



***Adult ADHD Symptom Checklist**

Patient name: *

Over the last 2 weeks, how often have you been bothered by the following problems?

INATTENTIVE SYMPTOMS

Do you make difficulty careless mistakes when working on a boring or difficult project? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you have difficulty keeping your attention when you are doing boring or repetitive work? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you have difficulty concentrating on what people say to you even when they are speaking to you directly? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you have trouble wrapping up the final details of a project, once the challenging parts have been done? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you have difficulty getting things in order when you have to do a task that requires organization? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you avoid or delay getting started on a task that requires a lot of thought? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you misplace or have difficulty finding things at home or at work? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you find yourself being distracted by activity or noise around you? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you have problems remembering appointments or obligations? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

HYPERACTIVITY/IMPUSIVITY SYMPTOMS



Do you fidget or squirm with your hands or feet when you have to sit down for a long time? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you leave your seat in meetings or other situations in which you are expected to remain seated? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you feel restless or fidgety? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you have difficulty unwinding and relaxing when you have time to yourself? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you feel overly active and compelled to do things, like you are (were) driven by a motor? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you find yourself talking too much when you are in social situations? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

When you're in a conversation, do you find yourself finishing the sentences of the people that you are talking to, before they can finish them themselves? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you have difficulty waiting your turn in situations when turn taking is required? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

Do you interrupt others when they are busy? *

<input type="checkbox"/> 0 none	<input type="checkbox"/> 1 mild	<input type="checkbox"/> 2 moderate
<input type="checkbox"/> 3 severe		

PATIENTS SIGNATURE *

Date of assessment *

SYMPTOM SCORES *
