# ADD Questionnaire: Adult Self-Report Scan WITH MEDS 

## Patient Name

$\qquad$ Today's Date

1. How often do you make careless mistakes when you have to work on a boring or difficult project? Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
2. How often do you have difficulty keeping your attention when you are doing boring or repetitive work? Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
3. How often do you have difficulty concentrating on what people say, even when speaking directly to you? $\quad$ Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
4. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? $\quad$ Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
5. How often do you have difficulty getting things in order when you have to do a task that requires organization? $\quad$ Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
6. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?

Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
7. How often do you misplace or have difficulty finding things at home or at work?

Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
8. How often are you distracted by activity or noise around you?

Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
9. How often do you have problems remembering appointments or obligations?

Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
10. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?

Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
11. How often do you leave your seat in meetings or other situations when you are expected to remain seated? $\quad$ Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
12. How often do you feel restless or fidgety?

Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
13. How often do you feel overly active and compelled to do things, like you were driven by a motor?

Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?

Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
15. How often do you find yourself talking too much when you are in social situations?

Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
16. When you're in a conversation how often do you find yourself finishing the sentence of the people you are talking to before they can finish themselves?

Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\emptyset$
17. How often do you have difficulty waiting your turn in situations when turn taking is required?

Never $\square$ Rarely $\square$ Sometimes $\square$ Often $\square$ Very Often $\square$
18. How often do you interrupt others when they are busy?

Never $\square$ Rarely $\square$ Sometimes $\square$ often $\square$ Very Often $\square$
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