

## ADHD ASSESSMENT INSTRUCTIONS

Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please complete the materials contained in this packet. Also obtain copies of your school records and a copy of your unofficial transcript. Items to be completed and obtained are listed below. Return these materials as soon as possible. You then will be placed on the waiting list for ADHD evaluations. We will call you as soon as a time is available. Sometimes the wait for an available time can be lengthy. Please feel free to ask us questions for alternative resources for ADHD evaluations if the wait is too long.

1. \_\_\_\_\_ College Student Attention Checklist – to be completed by you (Enclosed)
2. \_\_\_\_\_ Retrospective Attention Profile – to be complete by your parent/guardian.
3. \_\_\_\_\_ Obtain a copy of your unofficial transcript.
4. \_\_\_\_\_ Obtain **copies** of your cumulative school records including any special education records, report cards and/or teacher comments. Elementary school records are especially helpful.
5. \_\_\_\_\_ Obtain **copies** of any testing or evaluations you have had done.

The symptoms associated with ADHD can be caused by other conditions. Therefore, in order to determine if ADHD is an appropriate diagnosis, it is necessary to consider whether other conditions could be a factor in the difficulties you have been experiencing. Several interviews may be required and psychological testing will be used as a part of the diagnostic process.

At the time of your initial interview, please let us know if you have any questions or concerns about the evaluation process. If you have questions about the materials in this packet, please check with the receptionist.

Please note: ADHD evaluations done in this office are for purposes of clinical treatment and generally will not be sufficient for accommodations on national exams, such as PRAXIS, GRE, LSAT, MCAT, etc. If you want an evaluation for these purposes, we will be glad to refer you to appropriate resources.

I have read and agree to the above statement.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Date: \_\_\_\_\_

### College Student Attention Checklist

This questionnaire is designed to be used as part of a comprehensive evaluation, which should include a structured interview with a mental health professional who has expertise in diagnosing ADHD. It is NOT intended for self-diagnosis.

INSTRUCTIONS: Rate how much each statement describes you using the following scale.

NA – not applicable

0 – This statement does not describe me at all.

1 – This statement describes me to a slight degree.

2 – This statement describes me to a moderate degree.

3 – This statement describes me to a large degree.

#### INATTENTION/DISTRACTIBILITY

- \_\_\_\_\_ I am unable to stop day dreaming or spacing out.
- \_\_\_\_\_ It is hard for me to stick to one thing for a very long time (unless I'm really interested)
- \_\_\_\_\_ Others have complained that I don't listen.
- \_\_\_\_\_ My mind drifts off during class lectures, even though I try to listen.
- \_\_\_\_\_ It is hard for me to study for long periods of time.
- \_\_\_\_\_ My thoughts bounce around like a ping pong ball.
- \_\_\_\_\_ When reading, my eyes scan the words, but my mind is somewhere else.
- \_\_\_\_\_ I get lost in day dreams or preoccupied with my thoughts.
- \_\_\_\_\_ In group situations I tend to lose track of the conversation.
- \_\_\_\_\_ I lose my place when I am reading.
- \_\_\_\_\_ I have trouble keeping my thoughts organized.
- \_\_\_\_\_ I find myself re-reading the same lines or paragraphs over and over without really understanding what I read.
- \_\_\_\_\_ There is a lot of "static" or "chatter" in my head.
- \_\_\_\_\_ I am constantly noticing or thinking of things unrelated to the task I am doing.
- \_\_\_\_\_ I start out doing one thing then find myself sidetracked by something else.
- \_\_\_\_\_ I jump from topic to topic in conversation.
- \_\_\_\_\_ My mind gets so cluttered it is hard for me to function.
- \_\_\_\_\_ A 5 minute break from studying can easily become an hour-long break if I'm not careful.
- \_\_\_\_\_ If I don't do something when I think of it, I'm likely to forget to do it later.
- \_\_\_\_\_ I have to check out noises or activities that catch my attention.
- \_\_\_\_\_ It is very hard for me to study if people are talking or the TV or radio is on.
- \_\_\_\_\_ My brain feels as if it were a TV with all the channels on at once.
- \_\_\_\_\_ Sometimes I become so involved in what I'm doing that I completely lose track of time.
- \_\_\_\_\_ When people talk to me or call me when I'm engrossed in something, I frequently don't hear them.

#### IMPULSIVITY/SELF-CONTROL

- \_\_\_\_\_ I "got in trouble" in school for talking or misbehaving.
- \_\_\_\_\_ I have sloppy handwriting, or I must continually struggle to keep it legible.

