



ADULT ADHD PRE-ASSESSMENT QUESTIONNAIRES

1. Please enter your general information

First Name: _____ Middle Initials: _____ Last Name: _____ Date of Birth: _____

Gender: _____ Street Address: _____ Apt./Unit #: _____
 Female Male

City: _____ Country: _____ Postal Code: _____ Mobile Phone: _____

Home Phone: _____ Work Phone: _____

Email: _____ Preferred contact method:
 Mobile Phone Home Phone Work Phone
 Email

2. Please enter your emergency contact information

Emergency Contact Name: _____ Relationship: _____ Phone Number: _____

3. Please enter your primary insurance information, if applicable

Primary Insurance Company _____ Member ID / Policy # _____

Client Relationship to Insured
 Self Spouse Child Other

Insured Name _____ Insured Phone # _____ Insured Date of Birth _____ Insured Gender
 Female Male

Insured Street Address _____ Insured City _____ Insured Country _____ Postal Code _____

4. Please give your reasons for seeking an ADHD assessment at this time

Medical and Health History

5. How would you rate your physical health?

- Excellent Good Fair Poor

How would you rate your general sense of well-being?

6. Please list any major medical conditions or surgeries you have/had:

7. List all medications you are taking, including any over-the-counter medications, herbs or vitamins:

	Medication	Dosage	Reason for Taking?
1			
2			
3			

8. Do you have any known allergies?

- Yes No

9. If yes, please list any allergies:

	Allergic to?	Reaction
1		
2		
3		

10. Do you smoke?

- Yes No

11. If you smoke:

Packs/Day:

Years:

12. Do you drink alcohol?

- Yes No

13. If you drink alcohol:

Drinks/Week:

Years:

Have you ever felt a need to cut down on your drinking?

Yes No

14. How many cups of caffeinated tea or coffee or soft drinks containing caffeine do you drink a day?

15. If yes, explain:

16. Have you been diagnosed with a psychiatric condition?

Yes

No

17. If yes, what:

18. Have you received mental health treatment in the past?

Yes

No

19. If yes, please list reason for treatment and dates:

PREVIEW ONLY

Adult ADHD Self-Report Scale

An ADHD screening questionnaire

Part A

20. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?
- Never Rarely Sometimes Often Very often
21. How often do you have difficulty getting things in order when you have to do a task that requires organization?
- Never Rarely Sometimes Often Very often
22. How often do you have problems remembering appointments or obligations?
- Never Rarely Sometimes Often Very often
23. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?
- Never Rarely Sometimes Often Very often
24. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?
- Never Rarely Sometimes Often Very often
25. How often do you feel overly active and compelled to do things, like you were driven by a motor?
- Never Rarely Sometimes Often Very often

Part B

26. How often do you make careless mistakes when you have to work on a boring or difficult project?
- Never Rarely Sometimes Often Very often
27. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?
- Never Rarely Sometimes Often Very often
28. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?
- Never Rarely Sometimes Often Very often
29. How often do you misplace or have difficulty finding things at home or at work?

Never Rarely Sometimes Often Very often

30. How often are you distracted by activity or noise around you?

Never Rarely Sometimes Often Very often

31. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?

Never Rarely Sometimes Often Very often

32. How often do you feel restless or fidgety?

Never Rarely Sometimes Often Very often

33. How often do you have difficulty unwinding and relaxing when you have time to yourself?

Never Rarely Sometimes Often Very often

34. How often do you find yourself talking too much when you are in social situations?

Never Rarely Sometimes Often Very often

35. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?

Never Rarely Sometimes Often Very often

36. How often do you have difficulty waiting your turn in situations when turn taking is required?

Never Rarely Sometimes Often Very often

37. How often do you interrupt others when they are busy?

Never Rarely Sometimes Often Very often

PREVIEW ONLY

ADHD Self-Report

A questionnaire about examples of your ADHD symptoms.

Please select 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 in both childhood (before the age of 16) and adulthood.

Part 1: Inattention Symptoms

38. 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

Please give childhood examples

Please give adulthood examples

39. Do you have trouble holding your attention on tasks?

Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

40. Do you find it difficult to listen when spoken to directly?

Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

41. 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

Please give childhood examples

Please give adulthood examples

42. Do you have trouble organizing tasks and activities?

Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

43. 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

Please give childhood examples

Please give adulthood examples

44. 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

Please give childhood examples

Please give adulthood examples

45. Are you easily distracted?

Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

46. Are you forgetful in daily activities?

- Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

Part 2: Hyperactivity and Impulsivity Symptoms

47. Do you fidget, tap your hands or feet, or squirm in your seat?

- Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

48. Do you leave your seat in situations when remaining seated is expected?

- Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

49. Do you feel restless if you have to remain still?

- Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

50. Is it hard for you to take part in leisure activities quietly?

- Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

51. Do you feel as if you are always on the go?

- Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

52. Do you talk excessively?

- Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

53. Do you blurt out an answer before a question has been completed?

- Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

54. Do you have trouble waiting your turn (e.g. while waiting in line)?

- Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

55. Do you interrupt or intrude on others (e.g., butting into conversations or games)?

- Never Rarely Sometimes Often Very often

Please give childhood examples

Please give adulthood examples

56. Please select the area(s) of your life which are most affected by your symptoms:

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Family | <input type="checkbox"/> Finances | <input type="checkbox"/> Friendships |
| <input type="checkbox"/> Leisure time, relaxation or sleep | | |

