**ADHD Pre-assessment Questionnaires**

Please note:

The patient should complete Form 1 only.

Your spouse, partner, parent(s), or another relation, should complete both Forms 2 and 3, where applicable.

**Form 1 – To be filled by the patient**

**Instructions**

Tick the numbered response that best describes how your emotional or behaviour problems have affected each item *in the last month.*

|  |  |
| --- | --- |
| Date: |  |
| Pronoun: |  |
| Name: |  |
| Date of Birth: |  |
| Sex at birth: | Female |  | Male |  |
| Work: | Full-Time/Part-Time/Other |  |
| School: | Full-Time, Part-Time |  |

**A. Family**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never or rarely (0) | Sometimes/Somewhat (1) | Often or much (2) | Very often or very much (3) | Not applicable |
| 1 | Having problems with family | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 2 | Having problems with spouse/partner | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 3 | Relying on others to do things for you | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 4 | Causing fighting in the family | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 5 | Makes it hard for the family to have fun together | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 6 | Problems taking care of your family | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 7 | Problems balancing your needs against those of your family | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 8 | Problems losing control with family | 0 |  | 1 |  | 2 |  | 3 |  |  |

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**Form 1 (continued) – To be filled by the patient**

**B. Work**

Please fill regardless of employment status if you are not currently in education.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never or rarely (0) | Sometimes/Somewhat (1) | Often or much (2) | Very often or very much (3) | Not applicable |
| 1 | Problems performing required duties | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 2 | Problems getting your work done efficiently | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 3 | Problems with your supervisor | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 4 | Problems keeping a job | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 5 | Getting fired from jobs | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 6 | Problems working in a Team | 0 |  | 1 |  | 2 |  | 3 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 7 | Problems with your attendance | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 8 | Problems with being late | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 9 | Problems taking on new tasks | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 10 | Problems working to your potential | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 11 | Poor performance evaluations | 0 |  | 1 |  | 2 |  | 3 |  |  |

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**Form 1 (continued) – To be filled by the patient**

**C. School**

Please only fill this section if you are currently in education.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never or rarely (0) | Sometimes/Somewhat (1) | Often or much (2) | Very often or very much (3) | Not applicable |
| 1 | Problems taking notes | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 2 | Problems completing assignments | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 3 | Problems getting work done efficiently | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 4 | Problems with teachers | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 5 | Problems with school administrators | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 6 | Problems meeting minimum requirements to stay in school | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 7 | Problems with attendance | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 8 | Problems being late | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 9 | Problems working to your potential | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 10 | Problems with inconsistent grades | 0 |  | 1 |  | 2 |  | 3 |  |  |

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**Form 1 (continued) – To be filled by the patient**

**D. Life skills**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never or rarely (0) | Sometimes/Somewhat (1) | Often or much (2) | Very often or very much (3) | Not applicable |
| 1 | Excessive or inappropriate use of internet, video games or TV | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 2 | Problems keeping an acceptable appearance | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 3 | Problems getting ready to leave the house | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 4 | Problems getting to bed | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 5 | Problems with nutrition | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 6 | Problems with sex | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 7 | Problems sleeping | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 8 | Getting hurt or injured | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 9 | Avoiding exercise | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 10 | Problems keeping regular appointments with doctor/dentist | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 11 | Problems keeping up with household chores | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 12 | Problems managing money | 0 |  | 1 |  | 2 |  | 3 |  |  |

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**Form 1 (continued) – To be filled by the patient**

**E. Self-concept**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never or rarely (0) | Sometimes/Somewhat (1) | Often or much (2) | Very often or very much (3) | Not applicable |
| 1 | Feeling bad about yourself | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 2 | Feeling frustrated with yourself | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 3 | Feeling discouraged | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 4 | Not feeling happy with your life | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 5 | Feeling incompetent | 0 |  | 1 |  | 2 |  | 3 |  |  |

