

## DSM-5 Adult ADHD Checklist – Self-Report

A. For each item, please select either Never, Rarely, Sometimes, Often or Very Often with a tick (✓). It would help us if you answered all items as best you can even if you are not absolutely certain. For each item, please ask yourself ***“Have I had these difficulties for six months or more?”***

	Never	Rarely	Some- times	Often	Very Often
I fail to give close attention to details or make careless mistakes in my study/work or with other activities.					
I have trouble holding my attention on tasks or leisure/work activities.					
I do not seem to listen when others are speaking to me.					
I do not follow through on instructions and fail to finish chores, or duties in the workplace (e.g., loses focus, side-tracked).					
I have trouble organising tasks and activities.					
I avoid, dislike, or am reluctant to do tasks that require mental effort over a long period of time (such as reading, study/work).					
I lose things necessary for tasks and activities (e.g. wallets, keys, paperwork)					
I am easily distracted					
I am forgetful in daily activities.					
I fidget with or tap my hands or feet, or squirm in my seat.					
I leave my seat in situations when remaining seated is expected.					
I run about in situations where it is not appropriate.					
I am unable to play or take part in leisure activities quietly.					
I am “on the go” and feel as though I am “driven by a motor”.					
I talk excessively.					
I blurt out an answer before a question has been completed.					
I have trouble waiting my turn.					
I interrupt or intrude on others (e.g., butts into conversations or activities)					

**Please turn over.**

B. How old were you when these difficulties started?

years old.

C. Overall, do you think that these problems have caused difficulties in the following areas, please tick (✓) where appropriate:

	Never	Rarely	Sometimes	Often	Very Often
Education/Work					
Relationships and/or Family					
Social Contact					
Free Time/Hobby					
Self-confidence/self-image					

Print Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Today's date:

\_\_\_\_\_

Sex: M | F | Other

Date of:  
Birth

\_\_\_\_\_

**Thank you for your time.**