

DSM-5 Adult ADHD Checklist - Informant

A. For each item, please select either Never, Rarely, Sometimes, Often or Very Often with a tick (✓). It would help us if you answered all items as best you can even if you are not absolutely certain. For each item, please ask yourself ***“Have they had these difficulties for six months or more?”***

	Never	Rarely	Some- times	Often	Very Often
They fail to give close attention to details or make careless mistakes in their study/work or with other activities.					
They have trouble holding their attention on tasks or leisure/work activities.					
They do not seem to listen when others are speaking to them.					
They do not follow through on instructions and fail to finish chores, or duties in the workplace (e.g., loses focus, side-tracked).					
They have trouble organising tasks and activities.					
They avoid, dislike, or are reluctant to do tasks that require mental effort over a long period of time (such as reading, study/work).					
They lose things necessary for tasks and activities (e.g. wallets, keys, paperwork)					
They are easily distracted					
They are forgetful in daily activities.					
They fidget with or tap their hands or feet, or squirm in their seat.					
They leave their seat in situations when remaining seated is expected.					
They run about in situations where it is not appropriate.					
They are unable to play or take part in leisure activities quietly.					
They are “on the go” and feel as though they are “driven by a motor”.					
They talk excessively.					
They blurt out an answer before a question has been completed.					
They have trouble waiting their turn.					
They interrupt or intrude on others (e.g., butts into conversations or activities)					

Please turn over.

B. How old were they when these difficulties started?

years old.

C. Overall, do you think that these problems have caused difficulties in the following areas, please tick (✓) where appropriate:

	Never	Rarely	Sometimes	Often	Very Often
Education/Work					
Relationships and/or Family					
Social Contact					
Free Time/Hobby					
Self-confidence/self-image					

Print Name:

Signature:

Today's date:

Sex: M | F | Other

Date of:
Birth

Thank you for your time.