

WEST SIDE PEDIATRICS

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ADHD Self-Assessment

Patient's Name: _____ Date of Birth: _____

Patient's Physician: _____ Today's Date: _____

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

Is this evaluation based on a time you ____ were on medication OR ____ were not on medication?

	Never or Rarely	Sometimes	Often	Very Often
1. I fail to give close attention to details or make careless mistakes in schoolwork, work, or during other activities (i.e., overlooks or misses details, work is inaccurate).	0	1	2	3
2. I have difficulty sustaining attention in tasks or play activities (i.e., has difficulty remaining focused during lectures; conversations, or lengthy reading).	0	1	2	3
3. I do not seem to listen when spoken to directly (i.e., mind seems elsewhere, even in the absence of any obvious distraction).	0	1	2	3
4. do not follow through on instructions and fail to finish schoolwork, chores, or duties in the workplace (i.e., starts tasks but quickly loses focus and is easily sidetracked).	0	1	2	3
5. I have difficulty organizing tasks and activities (i.e., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized with work; has poor time management; fails to meet deadlines).	0	1	2	3
6. I avoid dislikes, or is reluctant to engage in tasks that require sustained mental effort (i.e., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	0	1	2	3
7. I lose things necessary for tasks or activities (i.e., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).	0	1	2	3
8. I am easily distracted. (i.e., distracted by events around me such as noise; conversations, TV, radio).	0	1	2	3
9. I am forgetful in daily activities (i.e., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).	0	1	2	3

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10. I fidget with or tap my hands or feet or squirm in my seat.	0	1	2	3
11. I leave my seat in situations when remaining seated is expected (i.e., leave your place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	0	1	2	3
12. I run about or climb in situations in which it is inappropriate (NOTE: in adolescents or adults, may be limited to feelings restless).	0	1	2	3
13. I am unable to play or engage in leisure activities quietly.	0	1	2	3
14. I am always "on the go," acting as if "driven by a motor" (i.e., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).	0	1	2	3
15. I talk excessively.	0	1	2	3
16. I blurt out an answer before a question has been completed (i.e., completes people's sentences; cannot wait for turn in conversation).	0	1	2	3
17. I have difficulty waiting my turn (i.e., while waiting in line).	0	1	2	3
18. I interrupt or intrude on others (i.e., hard to wait for my turn in conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).	0	1	2	3