

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Check the box that best describes your behavior over the past six months.

### Inattention

| Not at All | Just a Little | Often | Very Often |
|------------|---------------|-------|------------|
|------------|---------------|-------|------------|

|    |   |                          |                          |                          |                          |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | has difficulty sustaining attention in tasks  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | does not seem to listen when spoken to directly   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | has difficulty organizing tasks and activities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | loses things necessary for tasks or activities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | is easily distracted by extraneous stimuli  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | is forgetful in daily activities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Hyperactivity

|     |   |                          |                          |                          |                                     |
|-----|---|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 10. | idgets with hands or feet or squirms in seat                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 11. | leaves seat in situations in which staying seated is expected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12. | Feels restless  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 13. | has difficulty engaging in leisure activities quietly         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 14. | is "on the go" or often acts as if "driven by a motor"        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| 15. | talks excessively   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### Impulsivity

|     |  |                          |                          |                          |                          |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 16. | blurts out answers before questions have been completed                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | has difficulty waiting one's turn  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | interrupts or intrudes on others (e.g., butts into conversations or games) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Approximately when did you first notice the behaviors that occur often or very often? \_\_\_\_\_

Do these symptoms impair you in two or more settings? (Yes, No, DK) \_\_\_\_\_

Where is their impairment? Home? School? Work? (list all) \_\_\_\_\_