**F. Social**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never or rarely (0) | Sometimes/Somewhat (1) | Often or much (2) | Very often or very much (3) | Not applicable |
| 1 | Getting into arguments | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 2 | Trouble co-operating | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 3 | Trouble getting along with people | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 4 | Problems having fun with others | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 5 | Problems participating in hobbies | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 6 | Problems making friends | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 7 | Problems keeping friends | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 8 | Saying inappropriate things | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 9 | Complaints from neighbours | 0 |  | 1 |  | 2 |  | 3 |  |  |

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**Form 1 (continued) – To be filled by the patient**

**G. Risk**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never or rarely (0) | Sometimes/Somewhat (1) | Often or much (2) | Very often or very much (3) | Not applicable |
| 1 | Aggressive driving | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 2 | Doing other things whilst driving | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 3 | Road rage | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 4 | Breaking or damaging things | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 5 | Doing things that are illegal | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 6 | Being involved with the Police | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 7 | Smoking cigarettes | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 8 | Smoking marijuana | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 9 | Drinking alcohol | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 10 | Taking ‘street’ drugs | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 11 | Sex without protection (birth control, condom) | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 12 | Sexually inappropriate behaviour | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 13 | Being physically aggressive | 0 |  | 1 |  | 2 |  | 3 |  |  |
| 14 | Being verbally aggressive | 0 |  | 1 |  | 2 |  | 3 |  |  |

**Form 2 – To be filled by the spouse, partner, parent(s) or relation of the patient**

**Barkley Scale – Informant Report**

|  |  |
| --- | --- |
| Name of person completing this questionnaire: |  |
| What is your relationship to the patient?:  |  |
| Date:  |  |

**Instructions**

*Regarding the past 6 months, p*lease tick the numbered response that best describes the patient’s behaviour.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never or rarely (0) | Sometimes/Somewhat (1) | Often or much (2) | Very often or very much (3) |
| 1 | Fails to pay close attention to detail or makes careless mistakes in their work | 0 |  | 1 |  | 2 |  | 3 |  |
| 2 | Fidgets with hands or feet, or squirms | 0 |  | 1 |  | 2 |  | 3 |  |
| 3 | Has difficulty sustaining their attention doing tasks or during fun activities | 0 |  | 1 |  | 2 |  | 3 |  |
| 4 | Leave their seat during situations in which being seated is expected | 0 |  | 1 |  | 2 |  | 3 |  |
| 5 | Does not listen when spoken to directly | 0 |  | 1 |  | 2 |  | 3 |  |
| 6 | Feels restless | 0 |  | 1 |  | 2 |  | 3 |  |
| 7 | Does not follow through on instructions and fails to finish work | 0 |  | 1 |  | 2 |  | 3 |  |
| 8 | Has difficulty engaging in leisure activities or doing fun things quietly | 0 |  | 1 |  | 2 |  | 3 |  |
| 9 | Has difficulty organising tasks and activities | 0 |  | 1 |  | 2 |  | 3 |  |
| 10 | Feels ‘on the go’ or ‘driven by a motor | 0 |  | 1 |  | 2 |  | 3 |  |
| 11 | Avoids/dislikes, or is reluctant to engage in work that requires sustained mental effort | 0 |  | 1 |  | 2 |  | 3 |  |
| 12 | Talks excessively | 0 |  | 1 |  | 2 |  | 3 |  |
| 13 | Loses things necessary for tasks or activities | 0 |  | 1 |  | 2 |  | 3 |  |
| 14 | Blurts out answers before questions have been completed | 0 |  | 1 |  | 2 |  | 3 |  |
| 15 | Is easily distracted | 0 |  | 1 |  | 2 |  | 3 |  |
| 16 | Has difficulty awaiting turn | 0 |  | 1 |  | 2 |  | 3 |  |
| 17 | Forgetful in daily activities | 0 |  | 1 |  | 2 |  | 3 |  |
| 18 | Interrupts or intrudes on others | 0 |  | 1 |  | 2 |  | 3 |  |

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**Form 2 (continued) – To be filled by the spouse, partner, parent(s) or relation of the patient**

|  |  |
| --- | --- |
| Name of person completing this questionnaire: |  |
| What is your relationship to the patient?:  |  |
| Date:  |  |

