. \_\_\_\_\_ (416)

4. \_\_\_\_\_ (417)

### Psychological / mental history of an adult

As an adult have you ever visited due to any reasons a social worker or psychiatrist?

Y    N (418)

	Expert 1	Expert 2	Expert 3
For what kind of problem?	(419)	(420)	(421)
Expert's name	(422)	(423)	(424)
What kind of expert?	(425)	(426)	(427)
At what age did you start?	(428)	(429)	(430)
At what age did you stop?	(431)	(432)	(433)
How often?	(434)	(435)	(436)
Benefits	(437)	(438)	(439)
Reason for cessation	(440)	(441)	(442)





## Questions intending to examine concomitant diseases

As an adult has it happened to you at any stage to

Feel more often depressed or sad or that you can't be pleased with things that you enjoyed before? Y    N <sup>(516)</sup>

Think about self-injuring, suicide or injuring somebody else? Y    N <sup>(517)</sup>

Feel a lot of anxiety or stress or worry the whole time about things – more than the other people? Y    N <sup>(518)</sup>

Have problems with too much or insufficient nutrition? Y    N <sup>(519)</sup>

Do you use or have you ever used any of the following substances?

Substance	Use	Age at first use	Age at last use	Age at the most frequent use	Most frequent use (quantity per day)	Use at the present time (quantity per day)
Alcoholic drinks	Y N <sup>(520)</sup>	(521)	(522)	(523)	(524)	(525)
Cigarettes	Y N <sup>(526)</sup>	(527)	(528)	(529)	(530)	(531)
coffee/tea/coca-cola/soda-water	Y N <sup>(532)</sup>	(533)	(534)	(535)	(536)	(537)

What illegal substances have you used or use at the moment?

Substance	Age at first use	Age at last use	Age at the most frequent use	Most frequent use (quantity per day)	Use at the present time (quantity per day)
(538)	(539)	(540)	(541)	(542)	(543)
(544)	(545)	(546)	(547)	(548)	(549)
(550)	(551)	(552)	(553)	(554)	(555)
(556)	(557)	(558)	(559)	(560)	(561)
(562)	(563)	(564)	(565)	(566)	(567)

Have you ever had problems with law? **Y** **N** (568)

If yes, for what?

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(569)

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(570)

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(571)

How many penalty slips for exceeded speed have you had after turning 18 years old?

\_\_\_\_\_ (572)

How many car accidents? \_\_\_\_\_ (573)

If you are a future mother, were you smoking during pregnancy? **Y** **N** (574)

If you are a future mother, were you drinking alcoholic drinks during pregnancy?

**Y** **N** (574)

Have you ever been involved in legal proceedings? **Y** **N** (575)

Do your relatives complain that you are irritable or quickly short-tempered?

**Y** **N** (576)

Do you have fast, sudden changes of temper? **Y** **N** (577)

Are there significant stresses happening in your life now? **Y** **N** (578)

If you answer yes to the above question, please describe the stressing factors:

1. \_\_\_\_\_ (579)  
\_\_\_\_\_
2. \_\_\_\_\_ (580)  
\_\_\_\_\_
3. \_\_\_\_\_ (581)  
\_\_\_\_\_
4. \_\_\_\_\_ (582)  
\_\_\_\_\_



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