

# ALFI

## THE ADHD LIFESPAN FUNCTIONING INTERVIEW

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Psychology   
Services Limited

# INTRODUCTION

The ADHD Lifespan Functioning Interview (ALFI) is a clinical interview developed to support a diagnostic assessment of ADHD in adults, and includes personal history, ADHD symptoms, school history, occupational history, antisocial behaviour, social functioning and presentation to services.

The ALFI should be used in conjunction with the ALFI Manual, which provides useful guidance on how to obtain and score the relevant information. It also includes descriptions of situations commonly encountered. Although there is some guidance within the ALFI interview itself, the instructions are primarily contained within the ALFI Manual.

A version of ALFI that can be administered at follow-up to assess clinical and functional outcomes is also available (ALFI-2).

DATE OF INTERVIEW	
REFERENCE	
NAME	
DATE OF BIRTH	

**NOTES AND DESCRIPTION OF THE PROBLEM:** *(the reason he/she is attending the clinic, symptoms, how it affects life etc.)*

# PERSONAL HISTORY

## HOME CIRCUMSTANCE

LIVING WITH SPOUSE/PARTNER	0	LIVING WITH FRIENDS	4
LIVING WITH PARENT	1	LIVING IN LODGINGS (INCL.HOUSE SHARE)	5
LIVING ALONE	2	LIVING IN AN INSTITUTION	6
LIVING WITH RELATIVES	3	OTHER	7

## FAMILY DETAILS

TWIN?	YES / NO	ADOPTED?	YES/NO
<b>ORDINAL POSITION</b>			
ONLY CHILD	0	ELDEST CHILD	1
YOUNGEST CHILD	2	MIDDLE CHILD	3

FAMILY	NAME	AGE	HISTORY OF PSYCHOPATHOLOGY	TICK IF LIVING IN SAME HOUSEHOLD
MOTHER				
FATHER				
SIBLING				
SIBLING				
SIBLING				
SPOUSE/PARTNER				
CHILD				
CHILD				
CHILD				
CHILD				

# ADHD CHECKLIST OF SYMPTOMS

In the past 6 months, have you experienced the following problems:-	Never	Sometimes	Often
<b>INATTENTION</b>			
1. Failed to give close attention to details or made careless errors in work or other activities?			
2. Failed to sustain attention in tasks or activities?			
3. Found yourself not listening to what is being said to you?			
4. Failed to follow through on instructions or to finish chores or duties in the workplace (not because of oppositional behaviour or failure to understand instructions)?			
5. Been impaired in organizing tasks and activities?			
6. Avoided or strongly disliked tasks, such as homework, that require sustained mental effort?			
7. Lost things necessary for certain tasks or activities, such as assignments, pencils, books, or tools?			
8. Been easily distracted by external stimuli?			
9. Been forgetful in the course of daily activities?			
<b>Criterion A</b>			<b>Yes/No</b>
<b>HYPERACTIVITY/ IMPULSIVITY</b>			
1. Fidgeted with hands or feet or squirmed on your seat?			
2. Left your seat in situations in which remaining seated is expected?			
3. Ran about or felt restlessness in situations in which it is inappropriate?			
4. Been unduly noisy or had difficulty in engaging quietly in leisure activities?			
5. Exhibited a persistent pattern of excessive motor activity that is not substantially modified by social context or demands?			
6. Blurted out answers before questions have been completed?			
7. Failed to wait in lines or await turns?			
8. Interrupted or intruded on others (e.g. butting into others' conversations)?			
9. Spoken excessively without appropriate response to social constraints?			
<b>Criterion B</b>			<b>Yes/No</b>
<b>SYMPTOM CRITERION MET (i.e. Criteria A and B rated yes)</b>			<b>Yes/No</b>

# SCHOOL HISTORY

HOW DID YOU GET ON AT SCHOOL?

Did you like it there?

CHILDHOOD REPORTS AVAILABLE?

