

Attention-Deficit/Hyperactivity Disorder Screen

[THIS MODULE IS A SCREENING TOOL. TO ESTABLISH A DEFINITIVE DIAGNOSIS, THE COLLECTED INFORMATION SHOULD BE SUPPLEMENTED WITH COLLATERAL INFORMATION, SCHOOL RECORDS, AND ASSESSMENT OF FUNCTIONING.]

- | | | | |
|---|---|---|--------------|
| 1. Throughout your life, have you had consistent difficulty with attention, organization, hyperactivity, or impulsivity that has interfered with your day-to-day functioning? | A
<input checked="" type="checkbox"/> | S
<input checked="" type="checkbox"/> | P
 |
|---|---|---|--------------|

[INATTENTION:]

2. Over the past six months, have you frequently:

- ☐ **Made careless mistakes or failed to pay close attention when completing tasks and activities?**
Do you often overlook or miss small details or make small mistakes?
- ☐ **Had trouble keeping your attention focused on the task you're doing?**
Does your mind always wander during tasks, meetings, conversations? Are you able to stay focused when reading or watching TV?
- ☐ **Noticed that you were not listening or paying attention when someone was speaking to you directly?**
- ☐ **Failed to follow through or finish tasks or other duties?**
Do you often start tasks, but quickly lose focus? Do you usually get side-tracked easily when trying to complete something?
- ☐ **Had trouble getting or staying organized?**
Do you tend to be messy or have trouble organizing your home or workspace?
Do you often struggle with time-management or missing deadlines?
- ☐ **Disliked or felt reluctant to engage in tasks that require you to stay focused for a period of time (e.g., preparing reports, completing forms)?**
- ☐ **Lost things that you need, such as your keys, wallet, glasses, or phone?**
- ☐ **Been sidetracked by unimportant distractions or thoughts that are unrelated to your current task or activity?**
Do you frequently browse online while trying to complete a work task? Do you notice things happening out the window when you're trying to do something else?
- ☐ **Been forgetful in your day-to-day activities?**
Do you often forget something while running errands? Do you typically forget to return calls and messages? Do you often forget to pay bills or keep appointments?

[AT LEAST FIVE #2 ITEMS ARE CHECKED]

A **P**

[NOTES:]

[HYPERACTIVITY AND IMPULSIVITY:]

3. Over the past six months, have you frequently:

☐ **Had trouble being still?**

Do you often fidget, tap, or move your hands and feet?

☐ **Left your seat in situations where you were expected to remain seated?**

Do you often leave your desk or seat at work unnecessarily? Do you have trouble staying seated during meetings, when travelling?

☐ **Felt restless?**☐ **Been unable to engage in leisure activities quietly?**☐ **Felt like you are always “on the go” or “driven by a motor”?**

Do you feel uncomfortable being still for extended periods of time such as in restaurants, at work, when watching TV, or standing in line? Have others often noticed that you are restless or say that you are difficult to keep up with?

☐ **Talked excessively?**☐ **Had trouble taking turns in conversations?**

Do you often finish others' sentences or butt into others' conversations? Do you usually have trouble waiting for others to answer your questions or blurt out answers before questions have been asked completely?

☐ **Had difficulty waiting (e.g., waiting in line, waiting rooms, traffic)?**☐ **Interrupted or intruded on others?**

Do you tend to interrupt conversations or change the topic abruptly? Do you often take over what others are doing or use their belongings without permission?

[AT LEAST FIVE #3 ITEMS ARE CHECKED]

A**P**

[#2 AND/OR #3 IS CODED P]

A**P**☒

[NOTES:]

4. [DIFFICULTIES WERE PRESENT PRIOR TO AGE 12. IF NOT KNOWN, ASK:]

A**P**

How old were you when these difficulties began? Were many of these difficulties noticeable before age 12? In what ways did these difficulties interfere in your life before age 12? How do you know that they were problematic (e.g., letters home from teachers, reports from coaches, parent(s)/guardians noticed)?

