

Optum Care Washington, PLLC

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Adult ADHD/ADD questionnaire - Optum Care Washington behavioral health

YES/NO/UNSURE: Any form or letter for school or work that you want completed today?

YES / NO / UNSURE: Do you have old school report cards, transcripts, test reports, work samples/

reviews, or other documents that describe your past functioning?

YES / NO / UNSURE: Anybody we can call or talk to who knows firsthand how AHDD/ADD issues

have affected you?

YES / NO / UNSURE: Willing to learn new organizational and self-management strategies

YES / NO / UNSURE: Interested in ADHD information from websites, handouts, or books

YES / NO / UNSURE: Want to try medication

History of ADHD symptoms

YES / NO / UNSURE: Were you a difficult, colicky baby or toddler?

YES / NO / UNSURE: As a preschooler, did parents or other people describe you as hyper or

always on the go?

YES / NO / UNSURE: Did you have acting out or behavior problems in school?

YES / NO / UNSURE: Learning disabilities in reading, writing, math, or speech, or special education

program/ IEP in school

Have you had ADHD/ADD issues in:

YES / NO / UNSURE: Elementary school

YES/NO/UNSURE: Middle school
YES/NO/UNSURE: High school

YES/NO/UNSURE: College or training program

YES / NO / UNSURE: Jobs, or difficulty keeping a job
YES / NO / UNSURE: Friendships or social activities

YES / NO / UNSURE: Intimate relationships/partnerships

YES / NO / UNSURE: Handling things at home

YES / NO / UNSURE: Managing finances

YES / NO / UNSURE: Coffee, caffeine, or power drinks help me focus and perform

YES / NO / UNSURE: Have tried ADHD medication and it helped

YES / NO / UNSURE: Previously diagnosed with ADHD/ADD

YES / NO / UNSURE: Any close biological relative (parent, sibling, child) with diagnosed ADHD/ADD

or highly likely

YES / NO / UNSURE: ADHD medication has helped a close biological relative

Other conditions now or past

YES / NO / UNSURE: Medical conditions

YES / NO / UNSURE: Medications

YES / NO / UNSURE: Vision or hearing problems

YES / NO / UNSURE: Concussions or head injuries (for example, with vision disturbance,

disorientation, or nausea)

YES / NO / UNSURE: Cardiovascular issues (high blood pressure or heart abnormalities)

YES / NO / UNSURE: Glaucoma

YES/NO/UNSURE: Hyperthyroidism
YES/NO/UNSURE: Seizure history

YES / NO / UNSURE: Tics (repetitive, unwanted muscle movements or verbal twitches) or family

history of Tourette's Syndrome

YES / NO / UNSURE: Substances or alcohol problems, now or past, or marijuana use

YES / NO / UNSURE: More than a year since you had a medical checkup and basic metabolic labs

(blood and urine tests)

YES / NO / UNSURE: Childhood problems (physical abuse, family fighting, unwanted

sexual touching or abuse, neglect, losses, PTSD)

YES / NO / UNSURE: Anxiety, worrying, or panic
YES / NO / UNSURE: Depression or mood swings

YES / NO / UNSURE: Sleep problems (lack of sleep, tiredness, nightmares, snoring, or sleep apnea)

YES / NO / UNSURE: Eating problems or disorders, poor eating habits

YES/NO/UNSURE: Any close biological relative with major mental health issues like major

depression, bipolar, or schizophrenia

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