YES/NO

Summary of childhood reports

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**1. SCHOOL TYPE:**

- |   |   |
|---|---|
| State/comprehensive/sec. modern               | 1 |
| Public/private/grammar                        | 2 |
| Special for learning/behavioural difficulties | 3 |

**2. ACADEMIC PROBLEMS: HOW DID YOUR WORK PROGRESS?**

- |   |   |
|---|---|
| No problems                                   | 0 |
| Trivial (weak in some subjects)               | 1 |
| Definite but slight (behind in some subjects) | 2 |
| Definite and marked (needed remedial help)    | 3 |

**3. ATTITUDE PROBLEMS: DID YOUR PARENTS GET COMPLAINTS ABOUT YOUR ATTITUDE?  
DID YOU BREAK THE SCHOOL RULES OR REFUSE TO WORK?**

- |   |   |
|---|---|
| No problems   | 0 |
| Trivial (eg. didn't wear school uniform)                | 1 |
| Definite but slight (eg. worked below ability)          | 2 |
| Definite and marked (eg. refused to work/played truant) | 3 |

**4. BEHAVIOUR PROBLEMS: WERE THERE COMPLAINTS ABOUT YOUR BEHAVIOUR? WERE YOU ANY OF THE FOLLOWING? (Tick each problem)**

- Disruptive in class
- Gets into fights
- Steals or destroys things
- Daydreams
- Withdrawn, won't talk
- Plays clown

Total:

**5. PEER PROBLEMS: HOW DID YOU GET ON WITH THE OTHER PUPILS? DID ANY OF THE FOLLOWING HAPPEN? (Tick each problem)**

- Is bullied or excessively teased
- Is a bully himself
- Is excluded by peers
- Doesn't mix at all
- Is part of a "bad" crowd

Total:

**6. TEACHER PROBLEMS: HOW DID YOU GET ON WITH YOUR TEACHERS? (Tick each problem)**

- Dislikes/deliberately annoys teacher(s)
- Is disliked/victimized by teacher(s)
- Is uncooperative with teacher(s)
- Swears at/threatens teacher(s)

Total:

**7. TRUANCY: HOW OFTEN IN A YEAR WOULD YOU SAY YOU PLAYED TRUANT FROM SCHOOL?**

- |                   |   |
|-------------------|---|
| Never             | 0 |
| Some lessons only | 1 |
| Whole days        | 2 |
| Whole weeks       | 3 |

**8. SCHOOL REFUSAL: DID YOU EVER STAY AT HOME AND REFUSE TO GO TO SCHOOL?**

- |                              |   |
|------------------------------|---|
| Never                        | 0 |
| Days only                    | 1 |
| As long as one week          | 2 |
| Periods longer than one week | 3 |

9. DID YOU EVER HAVE CONTACT WITH THE EDUCATION AUTHORITY BECAUSE OF TRUANCY OR MISSING SCHOOL?

- No 0
- Yes 1

10. HAVE YOU EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? IF SO WHY WAS THAT?

- Never 0
- Suspended once 1
- Suspended more than once 2
- Any expulsion 3

Reason: \_\_\_\_\_

11. HOW OLD WERE YOU WHEN YOU LEFT SCHOOL?

Age in years:

12. WHAT DID YOU DO AFTER YOU LEFT SCHOOL?

- Re-taking GCSE's or other (school or college) 0
- Preparing for A-levels (school or college) 1
- Other full-time education 2
- Vocational training 3
- Apprenticeship 4
- YTS scheme 5
- Job 6
- Unemployed 7

PLEASE LIST ALL ACADEMIC AND PROFESSIONAL QUALIFICATIONS OBTAINED:



DESCRIPTION OF FULL-TIME FURTHER EDUCATION:

HAVE YOU EVER DROPPED OUT OF ANY COURSES?

YES/NO

If yes, what courses and why?

# OCCUPATIONAL HISTORY

## 13. CURRENT JOB:

Unemployed (including housewife)	0
Employed	1
Student	2

## 14. DESCRIPTION OF JOB:

IS IT:	Full time	0
	Part time	1
	Other	2

Are you interested in the job, do you work well? (*Interest/effort*)

Do you want to stay in this job?

If you don't want to stay in the job, why is that? Why do you want to leave?

