

ADHD (Combined Type) Adult

Answer each question with a Y or N (circle Y for Yes, N for No) for each of the following questions. A Yes response would indicate that the behavior or symptom happens frequently or most of the time.

It is important to note that these questions are related to clinical symptoms observed in over 25 years of practice. If you answer yes to five or more (observed over more than 6 months), it suggests that a consultation is advised. You may also e-mail Dr. Fisher from this website with any questions you may have regarding this questionnaire.

- Y / N **1.** Are you easily distracted by noises or other things in your environment; it seems that you pay attention to everything around you?
- Y / N **2.** Is it hard for you to concentrate even when there is not a lot going on around you?
- Y / N **3.** In conversation; do you ever forget the words you were going to use or the thought that you had?
- Y / N **4.** Are you impulsive: you act first, think later?
- Y / N **5.** Do you over react to situations; exaggerating the circumstances?
- Y / N **6.** Would you describe yourself as impatient or easily frustrated?
- Y / N **7.** Are you intolerant when things don't go the way you expected them to?
- Y / N **8.** Are relationships difficult for you to maintain?
- Y / N **9.** Would others describe you as inflexible or very "black and white"?

- Y / N **10.** Do you tend to do things to excess such as work, drinking or athletics?
- Y / N **11.** Have you ever been fired from a job for repeated tardiness?
- Y / N **12.** Have you ever been fired from a job due to poor performance?
- Y / N **13.** Have you been described by others as unruly, overly active and/or inattentive as a child?
- Y / N **14.** Was school hard for you from an early age?
- Y / N **15.** Did you dislike school or feel bored there?
- Y / N **16.** Did you have learning problems as a child?
- Y / N **17.** Would you describe yourself as moody; up and down in your emotions?
- Y / N **18.** Do you like to read?
- Y / N **19.** Is writing difficult for you; hard for you to structure a sentence?
- Y / N **20.** Do you often feel tired during the day?
- Y / N **21.** Are you sleeping at least seven hours a night?
- Y / N **22.** Has anyone mentioned that you snore?
- Y / N **23.** If yes, has it gotten progressively worse?
- Y / N **24.** Do you ever feel confused or have a headache when you wake up in the morning?
- Y / N **25.** Do your legs bother you when you try to get to sleep?
- Y / N **26.** Are you a restless sleeper; lot's of thrashing and moving in your sleep?

Y / N **27.** Do you experience nightmares?

Y / N **28.** Do you walk, talk or eat in your sleep?