**Adults with ADHD Questionnaire**

**Please return this completed questionnaire to the surgery in person, by post, or via email at *ivelmc.reception@nhs.net*. Once submitted, contact the surgery to book an appointment with a clinician to discuss and initiate your referral.**

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| **Section A - Adult ADHD Self-Report Scale**  Please rate yourself on the questions below, placing an X in the box that best describes how you have felt and conducted yourself **over the past 6 months**. | | | | | | |
|  |  | **Never** | **Rarely** | **Some**  **times** | **Often** | **Very Often** |
| **Part A** | |  |  |  |  |  |
| 1 | How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done? |  |  |  |  |  |
| 2 | How often do you have difficulty getting things in order when you have to do a task that requires organization? |  |  |  |  |  |
| 3 | How often do you have problems remembering appointments or obligations? |  |  |  |  |  |
| 4 | When you have a task that required a lot of thought, how often do you avoid or delay getting started? |  |  |  |  |  |
| 5 | How often do you fidget or squirm with your hands or feet when you have to sit down for a long time? |  |  |  |  |  |
| 6 | How often do you feel overly active and compelled to do things, like you were driven by a motor? |  |  |  |  |  |
| **Part B** | |  |  |  |  |  |
| 7 | How often do you make careless mistakes when you have to work on a boring or difficult project? |  |  |  |  |  |
| 8 | How often do you have difficulty keeping your attention when you are doing boring or repetitive work? |  |  |  |  |  |
| 9 | How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly? |  |  |  |  |  |
| 10 | How often do you misplace or have difficulty finding things at home or at work? |  |  |  |  |  |
| 11 | How often are you distracted by activity or noise around you? |  |  |  |  |  |
| 12 | How often do you leave your seat in meetings or other situations in which you are expected to remain seated? |  |  |  |  |  |
| 13 | How often do you feel restless or fidgety? |  |  |  |  |  |
| 14 | How often do you have difficulty unwinding and relaxing when you have time to yourself? |  |  |  |  |  |
| 15 | How often do you find yourself talking too much when you are in social situations? |  |  |  |  |  |
| 16 | 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? |  |  |  |  |  |
| 17 | How often do you have difficulty waiting your turn in situations when turn taking is required? |  |  |  |  |  |
| 18 | How often do you interrupt others when they are busy? |  |  |  |  |  |

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| **Section B - Impact**  Following from the items in the questionnaire above, please provide details/examples of how you feel these difficulties have impacted on your daily life both previously and currently in the following four areas.  You may refer to <https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/symptoms/> for detailed information re: symptoms in childhood and adults |
| **a) Obtaining or sustaining education:**  (include age of onset of difficulties, behavioural difficulties and impact on academic achievement at all stages of education, any additional supports required) |
| **b) Obtaining or sustaining employment:**  (please include information about reason for leaving jobs, difficulties in organising/managing/completing work tasks, impact on work relationships) |
| **c) Initiating or sustaining social relationships:**  (include information from childhood as well as current) |
| **d) Impact on daily life:**  (organisation/management of domestic tasks, self care, financial management, criminal justice involvement) |

**Full Name:**

**Date of Birth:**

**Date Completed:**