15. HOW MANY TYPES OF OCCUPATION HAVE YOU HAD?

16. HOW MANY JOBS HAVE YOU HAD SINCE LEAVING SCHOOL?

17. WHAT WAS THE LONGEST PERIOD YOU STAYED IN A JOB? Months:

18. DO YOU HAVE ANY PLANS FOR THE FUTURE?

19. HAVE YOU EVER BEEN UNEMPLOYED? HOW MANY TIMES?   
What is the longest period of unemployment? Months:

**IF UNEMPLOYED NOW:**

20. ARE YOU UNEMPLOYED BECAUSE YOU ARE UNABLE TO WORK FOR SOME REASON?  
(eg. disabled, on invalidity benefit)

- Unemployed (can't get job or not interested) 0
- Disability/invalidity 1
- Children 2
- Institution 3

What do you mostly do with your time? *(At home, outside, constructive/non-constructive activities)*

Are you looking for a job? YES/NO

**21. OCCUPATION OF FAMILY MEMBERS:**

Partner (cohabiting) \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Eldest Sibling \_\_\_\_\_

Sibling \_\_\_\_\_

Sibling \_\_\_\_\_

Sibling \_\_\_\_\_

Sibling \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

# ANTI-SOCIAL BEHAVIOUR

## 22. CRUELTY TO ANIMALS

HAVE YOU EVER BEEN CRUEL TO ANIMALS, TORMENTING THEM OR TRYING TO HURT THEM?

### USUAL SEVERITY:

	None	Minor (no injury)	Marked (some injury)	Severe (serious injury)
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

### USUAL FREQUENCY:

	Not at all	Once or twice	Regular, on average 1 x month	Regular, more than once a month
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

**23. VERBAL AGGRESSION**

HAVE YOU BEEN INVOLVED IN ANY SERIOUS ARGUMENTS WITH PEOPLE?

**USUAL FREQUENCY:**

	None	1-2 isolated episodes	3 or more episodes	At least monthly
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

WITH WHOM DO YOU USUALLY HAVE THESE ARGUEMENTS?

**24. PHYSICAL AGGRESSION**

HAVE YOU BEEN INVOLVED IN ANY FIGHTS OUTSIDE THE HOME? WHAT HAPPENED? HOW BAD WAS IT?

--

**USUAL SEVERITY:**

	No fighting	Defence only	Mild (no injury caused)	Severe (injury caused)
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

**USUAL FREQUENCY:**

	Not at all	Once or twice	Regular, on average 1 x month	Regular, more than once a month
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

HAVE YOU EVER USED A WEAPON IN ANY OF YOUR FIGHTS? WHAT KIND? DO YOU CARRY A WEAPON AROUND TO DEFEND YOURSELF 'JUST IN CASE'?

--

	None	Carries weapon, never used	Only used to threaten	Used weapon in fight
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

**25. VANDALISM**

HAVE YOU EVER VANDALISED ANYTHING OR SET FIRE TO ANYTHING?

**USUAL SEVERITY:**

	No vandalism	Minor (little damage)	Major (serious damage)	Fire setting
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

**USUAL FREQUENCY:**

	Not at all	Once or twice	Regular, on average 1 x month	Regular, more than once a month
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3



**26. THEFT**

HAVE YOU EVER BEEN INVOLVED IN THEFT, INCLUDING SHOPLIFTING, JOY RIDING OR BREAK-INS?

**USUAL SEVERITY:**

	None	Minor (value <£20)	Marked (value of £20 - £100)	Major (value >£100, break-in, joy riding)
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

**USUAL FREQUENCY:**

	Not at all	Once or twice	Regular, on average 1 x month	Regular, more than once a month
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

**27. POLICE INVOLVEMENT**

HAVE YOU EVER BEEN IN TROUBLE WITH THE POLICE?

**USUAL SEVERITY:**

	No involvement	Mild (eg. petty driving offences)	Marked (questioned, cautioned)	Severe (charged)
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

**USUAL FREQUENCY:**

	Not at all	Once or twice	Regular, on average 1 x month	Regular, more than once a month
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

# SUBSTANCE USE

## 28. ALCOHOL

DO YOU DRINK ALCOHOL? DO YOU GET DRUNK? HOW OFTEN? HAVE YOU EVER HAD ANY BAD EXPERIENCES?