**Instructions**

*Regarding the patient as a child between the ages of 5-12, p*lease tick the numbered response that best describes the patient’s behaviour.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never or rarely (1) | Sometimes/Somewhat (2) | Often or much (3) | Very often or very much (4) |
| 1 | Failed to pay close attention to detail or made careless mistakes in their work | 0 |  | 1 |  | 2 |  | 3 |  |
| 2 | Fidgeted with hands or feet, or squirms | 0 |  | 1 |  | 2 |  | 3 |  |
| 3 | Had difficulty sustaining their attention doing tasks or during fun activities | 0 |  | 1 |  | 2 |  | 3 |  |
| 4 | Left their seat during situations in which being seated was expected | 0 |  | 1 |  | 2 |  | 3 |  |
| 5 | Does not listen when spoken to directly | 0 |  | 1 |  | 2 |  | 3 |  |
| 6 | Seemed restless | 0 |  | 1 |  | 2 |  | 3 |  |
| 7 | Did not follow through on instructions and failed to finish work | 0 |  | 1 |  | 2 |  | 3 |  |
| 8 | Had difficulty engaging in leisure activities or doing fun things quietly | 0 |  | 1 |  | 2 |  | 3 |  |
| 9 | Had difficulty organising tasks and activities | 0 |  | 1 |  | 2 |  | 3 |  |
| 10 | Felt ‘on the go’ or ‘driven by a motor | 0 |  | 1 |  | 2 |  | 3 |  |
| 11 | Avoided/disliked, or was reluctant to engage in work that required sustained mental effort | 0 |  | 1 |  | 2 |  | 3 |  |
| 12 | Talked excessively | 0 |  | 1 |  | 2 |  | 3 |  |
| 13 | Lost things necessary for tasks or activities | 0 |  | 1 |  | 2 |  | 3 |  |
| 14 | Blurted out answers before questions had been completed | 0 |  | 1 |  | 2 |  | 3 |  |
| 15 | Easily distracted | 0 |  | 1 |  | 2 |  | 3 |  |
| 16 | Had difficulty awaiting their turn | 0 |  | 1 |  | 2 |  | 3 |  |
| 17 | Forgetful in daily activities | 0 |  | 1 |  | 2 |  | 3 |  |
| 18 | Interrupted or intruded on others | 0 |  | 1 |  | 2 |  | 3 |  |

**Form 3 – To be filled by the spouse, partner, parent(s) or relation of the patient**

**ADHD clinic pre-assessment questionnaires**

|  |  |
| --- | --- |
| Name of person completing this questionnaire: |  |
| What is your relationship to the patient?:  |  |
| Date:  |  |

**Instructions**

*Regarding the patient as a child between the ages of 5-12*, please tick the response that best describes the patient’s behaviour.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| As a child was (or had): | Not all or very slightly | Mildly | Moderately | Quite a bit | Very much |
| 1 | Concentration problems, easily distracted | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 2 | Anxious, worrying | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 3 | Nervous, fidgety | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 4 | Inattentive, daydreaming | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 5 | Hot or short-tempered, low boiling point | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 6 | Temper outbursts, tantrums | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 7 | Trouble with stick-to-it-tiveness, Not following through, failing to finish things started | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 8 | Stubborn, strong willed | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 9 | Sad or blue, depressed, unhappy | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 10 | Disobedient with parents, rebellious or sassy | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 11 | Low opinion of self | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 12 | Irritable | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 13 | Moody, ups and downs | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 14 | Angry | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 15 | Acting without thinking, impulsive | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 16 | Tendency to be immature | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 17 | Guilty feelings, regretful | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 18 | Losing control | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 19 | Tendency to be or act irrationally | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 20 | Unpopular with other children, did not keep friends for long, did not get along with other children | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 21 | Trouble seeing things from someone else’s point of view | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 22 | Trouble with authorities, trouble with school, visits to head teacher | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 23 | Overall a poor student, slow learner | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 24 | Trouble with maths or numbers | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |
| 25 | Not achieving up to potential | 0 |  | 1 |  | 2 |  | 3 |  | 4 |  |