

# ADHD SELF REPORT / CLINICAL ASSESSMENT

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*At the time of this printing, this checklist is primarily for research purposes, and is not a validated diagnostic tool.*

Name \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_  
 Prior Formal Diagnosis of (check) \_\_\_ ADHD , \_\_\_ OCD, \_\_\_ Tic Disorder/ Tourette's, \_\_\_ Anxiety Disorder,  
 \_\_\_ Depression, \_\_\_ Bipolar Disorder, \_\_\_ Learning Disability, \_\_\_ Conduct/Behavior Disorder  
 Significant Medical Problems (list) \_\_\_\_\_  
 Current Medications (list both prescribed and over the counter) \_\_\_\_\_

## INATTENTIVE (OFF TRACK) SYMPTOMS

Please rate how often each of these sensory perceptions, thoughts or feelings take your mind off the main mental track you want or that is necessary for a task. How impairing to your functioning is being off track to this degree? Common ADHD related impairments include: careless errors, not finishing a task, not finishing on time, not taking in or comprehending all you hear or read, not registering information in memory as well, getting easily frustrated or giving up quickly.

There appears to be two major ways of having one's mind go "off track," especially when being distracted by sights and sounds. At times it is due to more intrusive, interrupting distractions that disrupt your flow of thought and you experience this as annoying vs. those distractions that are more "sought out" - you look around or tune in auditorily, you are having difficulty persisting, because you are becoming bored with the current on track information or task.

- Very Seldom** "Off Track" – No significant impairment in functioning
- Sometimes** "Off Track" – Occasionally or sometimes minimally impairing to functioning
- Often** "Off Track" – Often impairing functioning to a noticeable degree
- Very Often** "Off Track" – Clearly impairing functioning to a significant degree

Very Seldom	Sometimes	Often	Very Often	<b><u>SENSORY INPUT DISTRACTIONS that are SOUGHT OUT when you are tired of or bored with what you are doing:</u></b>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	1. Auditory / Sounds – from small or repetitive, annoying sounds (e.g. someone sniffing, tapping, pen clicking) to normal volume, regular sounds (e.g. reading group, television, radio, nearby conversation)
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2. Visual / Sights – taking in visual information irrelevant to the main track and thinking about what is seen – catching movement out of the corner of your eye – finding what you see compelling enough to distract you
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3. Bodily Sensations – attending to itchy tags, being too hot, too cold, hungry, thirsty, bathroom needs, aches and pains, ill fitting clothing, etc.
				<b><u>TOTAL</u></b>

Very Seldom	Sometimes	Often	Very Often	<b>SENSORY INPUT DISTRACTIONS that are INTERRUPTING and INTRUSIVE and that you don't want. They are not invited. They annoy you, and you want them to go away:</b>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	1. Auditory / Sounds – from small or repetitive, annoying sounds (e.g. someone sniffing, tapping, pen clicking) to normal volume, regular sounds (e.g. reading group, television, radio, nearby conversation)
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2. Visual / Sights – taking in visual information irrelevant to the main track and thinking about what is seen – catching movement out of the corner of your eye – finding what you see compelling enough to distract you
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3. Bodily Sensations – attending to itchy tags, being too hot, too cold, hungry, thirsty, bathroom needs, aches and pains, ill fitting clothing, etc.
				<b>TOTAL</b>

Very Seldom	Sometimes	Often	Very Often	<b>DISTRACTIONS: THOUGHTS AND FEELINGS</b>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	1. Impulsive, “Pop Off-Track” thoughts – new thoughts out of nowhere, not related to thoughts you just left
				2. Associative thoughts: (one thought is tied to the next because “it reminds you.” The thoughts were paired together in your memory from the past or your creative mind relates the next thought somehow to the last thought)
* <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	A) Something you read, hear or think reminds you of something, which reminds you of something else, and so on, and you drift or meander into daydreaming or a fantasy <u>or</u>
* <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	B) You have rapid-fire, shifting thoughts that take you far off-track
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Overall for Associative Thoughts taking your mind off track
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3. When hearing or reading words, phrases or ideas, you get an immediate “Pop up” Visual Imagery (a picture in your mind like a photograph or a movie clip) that is so detailed and so interesting that it distracts you from incoming information or your usual flow of thought
				4. “Need to do” Thoughts:
* <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	A) When doing schoolwork, paperwork, detail-oriented or simple tasks, another task or activity not yet done pops into your mind, “calling you to do it now”
* <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	B) When doing tasks such as schoolwork, cleaning, cooking, duties at work (physical or paperwork), seeing other needs around you distracts you and “asks to be done”
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Overall for “Need to do” Thoughts taking your mind off track
				<b>DISTRACTIONS: THOUGHTS AND FEELINGS</b>

