



## ADULT ADHD PRE-SCREEN

Attention | Organization | Impulsivity | Daily Functioning

### 1 PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Occupation / School: \_\_\_\_\_

### 2 CURRENT SYMPTOMS

Mark how often each concern has affected you during the past 6 months.

| Symptom                                          | Never                 | Rarely                | Sometimes             | Often                 | Very Often            |
|--------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Difficulty wrapping up final details             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty organizing tasks                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Problems remembering appointments/obligations    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Avoiding tasks requiring sustained mental effort | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fidgeting/squirming when sitting                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling overly active or driven                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Careless mistakes / difficulty with details      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty sustaining attention                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty listening when spoken to directly     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Losing important items                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Easily distracted                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Leaving seat when expected to remain seated      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling restless                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty relaxing                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Talking excessively                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Finishing other people's sentences               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty waiting turn                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Interrupting others                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

### 3 CHILDHOOD HISTORY

☐ Similar symptoms before age 12 - Yes Childhood / School Concerns: \_\_\_\_\_ ☐ No ☐ Unsure

Prior ADHD Evaluation / Diagnosis: \_\_\_\_\_

Prior ADHD Medication / Response: \_\_\_\_\_



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### 4 FUNCTIONAL IMPACT

- |                                                |                                          |
|------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Work                  | <input type="checkbox"/> Driving         |
| <input type="checkbox"/> School                | <input type="checkbox"/> Time management |
| <input type="checkbox"/> Home responsibilities | <input type="checkbox"/> Organization    |
| <input type="checkbox"/> Relationships         | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Finances              |                                          |

### 5 OTHER FACTORS

- |                                          |                                             |
|------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Sleep problems  | <input type="checkbox"/> Substance use      |
| <input type="checkbox"/> Anxiety         | <input type="checkbox"/> Medical conditions |
| <input type="checkbox"/> Depression      | <input type="checkbox"/> Medication effects |
| <input type="checkbox"/> Trauma symptoms | <input type="checkbox"/> Other              |

### 6 CLINICIAN USE

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Notes / Follow-up: \_\_\_\_\_