Dana Season, Psy.D. Licensed Clinical Psychologist: PSY 23196

ADHD QUESTIONNAIRE

NAME:					
Date:					
Please rate yourself 'Self' or list yourself as 'Other' if you are evaluating someone such as your child or spouse on each of the symptoms listed below, using the following scale.					
0	1	2	3	4	N/A
Never	Rarely	Occasionally	Frequently	Very Frequently	Not Applicable
Self / Other ((other is:)	
Is ea	sily distracte	d			
Has	difficulty sus	taining attenti	on for most	tasks in play, so	chool, or work
Has	trouble when	listening othe	ers are talkin	g	
Has	difficulty fol	lowing through	h (procrastin	ation) on tasks	or instructions
Has	difficulty kee	eping an organ	ized area (ro	oom, desk, back	epack/bag, etc.)
		` -		rried, tasks take inute' or tuned i	•
Has	a tendency to	lose things			
Mak	es careless m	nistakes / poor	attention to	detail	
Is for	rgetful				
Dayo	dreams exces	sively			

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 Is restless or hyperactive
 Has trouble sitting still
 Is fidgety, in constant motion (hands, feet, body)
 Is noisy, has a hard time being quiet
 Acts as if 'driven by a motor'
 Talks excessively
 Is impulsive (doesn't think through comments or actions before they are said or done)
 Has difficulty waiting his or her turn
 Interrupts or intrudes on others (e.g. butts in to conversations or games)