- \_\_\_\_\_ I have to erase or start over repeatedly because of minor mistakes.
- \_\_\_\_\_ I tend to make a lot of careless mistakes.
- \_\_\_\_\_ I tend to “go with my feelings” and often don’t think before I act.
- \_\_\_\_\_ I often interrupt others in conversation.
- \_\_\_\_\_ Sometimes I hurt people’s feelings without meaning to because I speak before I think.
- \_\_\_\_\_ It is hard for me to wait my turn in group activities or conversations.
- \_\_\_\_\_ I thrive on being a risk taker.
- \_\_\_\_\_ I hate to be bogged down by details.
- \_\_\_\_\_ I make decisions quickly without thinking enough about possible consequences.
- \_\_\_\_\_ I have had more than my share of speeding tickets or car accidents.
- \_\_\_\_\_ Money burns a hole in my pocket, and often I regret what I spent it on.
- \_\_\_\_\_ I am distressed by the disorganized way my brain works.
- \_\_\_\_\_ I often work on more than one thing at a time.
- \_\_\_\_\_ I rarely plan my day.
- \_\_\_\_\_ I tend to be messy.
- \_\_\_\_\_ My messiness has caused conflict with my parents or roommate.
- \_\_\_\_\_ I have trouble keeping up with several simultaneous projects.
- \_\_\_\_\_ I need others to provide structure for me to get things done.
- \_\_\_\_\_ I become overwhelmed when I have too many choices.
- \_\_\_\_\_ I have trouble managing money.
- \_\_\_\_\_ I have difficulty keeping my checkbook balanced.
- \_\_\_\_\_ I have had to borrow money from friends or parents because I was in a jam.
- \_\_\_\_\_ It is hard for me to focus on long-term projects.
- \_\_\_\_\_ I do best when the pressure is on.
- \_\_\_\_\_ It is hard for me to prioritize things I need to do.
- \_\_\_\_\_ I tend to be perfectionistic, or need things “just so”.

## STIMULANTS

- \_\_\_\_\_ I drink four or more cups of coffee or soft drinks a day.
- \_\_\_\_\_ I use No-Doze or other stimulant pills to keep alert.
- \_\_\_\_\_ Smoking cigarettes helps me concentrate when I study or read.

## MEMORY

- \_\_\_\_\_ I tend to forget what was said, done, or heard in the past 24 hours.
- \_\_\_\_\_ I rely on others to be my reminder.
- \_\_\_\_\_ I tend to misplace personal items (car keys, eyeglasses, etc.)
- \_\_\_\_\_ I have to have reminders in plain sight or I’ll forget.
- \_\_\_\_\_ I have difficulty memorizing things (names, dates, information or directions)
- \_\_\_\_\_ I forget what my parents or others ask me to do.
- \_\_\_\_\_ I tend to forget or lose track of needed items (papers, books, etc)
- \_\_\_\_\_ It is hard for me to remember things I tend to do. (turn off appliance, get things at a store, return a phone call, pay bills, do assignments)
- \_\_\_\_\_ If I don’t write it down, I’ll forget it.
- \_\_\_\_\_ Even if I write it down, I often misplace the note.
- \_\_\_\_\_ My mind “freezes” on tests and I can’t remember things I know that I know.

## FRUSTRATION

- \_\_\_\_\_ I have been called impatient.
- \_\_\_\_\_ I become easily frustrated.
- \_\_\_\_\_ It is hard to tolerate people who do things slowly.
- \_\_\_\_\_ I hate to wait or stand in line.
- \_\_\_\_\_ I tend to give up quickly on difficult things or if I can't do well.
- \_\_\_\_\_ I fought frequently as a child.
- \_\_\_\_\_ I frequently lose my temper.

## EMOTIONS

- \_\_\_\_\_ I tend to feel depressed if nothing exciting is going on.
- \_\_\_\_\_ My feelings (positive or negative) are very intense.
- \_\_\_\_\_ I have very intense premenstrual symptoms of moodiness or emotionality.
- \_\_\_\_\_ I tend to overreact to things.
- \_\_\_\_\_ As a child, I was teased for getting upset.
- \_\_\_\_\_ I tend to be nervous or a worrier by nature.
- \_\_\_\_\_ I have a short fuse or am easily irritated.
- \_\_\_\_\_ It is almost impossible for me to remain calm if someone is acting in an angry manner towards me.
- \_\_\_\_\_ I tend to be moody.
- \_\_\_\_\_ My moods seem to fluctuate more than others.