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	5. Mind Going "Blank" / "Spacing Out" - several seconds where you don't register much of anything in memory (e.g. "Why did I come into this room?" "How did I get here?" "What was I going to say?")
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	6. Feeling Physically Restless / "I need to get up and move around" Thoughts
				7. Worry Thoughts and / or Feeling Anxious:
* <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	A) About ongoing performance (e.g. "Will I finish on time?" "Will I do well?" "Is the teacher/boss upset with me for doing poor work?")
* <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	B) About relationship problems, reputation, social issues, popularity?
* <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	C) About other performance issues or general adequacy, appearance, having low self-esteem thoughts?
* <input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	D) About family stresses?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	Overall worry thoughts/anxiety taking your mind off track.
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	8. Feeling Frustrated or Angry With: A) The amount, type, or level of difficulty of the work (too easy, needless, useless, too hard, too much) or with yourself for struggling, failing, or resisting and/ or hating the task
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	9. Feeling Drowsy - "nodding off," needing a nap, struggling to maintain alertness and arousal, especially when trying to be physically still, be appropriate and stay on track?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	10. Feeling Down, Sad, or Demoralized by failures, struggles, or for other reasons such as a loss or feeling rejected?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	11. Feeling Bored - likely labeling it mentally, hating that feeling when anticipating or experiencing the boredom. Thinking about what you "have to do" or how long it will take, and then likely thinking "what you would rather do" thoughts?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	12. Your mind gets "Stuck" on a particular piece of sensory data, or a particular thought or feeling and it lingers too long, or repeats too often, and you find it difficult to shift your attention to the next obvious and appropriate stimulus or thought?
				<b>TOTAL =</b>

				<b><u>HYPERACTIVITY</u></b>
Very Seldom	Sometimes	Often	Very Often	
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	1. Being "up and around" and "on the go:" walking, pacing, running, climbing, exercising, can't stay seated?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2. When constrained and it is inappropriate to be overtly active, you "wiggle," "fidget," tap/bounce legs, do repetitive minor motor behaviors?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3. Doing multiple activities at the same time, "multitasking"?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	4. Excessive vocalizations, hypertalkative, humming, making noise, can't "be quiet"?
				<b>TOTAL =</b>

Very Seldom	Sometimes	Often	Very often	<b><u>IMPULSIVITY</u></b>
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	1. Doing rapid, reactive behaviors without much forethought or regard for the consequences
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2. Quick emotional responses and shifts in mood
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3. Interrupting, blurting out, intrusive verbally
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	4. Being impatient, pushy, urgency to get started or finish
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	5. Rushed, hurried, careless style with academics or tasks
				<b><u>TOTAL</u></b>

Seldom to Rare	Occasionally	Often	Very often	<b><u>DISORGANIZATION</u></b>
				1. Being disorganized managing your materials and possessions:
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	A. Losing or misplacing things frequently?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	B. Your things do not have a sense of order or placement in a predictable place?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	C. Not a good system for keeping, filing, or discarding paperwork appropriately?
				2. Being disorganized managing time:
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	A. Not estimating well the amount of time a task will take?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	B. Not having a good sense of how much time has passed without looking at a clock?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	C. Not pacing oneself well during a test or task to be able to finish on time?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	D. Not planning ahead for the time required on longer term projects?
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	E. Procrastinating, putting things off until the last minute, needing "deadline pressure" to start or stay focused?
				<b><u>TOTAL =</u></b>

\* Not added to point totals