

ADHD (Hyperactive 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.** Do you have a hard time controlling your temper?
- Y / N **2.** Do you have a low frustration or tolerance level causing you to react with inappropriate anger?
- Y / N **3.** Would others describe you as inflexible or opinionated; that you have a hard time being wrong?
- Y / N **4.** Is it difficult for you to apologize when you are wrong?
- Y / N **5.** Do you think you have double standards; that rules apply to others but not to you?
- Y / N **6.** Have you ever had conflicts with law enforcement?
- Y / N **7.** Do you have a hard time maintaining a job?
- Y / N **8.** Are you easily bored or feel restless?
- Y / N **9.** Do you often feel dissatisfied?
- Y / N **10.** When faced with a problem, do you tend to use the same type of solution; even if it's one that hasn't worked for you in the past?

- Y / N **11.** Are you most comfortable when you're not the center of attention; if fact you demand that?
- Y / N **12.** Would you describe yourself as a daredevil or risk taker?
- Y / N **13.** Do you feel easily confined; you need to be on the move all the time?
- Y / N **14.** Did you need to move around a lot as a child and you were described as being overly active?
- Y / N **15.** Has anyone ever mentioned that you were unable to sit still as a child?
- Y / N **16.** Was school hard for you from an early age?
- Y / N **17.** Did you hate going to school?
- Y / N **18.** Do you like to read?
- Y / N **19.** Was Middle or High School hard for you?
- Y / N **20.** If you went to college; were you successful?
- Y / N **21.** Do you often feel tired during the day?
- Y / N **22.** Are you sleeping at least seven hours a night?
- Y / N **23.** Has anyone mentioned that you snore?
- Y / N **24.** If yes, has it gotten progressively worse?
- Y / N **25.** Do you ever feel confused or have a headache when you wake up in the morning?

- Y / N **26.** Do your legs bother you when you try to get to sleep? Is this relieved by movement?
- Y / N **27.** Are you a restless sleeper; do you thrash about and move a lot in your sleep?
- Y / N **28.** Do you experience nightmares?
- Y / N **29.** Do you walk, talk or eat in your sleep?