**CHILD ADHD Self-Report of current symptoms**

**Part 1: Inattention symptoms**

|  |  |
| --- | --- |
| Name |  |
| Date |  |

* Please **CIRCLE** 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | | | | |
| 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: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | | | | |
| 1. **Do you have trouble organizing tasks and activities?** | | | | |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:  Childhood: | | | | |
| 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: | | | | |
| 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: | | | | |
| 1. **Are you easily distracted?** | | | | |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:  Childhood: | | | | |
| 1. **Are you forgetful in daily activities?** | | | | |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:  Childhood: | | | | |

**Part 2: hyperactivity and impulsivity symptoms**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | | | | |
| 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: | | | | |
| 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: | | | | |
| 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: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | | | | |
| 1. **Do you talk excessively?** | | | | |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:  Childhood: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | | | | |
| 1. **Do you have trouble waiting for your turn?** | | | | |
| Never | Rarely | Sometimes | Often | Very often |
| If “often” or very “often” please give examples:  Childhood: | | | | |
| 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: | | | | |

Please circle/highlight the area(s) of your life which are most affected by your symptoms, and please explain how each is affected by your symptoms

education

employment

emotional health (e.g. self-esteem)

family relationships

finances

friendships

leisure time/relaxation/ sleep