



Self-Look at ADHD

Answer the questions on how you have behaved and felt during the past 6 months.

1. How often do you have difficulty sustaining your attention while doing something for work, school, a hobby, or fun activity (e.g., remaining focused during lectures, lengthy reading or conversations)?

Never Rarely Sometimes Often

2. How often are you easily distracted by external stimuli, like something in your environment or unrelated thoughts?

Never Rarely Sometimes Often

3. How often do you avoid, dislike, or are reluctant to engage in tasks that require sustained mental effort or thought?

Never Rarely Sometimes Often

4. How often do you have trouble listening to someone, even when they are speaking directly to you, like your mind is somewhere else?

Never Rarely Sometimes Often

5. How often do you have difficulty in organizing an activity or task needing to get done (e.g., poor time management, fails to meet deadlines, difficulty managing sequential tasks)?

Never Rarely Sometimes Often

6. How often do you fail to give close attention to details, or make careless mistakes in things such as schoolwork, at work, or during other activities?

Never Rarely Sometimes Often

7. How often do you forget to do something you do all the time, such as missing an appointment or paying a bill?

Never Rarely Sometimes Often

8. How often do you lose, misplace or damage something that's necessary in order to get things done (e.g., your phone, eyeglasses, paperwork, wallet, keys, etc.)?

Never Rarely Sometimes Often

9. How often do you have trouble following through on instructions, or failing to finish schoolwork, chores, or duties in the workplace (e.g., you start a task but quickly lose focus and are easily sidetracked)?

Never Rarely Sometimes Often

10. How often are you unable to play or engage in leisurely activities quietly?

Never Rarely Sometimes Often

11. How often do you have difficulty waiting your turn, such as while waiting in line?

Never Rarely Sometimes Often

12. How often do you feel like you're "on the go," acting as if you're "driven by a motor" (e.g., you're unable to be or uncomfortable being still for an extended period of time, such as in a restaurant or a meeting)?

Never Rarely Sometimes Often

13. How often do you leave your seat in situations when remaining seated is expected (e.g., leaving your place in the office or workplace)?

Never Rarely Sometimes Often

14. How often do you blurt out an answer before a question has been completed (e.g., completing another person's sentence or can't wait your turn in a conversation)?

Never Rarely Sometimes Often

15. How often do you feel restless -- like you want to get out and *do* something?

Never Rarely Sometimes Often

16. How often do you fidget with or tap your hands or feet, or squirm in your seat?

Never Rarely Sometimes Often

17. How often do find yourself talking excessively?

Never Rarely Sometimes Often

18. How often do you interrupt or intrude on others, such as butting into their conversation or taking over what others are doing?

Never Rarely Sometimes Often

19. Were several of the symptoms present prior to age 12?

YES NO

20. Do the symptoms appear in at least two or more settings (e.g., at home and school)?

YES NO

Call Phoenix Associates, Inc. at 260.424.0411 to discuss your results.