HOW MANY UNITS OF ALCOHOL HAVE YOU DRUNK IN THE LAST WEEK?

## 29. ILLICIT SUBSTANCE USE

HAVE YOU EVER USED DRUGS OR INHALED GLUE? WHAT DID YOU USE?  
(Tick each substance used)

CANNABIS ..... COCAINE ..... HEROIN ..... SPEED .....

GLUE ..... LSD ..... ECSTACY ..... OTHER: \_\_\_\_\_


### USUAL SEVERITY:

	None	Mild (no impairment)	Marked (some impairment)	Severe (major impairment)
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

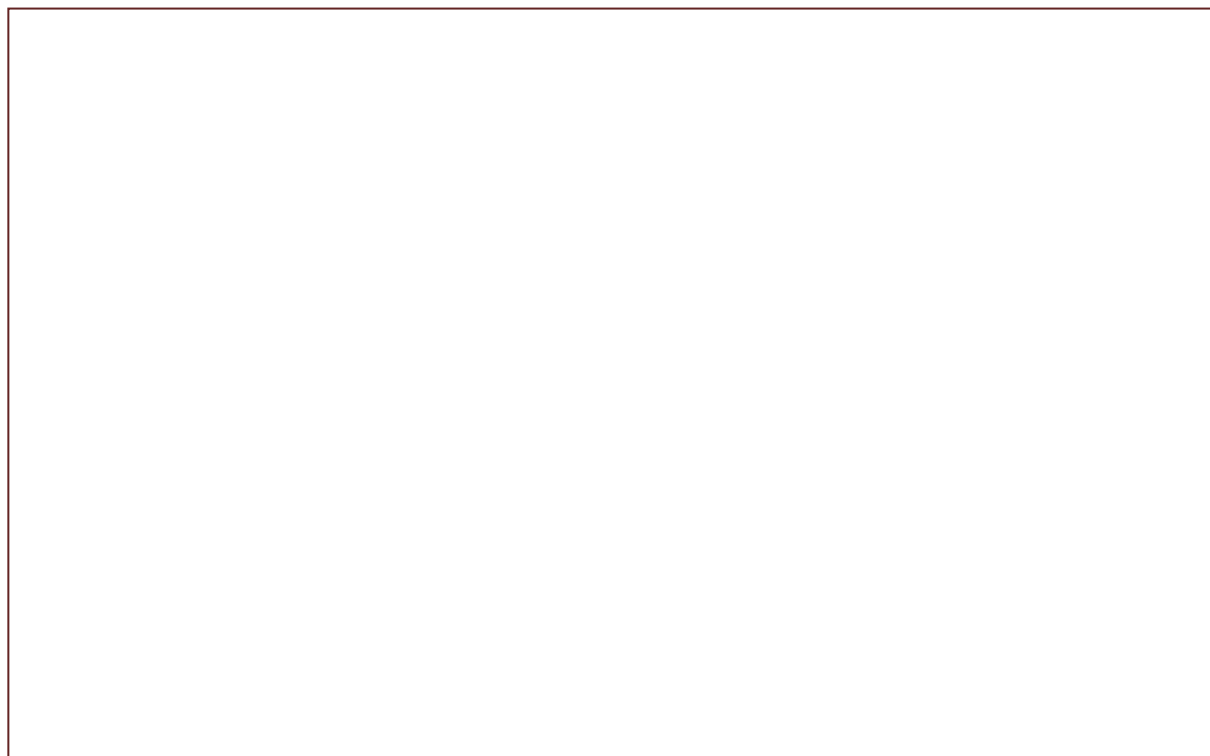
### USUAL FREQUENCY:

	Not at all	Once or twice (gave up)	Intermittent (will try again)	Regular user
<b>Last year</b>	0	1	2	3
<b>Prior 18 years</b>	0	1	2	3
<b>Post 18 years</b>	0	1	2	3

WHEN DID YOU START TO USE DRUGS? WHY? *(Describe the progression of substance use and associated impairment)*



WHY DO YOU STILL TAKE DRUGS? *(Identify maintenance factors)*



# SOCIAL FUNCTIONING

## 30. ACTIVITIES

HOW DO YOU USUALLY SPEND YOUR SPARE TIME?

