

ADHD Worksheet

Name:

Date:

Review each symptom listed, then, rate and encircle the frequency of how often you experience the symptom and how much each symptom interferes with your daily life.

PART I. Symptom/s	How often do you experience this symptom?	How much does it interfere with your daily life?
Difficulty staying on task	<input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Always	<input type="radio"/> Not at all <input type="radio"/> A little bit <input type="radio"/> Moderately <input type="radio"/> Quite a bit <input type="radio"/> Extremely
Problems with organization	<input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Always	<input type="radio"/> Not at all <input type="radio"/> A little bit <input type="radio"/> Moderately <input type="radio"/> Quite a bit <input type="radio"/> Extremely
Hyperactivity or restlessness	<input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Always	<input type="radio"/> Not at all <input type="radio"/> A little bit <input type="radio"/> Moderately <input type="radio"/> Quite a bit <input type="radio"/> Extremely
Impulsivity	<input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Always	<input type="radio"/> Not at all <input type="radio"/> A little bit <input type="radio"/> Moderately <input type="radio"/> Quite a bit <input type="radio"/> Extremely
Difficulty with focus and attention	<input type="radio"/> Rarely <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Always	<input type="radio"/> Not at all <input type="radio"/> A little bit <input type="radio"/> Moderately <input type="radio"/> Quite a bit <input type="radio"/> Extremely

Identify what tends to trigger your symptoms. This could be environmental factors, emotional factors, dietary factors, or other factors. Write down your triggers in the second column.

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PART II. Trigger/s		What tends to trigger your symptoms?
Environmental factors		
Emotional factors		
Dietary factors		
Other factors		
<p>List strategies that have helped you manage your symptoms in the past. This could include environmental modifications, self-care activities, time-management techniques, medication, therapy, or other strategies. Write down your coping strategies in the second column.</p>		
Part III. Coping Strategy/ies		What strategies help you manage your symptoms?
Environmental modifications		
Self-care activities		
Time-management techniques		
Medication and therapy		
Other strategies		