## ACADEMICS

- \_\_\_\_\_ I have had periods when I felt depressed/down for weeks or months.
- \_\_\_\_\_ I have felt so anxious and overwhelmed that I feel like dropping out of school.
- \_\_\_\_\_ I worry a lot about my future.
- \_\_\_\_\_ I frequently feel discouraged because things seem like such a struggle.
- \_\_\_\_\_ I am afraid I will never "get my act together".
- \_\_\_\_\_ I have felt suicidal.
- \_\_\_\_\_ I have taken medication for anxiety or depression.
- \_\_\_\_\_ I have been in therapy.
- \_\_\_\_\_ Sometimes I can't get out of my bed because I feel so overwhelmed.
- \_\_\_\_\_ I have headaches, stomachaches, neckaches, and backaches from tension or worry.
- \_\_\_\_\_ I feel overwhelmed by tasks that should be manageable.

## ACADEMICS

- \_\_\_\_\_ I have been called an underachiever.
- \_\_\_\_\_ I have put off or avoid reading.
- \_\_\_\_\_ I have trouble reading unless it is something very interesting.
- \_\_\_\_\_ School has seemed boring and frustrating for as long as I can remember.
- \_\_\_\_\_ My grades went down in junior high compared to elementary school.
- \_\_\_\_\_ My siblings were better students than I was.
- \_\_\_\_\_ I was diagnosed with learning problems.
- \_\_\_\_\_ When writing, I omit or misplace words or letters.

- \_\_\_\_\_ I have had problems on tests or assignments because I didn't follow directions.
- \_\_\_\_\_ My teachers or parents always felt I was unmotivated in school.
- \_\_\_\_\_ My grades varied from A's to F's.
- \_\_\_\_\_ My grades depend heavily on how interesting the instructor or the class is.
- \_\_\_\_\_ My low grades were often a result of not turning in homework.
- \_\_\_\_\_ Even when I studied hard, I "blanked out" on tests because I couldn't remember information.
- \_\_\_\_\_ Careless errors have frequently lowered my grades.

#### SELF-ESTEEM AND CONFIDENCE

- \_\_\_\_\_ I tend to put myself down.
- \_\_\_\_\_ I try to avoid competitive situations.
- \_\_\_\_\_ Others tell me I am too hard on myself.
- \_\_\_\_\_ I worry a lot about making mistakes.
- \_\_\_\_\_ I seem to always be "messing up."

#### SOCIAL/INTERPERSONAL

- \_\_\_\_\_ I was a "difficult child".
- \_\_\_\_\_ I don't like being told what to do.
- \_\_\_\_\_ I argue a lot.
- \_\_\_\_\_ I have been called stubborn.
- \_\_\_\_\_ I have had many disagreements with my parents or partners.
- \_\_\_\_\_ I have been fired or have had bad arguments with my supervisors on jobs.
- \_\_\_\_\_ I have been called bossy.
- \_\_\_\_\_ I am most comfortable directing social situations.
- \_\_\_\_\_ I have been told I have a high need for control.
- \_\_\_\_\_ I tend to be shy, a loner or an introvert.
- \_\_\_\_\_ I was teased a lot as a kid.
- \_\_\_\_\_ I had trouble getting along with other kids.
- \_\_\_\_\_ I always felt "different" as a child.
- \_\_\_\_\_ Sometimes I am too blunt or critical.
- \_\_\_\_\_ Though I don't want to be, I have been called inconsiderate by my roommate, partner, or friends.
- \_\_\_\_\_ I tend to have conflicts with roommates, partners, or co-workers.

#### SUBSTANCE USAGE

- \_\_\_\_\_ I have used alcohol excessively.
- \_\_\_\_\_ I have tried other's medications for ADHD, which seemed to help me.
- \_\_\_\_\_ My friends or parents have been concerned about my drinking.
- \_\_\_\_\_ I have used drugs recreationally.
- \_\_\_\_\_ I have experimented with hard drugs.
- \_\_\_\_\_ I have a substance addiction or abuse problem.
- \_\_\_\_\_ I drink or party just to get things off in my mind.
- \_\_\_\_\_ I am a regular smoker.

FAMILY HISTORY

- \_\_\_\_\_ There is a history of alcoholism in my family.
- \_\_\_\_\_ There is a history of suicide in my family.
- \_\_\_\_\_ There is a history of depression in my family.
- \_\_\_\_\_ Other family members (including cousins, aunts, uncles) have been diagnosed as hyperactive, learning disabled, or as having attention deficit.
- \_\_\_\_\_ I have family members who had trouble keeping jobs.
- \_\_\_\_\_ I have family members who fell short of their potential
- \_\_\_\_\_ I have family members who had trouble with the law.
- \_\_\_\_\_ One (or both) of my parents says he or she was a lot like me when they were younger.  
Who? \_\_\_\_\_  
How?

