

ADHD Screening Questionnaire and Scoring Tool

This document is designed to assist clinicians in screening for ADHD symptoms using a structured, option-based approach. The questions are grouped into two domains: Inattention and Hyperactivity/Impulsivity. An additional section assesses symptom duration, pervasiveness, and impact on functioning. Please note that this tool is for screening purposes only; a comprehensive diagnostic evaluation is necessary before making any clinical conclusions.

Instructions for Administration

1. For each symptom question (Items 1–16):

Ask the patient to select the response that best describes how often they experience the symptom using the following scale:

- ☐ **0 = Never**
- ☐ **1 = Rarely**
- ☐ **2 = Sometimes**
- ☐ **3 = Often**

2. For the contextual questions (Items 17–19):

Ask the patient to respond “Yes” (score 1) or “No” (score 0) to indicate whether:

- ☐ The symptoms have been present for at least 6 months.
 - ☐ The symptoms occur in multiple settings.
 - ☐ The symptoms interfere with daily functioning.
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Questionnaire

A. Inattention Domain (Items 1–9)

1. Attention to Detail:

"How often do you make careless mistakes (e.g., overlooking details) in your work or daily activities?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

2. Sustaining Attention:

"How often do you have difficulty maintaining focus during meetings, lectures, or conversations?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

3. Listening Skills:

"How often do you find that your mind wanders when someone is speaking to you directly?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

4. Following Through on Tasks:

"How often do you start tasks or projects but have trouble finishing them?"

- 0. Never

- 3. Rarely
- 4. Sometimes
- 5. Often

5. **Organization:**

"How often do you struggle with organizing tasks or keeping track of your belongings (e.g., paperwork, keys, appointments)?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

6. **Task Avoidance:**

"How often do you avoid or feel reluctant to engage in tasks that require sustained mental effort (e.g., reading lengthy documents or completing forms)?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

7. **Losing Items:**

"How often do you lose items that are necessary for your daily tasks (e.g., mobile phone, keys)?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

8. **Distraction:**

"How often are you distracted by extraneous stimuli or unrelated thoughts during

activities?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

9. Forgetfulness:

"How often do you forget to complete daily activities, such as running errands or keeping appointments?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

B. Hyperactivity/Impulsivity Domain (Items 10–16)

10. Fidgeting:

"How often do you fidget, tap your hands or feet, or feel the need to squirm in your seat?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

11. Leaving Seat:

"How often do you feel the need to leave your seat in situations where you're expected to remain seated (e.g., during meetings)?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

12. Restlessness:

"How often do you feel restless or as if you're driven by a motor, even when it's expected to be calm?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

13. Excessive Talking:

"How often do you find yourself talking excessively, even in situations where quiet is expected?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

14. Impulsive Speech:

"How often do you blurt out an answer before a question has been completed or interrupt others during conversation?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

15. Difficulty Waiting:

"How often do you find it challenging to wait your turn, such as while in line or during group activities?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

16. Intruding on Others:

"How often do you interrupt or intrude on others' conversations or activities without being invited?"

- 0. Never
- 3. Rarely
- 4. Sometimes
- 5. Often

C. Contextual Items

17. Symptom Duration:

"Have you experienced these difficulties for at least the past 6 months?"

- 0. No
- 1. Yes

18. Multiple Settings:

"Do these symptoms occur in more than one setting (e.g., at home, work, or in social situations)?"

- 0. No
- 1. Yes

19. Impact on Functioning:

"Do these symptoms interfere with your daily functioning (social, academic, or occupational)?"

- 0. No
 - 1. Yes
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Scoring Methodology

1. Scoring the Symptom Items (1–16)

- **Assign the Numeric Value:**

Each symptom item is scored on a scale from 0 (Never) to 3 (Often).

- **Determine the Threshold for Each Domain:**

Inattention Domain (Items 1–9):

- **Total Possible Raw Score:** 0 to 27
- **Screening Threshold:**
 - **For Children (age <17):** A positive screen may be considered if **six or more items** are rated as “Sometimes” (2) or “Often” (3).
 - **For Older Adolescents/Adults (age ≥17):** A positive screen may be considered if **five or more items** are rated as “Sometimes” (2) or “Often” (3).

