**ADHD**

Inattention

* + Do you have difficulty giving attention to close details or make careless mistakes in school work, at work, or during other activities?
  + Do you have difficulty sustaining attention in tasks or play activities?
  + Do you have trouble listening when being spoken to directly?
  + Are you easily sidetracked after beginning tasks?
  + Do you have difficulty organizing tasks and activities?
  + Are you reluctant to engage in tasks that require sustained mental effort?
  + Do you often lose things necessary for tasks or activities?
  + Are you often forgetful in daily activities?

Hyperactivity and Impulsivity

* + Do you often fidget with or tap hands or feet or squirm while sitting?
  + Do you often leave your seat in situations when you are expected to remain seated?
  + Do you have feelings of restlessness?
  + Do you find it difficult to quietly engage in leisurely activities?
  + Do you find discomfort in remaining still for an extended period of time?
  + Do you tend to blurt out an answer before a question has been completed?
  + Do you have difficulty waiting your turn (e.g., while waiting in line)?
  + Do you tend to interrupt or intrude on others?

**PTSD**

* Have you directly experienced threatened death, serious injury, or sexual violence?
* Have you witnessed, in person, the above event(s) as it occurred to others?

If yes answered to either of the above questions:

Have you learned that the traumatic event(s) occurred to a close family member or close friend?

* Have you been experiencing repeated or extreme exposure to details of the traumatic event(s)?
* Have you been experiencing recurrent, involuntary, and intrusive distressing memories of the traumatic event(s)?
* Have you had recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event(s)?
* Have you experienced flashbacks that felt as if the traumatic event(s) were recurring?
* Do you experience prolonged periods of distress when exposed to things that remind you of the traumatic event(s)?
* Do you avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)?
* Are you unable to remember an important aspect of the traumatic event(s)?
* Do you feel that you or others are to blame for the traumatic event(s)?
* Have you lost interest or participated less in significant activities?
* Do you feel detached or estranged from others?
* Have you been unable to experience positive emotions?
* Do you find it difficult to concentrate?
* Are you having trouble falling or staying asleep?

**Major Depressive Disorder**

* Do you feel sad, empty, or hopeless for most of the day on a near-daily basis?
* Have you lost interest or pleasure in all, or almost all, activities most of the day, nearly every day?
* Are you unable to sleep nearly every day?
* Do you experience excessive sleepiness during the day nearly every day?
* Do you experience fatigue or loss of energy nearly every day?
* Do you have feelings of worthlessness or guilt nearly every day?
* Do you find it difficult to think or concentrate nearly every day?
* Do you have recurrent thoughts of death or committing suicide?