WHO DO YOU USUALLY SPEND YOUR SPARE TIME WITH?

Alone	0
Family (including cohabiting partners)	1
Friends (including non-cohabiting partners)	2
Acquaintances	3

WHAT IS YOUR FAVOURITE PASTIME?

DO YOU:-

Have any hobbies?

YES/NO

Take part in sport?

YES/NO

Play a musical instrument?

YES/NO

Belong to any clubs?

YES/NO

Attend sports events?

YES/NO

Visit theatres/museums/concerts?

YES/NO

Listen to music?

YES/NO

Other?

YES/NO

Total number of activities:

**31. FRIENDSHIPS**

DO YOU HAVE ANY FRIENDS YOU MEET REGULARLY? WHAT ABOUT IN THE PAST? HAS THIS CHANGED AS YOU HAVE GOT OLDER?

HOW MANY FRIENDS DO YOU HAVE?

DO YOU MAKE FRIENDS EASILY?

YES/NO

DO YOU OFTEN FALL OUT WITH YOUR FRIENDS?

YES/NO

HAVE YOU GOT ANY LONG-STANDING FRIENDS?

YES/NO

WHAT DO YOU USUALLY DO WHEN YOU SEE YOUR FRIENDS?

**32. INTIMATE RELATIONSHIPS**

HOW MANY IMPORTANT RELATIONSHIPS HAVE YOU HAD?

How long did each last?

Why did they break down?

AT WHAT AGE DID YOU BECOME SEXUALLY ACTIVE?

Age in years:

DO YOU CURRENTLY HAVE A PARTNER/SPOUSE?

YES/NO

DO YOU CURRENTLY HAVE A GIRLFRIEND/BOYFRIEND?

YES/NO

ARE YOU SATISFIED WITH YOUR CURRENT RELATIONSHIP?

YES/NO



# PRESENTATION TO SERVICES

## HAVE YOU EVER MADE USE OF THE FOLLOWING SERVICES?

*(For any clinical treatment, make a note of name and address and get a consent form for contact, if appropriate).*

### EXTRA PROFESSIONAL TEACHING IN SCHOOL - *(hours per week, duration in months)*

### PRIVATE EXTRA PROFESSIONAL TEACHING - *(hours per week, duration in months)*

### EDUCATIONAL PSYCHOLOGIST - *(number of contacts)*

### CHILD GUIDANCE CLINIC - *(number of contacts)*

### SOCIAL SERVICES - *(number of contacts, including social worker)*

### GENERAL PRACTITIONER - *(number of contacts)*

### HOSPITAL DOCTOR *(referrals to psychiatric/psychological services - note number of contacts)*

### PRIVATE PRACTITIONER *(Not GP or tertiary referrals - include allergist, acupuncturist, homeopathy etc.)*

# INTERVIEWER PERCEPTION

***(NOT TO BE COMPLETED WITH THE INDIVIDUAL)***

BASED ON THE INTERVIEW, IN PARTICULAR THE SOCIAL FUNCTIONING SECTION, TICK THE FOLLOWING PROBLEMS:-

- Has difficulty making friends/difficulty keeping friends .....
- Chooses not to have friends .....
- As a child mixed with wrong crowd (e.g. antisocial) .....
- Has difficulty in romantic relationships .....
- Has difficulty in sexual relationships .....
- Not interested in anything .....
- Lives in a fantasy world .....
- Obsession(s) .....
- Addiction(s) .....
- Withdrawn .....
- Lacking in confidence .....
- Low self-esteem .....
- Communication problems .....

## **POSSIBLE COMORBIDITY**

- Anxiety .....
- Depression .....
- Intellectual Disability .....
- Autistic Spectrum .....
- Substance misuse .....
- Obsessive-Compulsive .....
- Personality problems .....
- Other: \_\_\_\_\_ .....