<table>
<thead>
<tr>
<th><strong>Patient Name</strong></th>
<th><strong>Today’s Date</strong></th>
<th><strong>Never</strong></th>
<th><strong>Rarely</strong></th>
<th><strong>Sometimes</strong></th>
<th><strong>Often</strong></th>
<th><strong>Very Often</strong></th>
</tr>
</thead>
</table>

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today’s appointment.

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 requires 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?**

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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**Part A**

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**Part B**