☒

5. [SEVERAL SYMPTOMS ARE PRESENT IN TWO OR MORE SETTINGS. IF NOT KNOWN, ASK:] **A** **P**
 In what settings have you noticed these difficulties over the past six months? ☒
☐ Home
☐ Work
☐ With friends or relatives
☐ Other areas: _____

6. [CLINICALLY SIGNIFICANT IMPAIRMENT IS PRESENT. IF NOT KNOWN, ASK:] **A** **S** **P**
 Have the symptoms interfered with your ability to carry out daily activities? In what ways have they interfered? Have they made it hard for you to work, socialize, go to school, or take care of things at home? ☒ ☒

[NOTES:]

7. [SYMPTOMS DO NOT OCCUR EXCLUSIVELY DURING THE COURSE OF SCHIZOPHRENIA OR ANOTHER PSYCHOTIC DISORDER AND ARE NOT BETTER ACCOUNTED FOR BY ANOTHER MENTAL DISORDER] **A** **P**
☒
8. [BEHAVIOURAL OBSERVATIONS AND COLLATERAL INFORMATION CONFIRM THE PRESENCE OF THE DIAGNOSIS] **A** **P**
☒

IMPRESSION: **A** **S** **P**
 PROBABLE ATTENTION-DEFICIT/HYPERACTIVITY DISORDER ☒

[SPECIFY:]

ITEM #2 (INATTENTIVE) IS CODED P AND ITEM #3 (HYPERACTIVE/IMPULSIVE) IS CODED A **PREDOMINANTLY INATTENTIVE PRESENTATION** ☐

ITEM #3 (HYPERACTIVE/IMPULSIVE) IS CODED P AND ITEM #2 (INATTENTIVE) IS CODED A **PREDOMINANTLY HYPERACTIVE/IMPULSIVE PRESENTATION** ☐

ITEMS #2 (INATTENTIVE) AND #3 (HYPERACTIVE/IMPULSIVE) ARE CODED P **COMBINED PRESENTATION** ☐

[SPECIFY:]

ADHD DIAGNOSIS WAS PREVIOUSLY PRESENT, BUT NOT ALL REQUIRED SYMPTOMS HAVE BEEN PRESENT IN THE PAST 6 MONTHS. CURRENT SYMPTOMS STILL RESULT IN IMPAIRMENT IN SOCIAL, OCCUPATIONAL, OR OTHER FUNCTIONING. **IN PARTIAL REMISSION** ☐

[SPECIFY:]

NO, OR FEW, SYMPTOMS IN EXCESS OF THOSE REQUIRED TO MAKE THE DIAGNOSIS
ARE PRESENT, AND THERE IS ONLY MINOR IMPAIRMENT IN FUNCTIONING

MILD ☐

SYMPTOMS AND IMPAIRMENT BETWEEN “MILD” AND “SEVERE” ARE PRESENT

MODERATE ☐

MANY SYMPTOMS IN EXCESS OF THOSE REQUIRED TO MAKE THE DIAGNOSIS ARE
PRESENT, PARTICULARLY SEVERE SYMPTOMS ARE PRESENT, OR THERE IS MARKED
IMPAIRMENT IN FUNCTIONING

SEVERE ☐

[SPECIFY:]

PANIC ATTACKS ARE PRESENT IN THE CONTEXT OF THIS DISORDER

WITH PANIC ☐

[NOTE: TO ASSESS SYMPTOMS OF A PANIC ATTACK,

ATTACKS

SEE PANIC ATTACK SPECIFIER AND PANIC DISORDER MODULE]

9. [IF NOT KNOWN, ASK:] How old were you when these symptoms first began? _____
10. [IF NOT KNOWN, ASK:] How old were you when these symptoms began to be a problem for you? _____
11. **On a scale from 0 to 10, 0 meaning not at all and 10 meaning extremely, how much are you bothered by your symptoms?** _____