

ADHD SCREENING CHECKLIST

NAME: _____

This checklist inquires about lifelong behaviors. Answer "Yes" only if the particular trait or behavior has consistently impaired your functioning as long as you can remember. If you have the 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)	_____	_____
2. Have you had a lifelong difficulty concentrating on tasks which you find boring or uninteresting to you? (1b)	_____	_____
3. Do you often daydream or not seem to listen when people speak to you directly? (1c)	_____	_____
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)	_____	_____
5. Do you have difficulty organizing your work or become disorganized if not strictly following a plan or list? (1e)	_____	_____
6. Do you procrastinate or put off undesirable tasks until the last possible moment? (1f)	_____	_____
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)	_____	_____
8. Have you always been easily distracted by unimportant sounds and events around you? (1h)	_____	_____
9. Have you always been forgetful (ex: forget names, assignments, etc.)? (1i)	_____	_____
10. Have you always had difficulty sitting still or fidgeted excessively (even though you can now consciously control it)? (2a)	_____	_____
11. Have you always had difficulty staying seated? (e.g. Do you have difficulty sitting through a class, movie or church service?) (2b)	_____	_____
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)	_____	_____

{OVER}

- 13. For your entire life have you had significant difficulty relaxing or slowing down enough to do leisure activities quietly? (2d) _____
- 14. Have you always been described as “high energy” or “always on the go”? (2e) _____
- 15. Do you find that you talk excessively and/or often lose track of what you're saying in conversations? (2f) _____
- 16. For your entire life have you had a pattern of blurting out the answer before the questions have been completed? (2g) _____
- 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) _____
- 18. Do you frequently interrupt or intrude on others (e.g., butt into conversations, games, etc.)? (2i) _____
- 19. Have you always been very sensitive (significantly more sensitive than other other people you know) to rejection, teasing, criticism, and frustration? _____
- 20. Do you have a hot temper for which you have no warning? _____
- 21. Do you have stand-up comedy tendencies or a “wacky/zany” sense of humor? _____
- 22. Do you find that you fall asleep when you sit still or suddenly get drowsy when boring tasks are prolonged? _____
- 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? _____
- 24. Have you been told that you move about excessively during sleep? _____
- 25. For your entire life have you consistently had trouble "turning off your mind" so you could fall asleep? _____
- 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? _____

If Yes, in what sort of activities do you Hyperfocus?

- _____ reading
- _____ computer/Internet
- _____ gardening
- _____ artistic activities
- _____ games, sports
- _____ other; _____

Mood Questionnaire

INSTRUCTIONS: Please answer each question as best you can.

YES NO

1. Has there ever been a period of time when you were not your usual self and...

... you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?

YES NO

... you were so irritable that you shouted at people or started fights or arguments?

YES NO

... you felt much more self-confident than usual?

YES NO

... you got much less sleep than usual and found that you didn't really miss it?

YES NO

... you were more talkative or spoke much faster than usual?

YES NO

... thoughts raced through your head or you couldn't slow your mind down?

YES NO

... you were so easily distracted by things around you that you had trouble concentrating or staying on track?

YES NO

... you had much more energy than usual?

YES NO

... you were much more active or did many more things than usual?

YES NO

... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?

YES NO

... you were much more interested in sex than usual?

YES NO

... you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?

YES NO

... spending money got you or your family in trouble?

YES NO

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?

YES NO

3. How much of a problem did any of these cause you - like being able to work; having family, money or legal troubles; getting into arguments or fights?

No problem Minor problem Moderate problem Serious problem

ZUNG SELF-RATED ANXIETY SCALE From Zung, W.W.K. "Assessment of anxiety disorders" In Fann W. et al., Phenomenology and treatment of anxiety. Spectrum, N.Y. 1979.DATE: DD MM YYYY

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Listed below are 20 statements. Please read each one carefully and decide how much of the statement describes how you have been feeling during the past week. Circle the appropriate number for each statement.

STATEMENT	None or a little of the time	Some of the time	A good part of the time	Most or all of the time
1. I feel more nervous and anxious than usual.	1	2	3	4
2. I feel afraid for no reason at all.	1	2	3	4
3. I get upset easily or feel panicky.	1	2	3	4
4. I feel like I'm falling apart and going to pieces.	1	2	3	4
5. I feel that everything is all right and nothing bad will happen.	1	2	3	4
6. My arms and legs shake and tremble.	1	2	3	4
7. I am bothered by headaches, neck and back pains.	1	2	3	4
8. I feel weak and get tired easily.	1	2	3	4
9. I feel calm and can sit still easily.	1	2	3	4
10. I can feel my heart beating fast.	1	2	3	4
11. I am bothered by dizzy spells.	1	2	3	4
12. I have fainting spells or feel like it.	1	2	3	4
13. I can breathe in and out easily.	1	2	3	4
14. I get feelings of numbness and tingling in my fingers, toes.	1	2	3	4
15. I am bothered by stomach aches or indigestion.	1	2	3	4
16. I have to empty my bladder often.	1	2	3	4
17. My hands are usually warm and dry.	1	2	3	4
18. My face gets hot and blushes.	1	2	3	4
19. I fall asleep easily and get a good night's rest.	1	2	3	4
20. I have nightmares.	1	2	3	4