

ADHD Screening Test

Patient Information

Full Name:

Date of Birth:

Date of Assessment:

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)

Questions from Part A	Never	Rarely	Someti mes	Often	Very Often
1. Trouble wrapping up final details of a project after challenging parts are done?					
2. Difficulty getting things in order for tasks requiring organization?					
3. Problems remembering appointments or obligations?					
4. Avoid or delay starting tasks requiring a lot of thought?					
5. Fidget or squirm with hands/feet when sitting for long periods?					
6. Feel overly active and compelled to do things, like driven by a motor?					
Scoring for Part A					

Part B: Additional Symptoms (Mark with an X)

Questions from Part B	Never	Rarely	Someti mes	Often	Very Often
7. Make careless mistakes on boring or difficult projects?					
8. Difficulty keeping attention during boring or repetitive work?					
9. Difficulty concentrating on direct conversations?					
10. Misplace or have difficulty finding things at home or work?					
11. Get distracted by activity or noise around you?					
12. Leave your seat in meetings or other situations where expected to remain seated?					
13. Feel restless or fidgety?					
14. Difficulty unwinding and relaxing during personal time?					
15. Talk too much in social situations?					
16. Finish others' sentences during conversations?					
17. Difficulty waiting your turn in turn-taking situations?					
18. Interrupt others when they are busy?					
Scoring for Part B					

History

1. Were any of these symptoms present in childhood?

2. Description of early-appearing attention or self-control problems:

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

Impairments

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

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

3. Describe any other significant areas of impairment:

Overall Interpretation

References:

- Schweitzer JB, et al. *Med Clin North Am.* 2001;85(3):10-11, 757-777.
- Barkley RA. *Attention Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment.* 2nd ed. 1998.
- Biederman J, et al. *Am J Psychiatry.* 1993;150:1792-1798.
- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.* Washington, DC