ADHD Screening Test

PATIENT INFORMATION

Full Name: _____ **Date of Birth:** _____ dd / mm / yyyy

Date of Assessment: _____ dd / mm / yyyy

MEDICAL HISTORY

Previous diagnosis of ADHD: _____ **Medications currently taken:** _____

Instructions: Please answer the questions below, rating yourself on each of the criteria shown using the scale provided. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months.

PART A: CORE SYMPTOMS (MARK WITH AN X)

1. Trouble wrapping up final details of a project after challenging parts are done?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

2. Difficulty getting things in order for tasks requiring organization?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

3. Problems remembering appointments or obligations?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

4. Avoid or delay starting tasks requiring a lot of thought?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

5. Fidget or squirm with hands/feet when sitting for long periods?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

6. Feel overly active and compelled to do things, like driven by a motor?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

Scoring for Part A

PART B: ADDITIONAL SYMPTOMS (MARK WITH AN X)

7. Make careless mistakes on boring or difficult projects?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

8. Difficulty keeping attention during boring or repetitive work?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

9. Difficulty concentrating on direct conversations?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

10. Misplace or have difficulty finding things at home or work?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

11. Get distracted by activity or noise around you?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

12. Leave your seat in meetings or other situations where expected to remain seated?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

13. Feel restless or fidgety?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

14. Difficulty unwinding and relaxing during personal time?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

15. Talk too much in social situations?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

16. Finish others' sentences during conversations?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

17. Difficulty waiting your turn in turn-taking situations?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

18. Interrupt others when they are busy?

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Very Often

Scoring for Part B

HISTORY

Were any of these symptoms present in childhood?

Description of early-appearing attention or self-control problems

Can you recall any feedback from teachers regarding inattentiveness or disruptive behaviors?

IMPAIRMENTS

Describe any impact on work/school performance due to these symptoms

Describe any social or family conflicts or problems that may be linked to these symptoms

Describe any other significant areas of impairment

Overall Interpretation