

ADHD Questionnaire

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. Please think of your child's behaviors as well as include input from the child/adolescent when completing the form:

Symptoms	Never	Occasionally	Often	Very Often
1. Does not give close attention to details or make careless mistakes in school, work or other activities				
2. Has difficulty sustaining attention in tasks or play activities (other than video games)				
3. Does not seem to listen when spoken to directly				
4. Does not follow through on instructions and fails to finish school work, chores or duties (not due to oppositional behavior or failure to understand directions)				
5. Has difficulty organizing tasks and activities				
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as school work or homework)				
7. Loses things necessary for tasks or activities, such as toys, assignments, books or tools				
8. Is often easily distracted				
9. Is often forgetful in daily activities				
10. Fidgets with hands or feet or squirms in seat				
11. Leaves seat in classroom or in other situations in which remaining in seat is expected				
12. Runs about or climbs excessively in situations in which it is inappropriate (adolescents or adults may have feelings of restlessness)				
13. Has difficulty playing or engaging in leisure activities quietly (other than video games)				
14. Is often "on the go" or often acts as if "driven by a motor"				
15. Talks excessively				
16. Blurts out answers before questions are completed				
17. Has difficulty waiting turn				
18. Interrupts or intrudes on others, such as butting into conversations or games				

NAME: _____

DATE: _____