## ADD / ADHD Checklist\*

## (Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder)

Circle the numbers of the descriptions that apply:

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	<u>iu i i en i ion</u>
1.	Pays little attention to details or makes careless mistakes in schoolwork, work or other activities
2.	Has short attention span
3.	Does not listen when spoken to directly
4.	Does not follow instructions; fails to finish schoolwork, chores or tasks
	Has difficulty with organization (activities, room, book bag, desk)
	Avoids or is reluctant to tasks that require sustained mental effort
	Loses things (such as assignments, books, sneakers, tools)
	Is easily distracted
9.	Is forgetful in daily activities
L	Total number of inattention items circled
<u>H</u>	<u>yperactivity</u>
1.	Fidgets with hands or feet; squirms in seat
2.	Leaves seat in classroom when remaining in seat is expected
3.	Runs about or climbs excessively at inappropriate times;
	(Adolescents or adults may have feelings of "restlessness")
4,	Has difficulty participating in "quiet" activities such as reading
	Acts as if "driven by a motor"
6.	Talks excessively
I	mpulsivity
7.	Blurts out answers before questions are completed
8.	Darts ahead before thinking of consequences
9.	Interrupts others (butts into conversations or games); Has difficulty awaiting turns
	Total number of hyperactivity-impulsivity items circled
L	GRAND TOTAL Professionals will base their diagnosis of ADD/ADHD on these:
	or more symptoms need to exist in a way that significantly impairs the child or adult in ttings BOTH at home and at school or work.
	*Adapted from DSM-IV American Psychiatric Association Diagnostic Criteri
0	ther Challenges please circle those that apply  • Sleep problems
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- Needs immediate gratification
- · Socially not accepted or typically plays alone
- Possible inability to play in groups but may do well with one-on-one activities
- Apparent disregard for own safety
- · Behavior not usually modified by rewards or punishment
- Has violent tantrums with kicking, screaming, punching, uncontrollable anger.

<ul> <li>Has been evaluated to have other</li> </ul> NAME	· learning disabilities: (please speci	fy)  DATE
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