PREVIEW ONLY

Weiss Functional Impairment Rating Scale - Self-Report (WFIRS)

57. Circle the number for the rating that best describes how your emotional or behavioural problems have affected each item in the last month.

	N/A	Never or not at all	Sometimes or somewhat	Often or much	Very often or very much
Having problems with family.					
Having problems with spouse/partner.					
Relying on others to do things for you.					
Causing fighting in the family.					
Makes it hard for the family to have fun together.					
Problems taking care of the family.					
Problems balancing your needs against those of your family.					
Problems losing control with family.					

58. Work: select the number for the rating that best describes how your emotional or behavioral problems have affected each item in the last month.

	N/A	Never or not at all	Sometimes or somewhat	Often or much	Very often or very much
Problems performing required duties					
Problems with getting your work done efficiently					
Problems with your supervisor					
Problems keeping a job					
Getting fired from work					
Problems working in a team					
Problems with your attendance					
Problems with being late					
Problems taking on new tasks					
Problems working to your potential					
Poor performance evaluations					

59. School: select the number for the rating that best describes how your emotional or behavioral problems have affected each item in the last month.

	N/A	Never or not at all	Sometimes or somewhat	Often or much	Very often or very much
Problems taking notes					
Problems completing assignments					
Problems getting your work done efficiently					
Problems with teachers					
Problems with school administrators					
Problems meeting minimum requirements to stay in school					
Problems with your attendance					
Problems with being late					
Problems taking on new tasks					
Problems working to your potential					
Problems with inconsistent grades					

PREVIEW ONLY

60. Life Skills: select the number for the rating that best describes how your emotional or behavioral problems have affected each item in the last month.

	N/A	Never or not at all	Sometimes or somewhat	Often or much	Very often or very much
Excessive or inappropriate use of internet, video games or TV					
Problems keeping an acceptable appearance					
Problems getting ready to leave the house					
Problems getting to bed					
Problems with nutrition					
Problems with sex					
Problems with sleeping					
Getting hurt or injured					
Avoiding exercise					
Problems keeping regular appointments with doctor/dentist					
Problems keeping up with household chores					
Problems managing money					

61. Self-Concept: select the number for the rating that best describes how your emotional or behavioral problems have affected each item in the last month. a question

	N/A	Never or not at all	Sometimes or somewhat	Often or much	Very often or very much
Feeling bad about yourself					
Feeling frustrated with yourself					
Feeling discouraged					
Not feeling happy with your life					
Feeling incompetent					

62. Social: select the number for the rating that best describes how your emotional or behavioral problems have affected each item in the last month.

	N/A	Never or not at all	Sometimes or somewhat	Often or much	Very often or very much
Getting into arguments					
Trouble cooperating					
Trouble getting along with people					
Problems having fun with other people					
Problems participating in hobbies					
Problems making friends					
Problems with sleeping					
Saying inappropriate things					
Complaints from neighbors					

63. Risk: select the number for the rating that best describes how your emotional or behavioral problems have affected each item in the last month.

	N/A	Never or not at all	Sometimes or somewhat	Often or much	Very often or very much
Aggressive driving					
Doing other things while driving					
Road rage					
Breaking or damaging things					
Doing things that are illegal					
Being involved with the police					
Smoking cigarettes					
Smoking marijuana					
Drinking alcohol					
Taking "street" drugs					
Sex without protection (birth control, condom)					
Sexually inappropriate behavior					
Being physically aggressive					
Being verbally aggressive					

Patient Health Questionnaire-9 (PHQ-9)

64. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

	Not At All	Several Days	More Than One-Half the Days	Nearly Everyday
Little interest or pleasure in doing things.				
Feeling down, depressed or hopeless.				
Feeling tired or staying asleep, or sleeping too much.				
Feeling tired or having little energy.				
Poor appetite or overeating.				
Feeling bad about yourself - or that you are a failure or have let yourself or your family down.				
Trouble concentrating on things, such as reading the newspaper or watching television.				
Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual.				
Thoughts that you would be better off dead, or of hurting yourself in some way.				

General Anxiety Disorder-7 (GAD-7)

65. Over the LAST TWO WEEKS, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it is hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid, as if something awful might happen				