- **Hyperactivity/Impulsivity Domain (Items 10–16):**

- **Total Possible Raw Score:** 0 to 21
- **Screening Threshold:**
 - **For Children (age <17):** A positive screen may be considered if **six or more items** are rated as “Sometimes” (2) or “Often” (3).
 - **For Older Adolescents/Adults (age ≥17):** A positive screen may be considered if **five or more items** are rated as “Sometimes” (2) or “Often” (3).

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2. Evaluating the Contextual Items (17–19)

- **Each Contextual Question:**
 - Score “Yes” as 1 and “No” as 0.
 - A “Yes” response indicates that the symptom criteria are met in terms of chronicity (duration), pervasiveness (multiple settings), and functional impairment.

3. Overall Interpretation

- **Combined Presentation:**
 - If both the inattention and hyperactivity/impulsivity domains meet the threshold (e.g., six or more items for children, five or more items for adults), then the patient may be considered for a combined presentation of ADHD.
- **Predominantly Inattentive or Hyperactive/Impulsive Presentation:**
 - If only one of the domains meets the threshold, the patient may be classified under the corresponding presentation.
- **Confirmatory Criteria:**
 - The patient must also answer “Yes” to all the contextual items (Questions 17, 18, and 19) to support that the symptoms are persistent (at least 6 months), occur in multiple settings, and cause impairment in functioning.

4. Example Calculation

Example for an Adult Patient:

- **Inattention Domain (Items 1–9):**

Suppose the patient rates items 1, 2, 4, 5, and 7 as “Sometimes” or “Often” (i.e., scores of 2 or 3).

 - **Count:** 5 items meet the threshold (meets criteria for adults if the cutoff is five).

- **Hyperactivity/Impulsivity Domain (Items 10–16):**
Suppose the patient rates items 10, 12, 13, 14, and 15 as “Sometimes” or “Often.”
 - **Count:** 5 items meet the threshold (meets criteria for adults).
- **Contextual Items (17–19):**
If the patient answers “Yes” (score 1) to all three questions, it supports the chronic, pervasive, and impairing nature of the symptoms.

Overall Outcome:

With both domains meeting the threshold and contextual criteria affirmed, the screening indicates a positive result for ADHD with a combined presentation, warranting further comprehensive evaluation.

1. Rate Each Symptom (Items 1–16)

- Each item is rated 0–3:
 - 0 = Never
 - 1 = Rarely
 - 2 = Sometimes
 - 3 = Often

2. Count “Clinically Significant” Responses

We consider any response ≥ 2 (“Sometimes” or “Often”) as a positive symptom.

Domain	Item Numbers	Total Items	Child Threshold (< 17 yrs)	Adult Threshold (≥ 17 yrs)
Inattention	1 – 9	9	≥ 6 positive responses	≥ 5 positive responses

Hyperactivity/Impulsivity	10 – 16	7	≥ 6 positive responses	≥ 5 positive responses
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How to count:

1. Go through each domain's items.
2. Tally how many you scored as 2 or 3.
3. Compare to the age-appropriate threshold above.

3. Check Contextual Criteria (Items 17–19)

Each “Yes” answer = 1 point; “No” = 0 points.

1. **Duration ≥ 6 months?**
 2. **Present in ≥ 2 settings?**
 3. **Interferes with daily functioning?**
- **Requirement:** All three must be “Yes” (i.e., total = 3) to support a valid ADHD screen.

4. Determine Presentation

- **Combined Presentation:**
 - BOTH domains meet their thresholds
 - AND all three contextual items = “Yes.”
- **Predominantly Inattentive:**
 - Inattention meets threshold
 - Hyperactivity/Impulsivity does not
 - AND contextual items = “Yes.”

- **Predominantly Hyperactive/Impulsive:**
 - Hyperactivity/Impulsivity meets threshold
 - Inattention does not
 - AND contextual items = “Yes.”
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5. Quick-Reference Scoring Flow

1. **Score 1–16** (0–3 each)
2. **Count ≥ 2 s in Items 1–9** → compare to Inattention cutoff
3. **Count ≥ 2 s in Items 10–16** → compare to Hyperactivity cutoff
4. **Sum Items 17–19** (Yes = 1 each) → needs 3/3
5. **Interpret** according to which domain(s) meet threshold