ADULT ADHD

Adult ADHD Intake & Self-Report

A thorough, evidence-based evaluation starts with a thorough history. Take your time with this form.

Patient Information

PATIENT NAME _____ DATE OF BIRTH _____ TODAY'S DATE _____

OCCUPATION _____ HIGHEST EDUCATION _____

PREVIOUS ADHD DIAGNOSIS?

- ☐ Yes
- ☐ No
- ☐ Suspected

What Brings You In Today?

IN YOUR OWN WORDS, WHAT CONCERNS ARE YOU HOPING WE CAN ADDRESS?

_____

WHEN DID THESE CONCERNS START AFFECTING YOUR DAILY LIFE? _____

HAVE THEY GOTTEN WORSE RECENTLY? WHY NOW? _____

Areas Where ADHD-Type Symptoms Affect You — Check all that apply

- ☐ Work / job performance
- ☐ School / academic performance
- ☐ Relationships (partner, family, friends)
- ☐ Parenting
- ☐ Driving / safety
- ☐ Finances / money management
- ☐ Daily routine / household tasks
- ☐ Sleep
- ☐ Self-esteem / mood
- ☐ Health / self-care

Childhood History

DSM-5 requires that several ADHD symptoms were present before age 12, even if undiagnosed at the time. Please answer based on your memory of childhood.

- ☐ I had trouble paying attention in school
- ☐ I daydreamed often / "spaced out"
- ☐ I was easily distracted from tasks or schoolwork
- ☐ I struggled to finish homework / projects
- ☐ I lost things often (homework, books, items)
- ☐ I had trouble sitting still in class
- ☐ I talked too much or interrupted
- ☐ I acted impulsively / made hasty decisions
- ☐ I got in trouble at school for behavior or focus
- ☐ I was diagnosed with ADHD or learning issues as a child
- ☐ I was told I was bright but underperforming
- ☐ None of the above

Family Mental Health History

- ☐ ADHD in family (parent, sibling, child)
- ☐ Anxiety in family
- ☐ Depression / mood disorder in family
- ☐ Bipolar disorder in family
- ☐ Substance use disorder in family
- ☐ Autism / learning disability in family

ASRS-V1.1

Adult ADHD Self-Report Scale

Please rate how often each statement has applied to you over the past 6 months. Be honest — this scale is most useful when answered as accurately as possible.

Part A — Screening Questions

#	QUESTION	NEVER	RARELY	SOME-TIMES	OFTEN	VERY OFTEN
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?	☐	☐	☐	☐	☐

Part B — Detailed Symptom Questions

#	QUESTION	NEVER	RARELY	SOME-TIMES	OFTEN	VERY OFTEN
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 directly to you?	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐

FOR OFFICE USE — ASRS-V1.1 SCORING

Part A: Score positive for any of the following: Q1–3 marked "Sometimes," "Often," or "Very Often"; Q4–6 marked "Often" or "Very Often." Four or more positive responses suggest symptoms highly consistent with adult ADHD; further clinical evaluation warranted.

PART A SCORE (OUT OF 6) _____

TOTAL MARKED "OFTEN / VERY OFTEN" _____

REVIEWED BY _____

Mental Health & Treatment History

- ☐ Anxiety (current or past)
- ☐ Depression (current or past)
- ☐ Bipolar / mood disorder
- ☐ PTSD / trauma history
- ☐ OCD
- ☐ Eating disorder (current or past)
- ☐ Tic disorder / Tourette's
- ☐ Autism spectrum / neurodivergent
- ☐ Learning disability
- ☐ Sleep disorder (apnea, insomnia)
- ☐ Currently in therapy / counseling
- ☐ Past inpatient psychiatric care
- ☐ None of the above

Substance Use

ALCOHOL USE (DRINKS PER WEEK) _____

CAFFEINE PER DAY _____

NICOTINE / TOBACCO USE _____

- ☐ Marijuana / cannabis use
- ☐ Past or current stimulant use without prescription
- ☐ Other recreational drug use (current)
- ☐ History of substance use disorder (in recovery)
- ☐ None / not applicable

Medications Tried for ADHD or Mental Health (Past or Current)

MEDICATION	DOSE	HOW LONG	RESULT / WHY STOPPED

Cardiovascular Screening

- ☐ High blood pressure
- ☐ Heart disease / structural heart issue
- ☐ Arrhythmia / irregular heartbeat
- ☐ Fainting episodes / unexplained syncope
- ☐ Family history of sudden cardiac death
- ☐ Heart palpitations
- ☐ Pregnancy / planning pregnancy
- ☐ None of the above

What Have You Already Tried?

- ☐ Therapy / counseling
- ☐ ADHD coaching
- ☐ Apps / planners / organization systems
- ☐ Caffeine / OTC strategies
- ☐ Exercise / lifestyle changes
- ☐ Sleep optimization

Goals for Treatment

If treatment works well, what would be different in your life?

PATIENT SIGNATURE _____ DATE _____