

ADHD (Inattentive 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 nervous habits like nail biting or playing with small objects in your hands?
- Y / N **2.** Would you describe yourself as a "worrier"?
- Y / N **3.** Do you frequently forget or lose things; like car keys, glasses, etc.?
- Y / N **4.** Do you feel stressed or overwhelmed with having to remember too many things at one time?
- Y / N **5.** Do you tend to pile papers in stacks; intermingling important with not so important items?
- Y / N **6.** Is it hard for you to throw things out or purge at home or the office?
- Y / N **7.** Do you seem to miss or be late for appointments due to being distracted and/or not using good time management?
- Y / N **8.** Do you read directions or use a "hands on" approach to putting something together or learning about a new appliance?
- Y / N **9.** Are standardized multiple choice tests difficult for you to take?

- Y / N **10.** If yes, do you seem to misread the questions, feel overly anxious or need more time than is given for the test?
- Y / N **11.** Do you often seem distracted by your own thoughts; to a point that you have a hard time focusing on conversation with someone else?
- Y / N **12.** Is it hard for you to stick with a task from beginning to end?
- Y / N **13.** Does it seem that you never have enough time during the day to finish the things you need to finish?
- Y / N **14.** If so, do you think you underestimate the time you need to accomplish tasks?
- Y / N **15.** Do you ever experience such things as right-left confusion or difficulties estimating distances?
- Y / N **16.** Do you have to read something more than once to completely understand it?
- Y / N **17.** Do you have sloppy or poor handwriting; to the point that others mention it?
- Y / N **18.** Do you reverse numbers?
- Y / N **19.** Would you describe yourself as a procrastinator?
- Y / N **20.** Do you worry about your performance at work, school or home?
- Y / N **21.** Were you described as inattentive as a child, easily distracted with difficulty paying attention in school?
- Y / N **22.** Do you like to read?
- Y / N **23.** Do you remember having trouble in school beginning at an early age? Did it seem to you that you had to work harder than your classmates to get passing grades?

- Y / N **24.** Was Math hard for you?
- Y / N **25.** Do you often feel tired during the day?
- Y / N **26.** Are you sleeping at least seven hours a night?
- Y / N **27.** Has anyone mentioned that you snore?
- Y / N **28.** If yes, has it gotten progressively worse?
- Y / N **29.** Do you ever feel confused or have a headache when you wake up in the morning?
- Y / N **30.** Do your legs bother you when you try to get to sleep?
- Y / N **31.** Are you a restless sleeper; lot's of thrashing and moving in your sleep?
- Y / N **32.** Do you experience nightmares?
- Y / N **33.** Do you walk, talk or eat in your sleep?