ADHD SCREENING CHECKLIST

NAME: _____

This checklist asks about lifelong behaviors. Answer "Yes" only if the particular trait or behavior has consistently affected your functioning for as long as you can remember. If you have a tendency to say "sometimes," say "no" instead.

		YES	NO
1.	For your entire life, have you consistently had trouble paying attention to details or made careless errors in your work? (1a)	\bigcirc	\bigcirc
2.	Have you had a lifelong difficulty concentrating on tasks which you find boring or uninteresting to you? (1b)	\bigcirc	0
3.	Do you often daydream or not seem to listen when people speak to you directly? (1c)	\bigcirc	0
4.	For your entire life, have you consistently had difficulty finishing projects you've started? (Do you have a lot of half-finished projects around the home or office?) (1d)	\bigcirc	0
5.	Do you have difficulty organizing your work or become disorganized if not strictly following a plan or list? (1e)	\bigcirc	\bigcirc
6.	Do you proscrastinate or put off undesirable tasks until the last possible moment? (1f)	\bigcirc	\bigcirc
7.	Have you always had a tendency to lose things necessary to accomplish your daily activities (For example, do you spend time almost every day searching for keys, tools, checkbook, etc?) (1g)	\bigcirc	\bigcirc
8.	Have you always been easily distracted by unimportant sounds and events around you? (1h)	\bigcirc	\bigcirc
9.	Have you always been forgetful (ex: forget names, assignments, etc)? (1i)	\bigcirc	\bigcirc
10.	Have you always had difficulty sitting still or fidgetted excessively (even though you can now consciously control it)? (2a)	\bigcirc	\bigcirc
11.	Have you always had difficulty staying seated? (e.g. Do you have difficulty sitting through class, movie, or church service?) (2b)	\bigcirc	\bigcirc
12.	For as long as you can remember, have you been restless (e.g. unconsciously patted your foot, not been able to get comfortable sitting in a chair or lying in bed)? (2c)	\bigcirc	0
13.	For your entire life, have you had significant difficulty relaxing or slowing down enough to do leisure activities quietly? (2d)	\bigcirc	\bigcirc
14.	Have you always been described as "high energy" or "always on the go"? (2e)	\bigcirc	0
15.	Do you find that you talk too excessively and/or often lose track of what you're saying in conversations? (2f)	\bigcirc	0
16.	For your entire life, have you had a pattern of blurting out the answer before the questions have been completed? (2g)	\bigcirc	0
17.	Have you always been impatient or had difficulty waiting your turn in group situations (e.g. waiting in line at the grocery store or driving in traffic)? (2h)	\bigcirc	0

18.	Do you frequently interrupt or intrude on others (e.g. butt into conversations, games, etc.)? (2i)	\bigcirc	\bigcirc
19.	Have you always been very sensitive (significantly more sensitive than other people you know) to rejection, teasing, criticism, and frustration?	0	\bigcirc
20.	Do you have a hot temper for which you have no warning?	0	0
21.	Do you have stand-up comedy tendencies or a "wacky/zany" sense of humor?	0	\bigcirc
22.	Do you find that you fall asleep when you sit still or suddenly get drowsy when boring tasks are prolonged?	0	0
23.	For as long as you can remember, have you had a great deal of difficulty waking up and being fully alert in the morning?	0	\bigcirc
24.	Have you been told that you move about excessively during sleep?	\bigcirc	\bigcirc
25.	For your entire life, have you consistently had trouble "turning off your mind" so you could fall asleep?	0	\bigcirc
26.	Do you "Hyperfocus"? That is, do you have periods of activity during which you are so engrossed or involved in what you are doing that you are undistractable by people or events around you and lose track of the passage of time?	0	0
	If Yes, in what sort of activities do you Hyperfocus? reading artistic activities computer/internet gardening other: 		