ADULTS — ADHD SCREENING CHECKLIST

Name: _____ Date: _____ Age: _____

Directions: Tick Yes or No for each item. Consider long-term patterns since childhood and current impact on work, relationships, or daily life.

#	Yes	No	Screening Item
1	☐	☐	Often has trouble paying attention to details or makes careless mistakes at work.
2	☐	☐	Frequently has difficulty sustaining attention in tasks, meetings, or reading.
3	☐	☐	Often avoids or procrastinates tasks that require sustained mental effort.
4	☐	☐	Often has poor organization, misses deadlines, or mismanages time.
5	☐	☐	Frequently loses things needed for tasks (keys, documents, phone).
6	☐	☐	Is easily distracted by unrelated thoughts or external stimuli.
7	☐	☐	Often forgetful in daily routines (appointments, paying bills).
8	☐	☐	Feels restless or has difficulty relaxing; may fidget.
9	☐	☐	Finds it difficult to remain seated in meetings or long conversations.
10	☐	☐	Often speaks impulsively or interrupts others.
11	☐	☐	Makes impulsive decisions without considering consequences.
12	☐	☐	Has difficulty waiting in lines or taking turns.
13	☐	☐	Experiences mood swings, low frustration tolerance, or frequent impatience.
14	☐	☐	Has a history of underachievement at school despite ability.
15	☐	☐	Finds maintaining relationships or job performance challenging due to inattentiveness or impulsivity.
16	☐	☐	Frequently procrastinates or avoids starting tasks.
17	☐	☐	Often multitasks ineffectively and leaves projects incomplete.
18	☐	☐	Symptoms have been present since childhood (before age 12) or there is a history of similar problems.
19	☐	☐	Symptoms cause significant impairment at work, home, or social life.
20	☐	☐	Use of alcohol, drugs, sleep problems, or medical conditions do not fully explain symptoms.