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## RETROSPECTIVE ATTENTION PROFILE (FAMILY)

Information Regarding: \_\_\_\_\_ Date: \_\_\_\_\_

Filled out by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Circle the number in the column which best describes your family member as a child between ages 5 and 12.

		Not at all	Just a little	Some what	Very much	Comments
1	Was often fidgety, restless, or squirmy.	0	1	2	3	
2	Had difficulty remaining seated or still.	0	1	2	3	
3	Had difficulty playing quietly.	0	1	2	3	
4	Often talked excessively.	0	1	2	3	
5	Needed to move frequently, on the go.	0	1	2	3	
6	Seemed calmer/more focused w/cold or flu.	0	1	2	3	
7	Got "revved up", had trouble slowing down.	0	1	2	3	
8	Restless or light sleeper.	0	1	2	3	
9	Was easily distracted or side-tracked.	0	1	2	3	
10	Had difficulty following verbal instructions.	0	1	2	3	
11	Often day dreamed or got lost in thought.	0	1	2	3	
12	Had difficulty sustaining attention to tasks.	0	1	2	3	
13	Often did not seem to listen.	0	1	2	3	
14	Lost interest or was bored easily.	0	1	2	3	
15	Would "lock in" on something of interest.	0	1	2	3	
16	Impatient: difficulty taking turns or waiting.	0	1	2	3	
17	Often blurted out without thinking.	0	1	2	3	
18	Engaged in physically dangerous activities without considering consequences.	0	1	2	3	
19	Was "accident prone" or got hurt a lot.	0	1	2	3	
20	Often interrupted or intruded others	0	1	2	3	
21	Often acted without thinking.	0	1	2	3	
22	Often rushed through things.	0	1	2	3	
23	Always had poor handwriting.	0	1	2	3	
24	Had trouble with transitions and	0	1	2	3	

	changes.					
25	Often messy (room, work, etc) and disorganized.	0	1	2	3	
26	Had trouble finishing things.	0	1	2	3	
27	Good intentions but poor follow through.	0	1	2	3	
28	Often shifted from one uncompleted activity to another.	0	1	2	3	
29	Put off or procrastinated.	0	1	2	3	
30	Got overwhelmed by multiple tasks.	0	1	2	3	
31	Flurry of activity but little accomplished.	0	1	2	3	
32	Worked very slowly and laboriously.	0	1	2	3	
33	Had trouble getting done on time.	0	1	2	3	
34	Often lost things necessary for tasks.	0	1	2	3	
35	Frequently used "I forgot" as an excuse.	0	1	2	3	
36	Often unintentionally forgot.	0	1	2	3	
37	Feelings were hurt or got upset easily.	0	1	2	3	
38	Seemed to be more moody than average.	0	1	2	3	
39	Had a short fuse/hot temper.	0	1	2	3	
40	Had trouble with self-esteem.	0	1	2	3	
41	Was easily frustrated.	0	1	2	3	
42	Had thin skin or tended to overreact.	0	1	2	3	
43	Did not like, or had trouble reading.	0	1	2	3	
44	Often frustrated or bored by school.	0	1	2	3	
45	Seemed to be unmotivated in school.	0	1	2	3	
46	Achieved below potential in school.	0	1	2	3	
47	Grades varied substantially in school.	0	1	2	3	
48	Was thought to have learning problems.	0	1	2	3	
49	Did worse in junior high or high school than elementary school.	0	1	2	3	
50	Often tried to "run the show".	0	1	2	3	
51	Had problems getting along with other kids.	0	1	2	3	
52	Was argumentative, or got in fights often.	0	1	2	3	
53	Tended to be bossy.	0	1	2	3	
54	Complained of being teased or picked on.	0	1	2	3	
55	Was rejected or avoided by other kids.	0	1	2	3	
56	Was a loner.	0	1	2	3	
57	Saw things from own perspective, had trouble negotiating with others.	0	1	2	3	



58	Resisted being told what to do.	0	1	2	3	
59	Some thought he/she was a "difficult child."	0	1	2	3	
60	Is a lot like one or both parents.	0	1	2	3	

Please make additional comments in the space provided below about your family member's past or present behavior that you think might be helpful for the assessment.

Please give a phone number where we might reach you for any follow-up questions:

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