



Patient Name:	
Date of Birth:	MRN/File No:
Physician Name:	Date:

## ADHD CHECKLIST

Retrospective assessment of childhood symptoms  Current symptoms   
 Current medication: \_\_\_\_\_

<i>SYMPTOMS: Check the appropriate box</i>	Not at all (0)	Somewhat (1)	Pretty much (2)	Very much (3)	Diagnoses
<b>ATTENTION 314.00 (≥6/9)</b>	<b>SEVERITY</b>				<b>TOTAL</b>
Fails to give close attention to details, careless mistakes					
Difficulty sustaining attention in tasks or fun activities					
Does not seem to listen when spoken to directly					
Does not follow through on instructions and fails to finish work					
Difficulty organizing tasks and activities					
Avoids tasks that require sustained mental effort (boring)					
Losing things					
Easily distracted					_/9
Forgetful in daily activities					≥6/9
<b>HYPERACTIVE/IMPULSIVE 314.01 (≥6/9)</b>					
Fidgety or squirms in seat					
Leaves seat when sitting is expected					
Feels restless					
Difficulty in doing fun things quietly					
Always on the go or acts as if "driven by a motor"					
Talks excessively					
Blurts answers before questions have been completed					
Difficulty awaiting turn					≥6/9
Interrupting or intruding on others					_/9
<b>OPPOSITIONAL DEFIANT DISORDER 313.81 (&gt;4/8)</b>					
Loses temper					
Argues with adults					
Actively defies or refuses to comply with requests or rules					
Deliberately annoys people					
Blames others for his or her mistakes or misbehavior					
Touchy or easily annoyed by others					
Angry or resentful					≥4/8
Spiteful or vindictive					_/8
<b>COMMENTS</b>					