**PATIENT INFORMATION**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Address |  |
| GP Address & Email |  |
| List of Current Medications |  |
| Past Psychiatric History |  |
| Past Medical History |  |
| Insurance Insurer Name, Membership No. & Authorisation Code | *(if applicable)* |

**Adult ADHD self-report of current symptoms**

**Part 1: Inattention symptoms**

* Please circle/highlight the most appropriate rating that best describes how you have felt and conducted yourself over the last few months
* If you rate any questions as “often” or “very often” please give examples of relevant symptoms/behaviours in both childhood (before the age of 16) and adulthood.

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| 1. **Do you fail to give close attention to details or make careless mistakes in schoolwork, at work, or with other activities?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |

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| 1. **Do you have trouble holding your attention on tasks?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |
| 1. **Do you find it difficult to listen when spoken to directly?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |

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| 1. **Do you find it difficult to follow through on instructions and fail to finish tasks because you get side-tracked or distracted?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |
| 1. **Do you have trouble organizing tasks and activities?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |
| 1. **Do you avoid, dislike, or are reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework)?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |
| 1. **Do you lose things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, glasses, mobile telephones)?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |
| 1. **Are you easily distracted?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |
| 1. **Are you forgetful in daily activities?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |

**Part 2: hyperactivity and impulsivity symptoms**

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| 1. **Do you fidget, tap your hands or feet, or squirm in your seat?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |
| 1. **Do you leave your seat in situations when remaining seated is expected?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:childhood:adulthood: |
| 1. **Do you feel restless if you have to remain still?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |
| 1. **Is it hard for you to take part in leisure activities quietly?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |

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| 1. **Do you feel as if you are always on the go?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |
| 1. **Do you talk excessively?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |

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| 1. **Do you blurt out an answer before a question has been completed?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |
| 1. **Do you have trouble waiting for your turn?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |
| 1. **Do you interrupt or intrude on others (e.g., butting into conversations or games)?**
 |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:Childhood:Adulthood: |

Please circle/highlight the area(s) of your life which are most affected by your symptoms:

education

employment

emotional health (e.g. self-esteem)

family relationships

finances

friendships

leisure time/relaxation/ sleep