

Glenn E. Cahn, PhD PLLC
3205 Randall Parkway, #117
Wilmington, NC 28403
910 332 4134
www.ILMpsychtesting.com

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** **NA**
Never Rarely Occasionally Frequently Very Frequently NA (not applicable
or not known

Self _____ Other (other is: _____)

- 1) _____ _____ Is easily distracted.
- 2) _____ _____ Has difficulty sustaining attention for most tasks in play, school, or work
- 3) _____ _____ Has trouble when listening others are talking.
- 4) _____ _____ Has difficulty following through (procrastination) on tasks or instructions.
- 5) _____ _____ Has difficulty keeping an organized are (room, desk, book bag, filing cabinet, etc.)
- 6) _____ _____ Has trouble with time e.g. is frequently late, hurried, tasks take longer than expected, projects or homework are 'last minute' or tuned in late
- 7) _____ _____ Has a tendency to lose things.
- 8) _____ _____ Makes careless mistakes, poor attention to detail.
- 9) _____ _____ Is forgetful.
- 10) _____ _____ Daydreams excessively.
- 11) _____ _____ Is restless or hyperactive.
- 12) _____ _____ Has trouble sitting still.
- 13) _____ _____ Is fidgety, in constant motion (hands, feet, body)
- 14) _____ _____ Is noisy, has a hard time being quiet
- 15) _____ _____ Acts as if 'driven by a motor.'
- 16) _____ _____ Talks excessively
- 17) _____ _____ Is impulsive (doesn't think through comments or actions before they are said or done)
- 18) _____ _____ Has difficulty waiting his or her turn
- 19) _____ _____ Interrupts or intrudes on others (e.g. butts in to conversations or games)

