**ADHD informant (parents) report of symptoms**

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| Patient name |  |
| Informant name |  |
| Relationship |  |
| Date |  |

* Your perspective on our patient’s behaviour will form an important part of the assessment for ADHD.
* If you rate any questions as “yes” please give examples of relevant symptoms/behaviours
* Symptoms of ADHD are common for most people from time to time. You should only answer “yes” if you think that the person has such problems *more often* or *to a greater degree* than other people of their age.

**Part 1: Inattention symptoms**

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| 1. **Do they often fail to give close attention to details or make careless mistakes in schoolwork, at work, or with other activities?**
 |
| Yes | No |  |
| If “yes” please give examples: |

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| 1. **Do they often have trouble holding their attention on tasks?**
 |
| Yes | No |  |
| If “yes” please give examples: |
| 1. **Do they often find it difficult to listen when spoken to directly?**
 |
| Yes | No |  |
| If “yes” please give examples: |

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| 1. **Do they often find it difficult to follow through on instructions and fail to finish tasks because they get side-tracked or distracted?**
 |
| Yes | No |  |
| If “yes” please give examples: |
| 1. **Do they often have trouble organizing tasks and activities?**
 |
| Yes | No |  |
| If “yes” please give examples: |

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| 1. **Do they often avoid, dislike, or are reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework)?**
 |
| Yes | No |  |
| If “yes” please give examples: |
| 1. **Do they often lose things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, glasses, mobile telephones)?**
 |
| Yes | No |  |
| If “yes” please give examples: |
| 1. **Are they often easily distracted?**
 |
| Yes | No |  |
| If “yes” please give examples: |
| 1. **Are they often forgetful in daily activities?**
 |
| Yes | No |  |
| If “yes” please give examples: |

**Part 2: hyperactivity and impulsivity symptoms**

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| 1. **Do they often fidget, tap their hands or feet, or squirm in their seat?**
 |
| Yes | No |  |
| If “yes” please give examples: |
| 1. **Do they often leave their seat in situations when remaining seated is expected?**
 |
| Yes | No |  |
| If “yes” please give examples: |

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| 1. **Do you think they often feel restless if they have to remain still?**
 |
| Yes | No |  |
| If “yes” please give examples: |
| 1. **Is it often hard for them to take part in leisure activities quietly?**
 |
| Yes | No |  |
| If “yes” please give examples: |

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| 1. **Do they often act as if they are always on the go?**
 |
| Yes | No |  |
| If “yes” please give examples: |
| 1. **Do they often talk excessively?**
 |
| Yes | No |  |
| If “yes” please give examples: |

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| 1. **Do they often blurt out an answer before a question has been completed?**
 |
| Yes | No |  |
| If “yes” please give examples: |
| 1. **Do they often have trouble waiting for their turn?**
 |
| Yes | No |  |
| If “yes” please give examples: |
| 1. **Do they often interrupt or intrude on others (e.g., butting into conversations or games)?**
 |
| Yes | No |  |
| If “yes” please give examples: |