ADHQ (Self-Report)

Last Name		First Name	Date	
Birth date	Age	Grade	-	
1. Did you ever have tr At home? (e.g. during		your seat? At school	? At work?	Yes □ No □
2. Were you always mo	oving in your cha	ir? Were you always	told to stop or to sit still?	Yes □ No □
3. Was it ever difficult playing quietly?	for you to play q	uietly? Did you ever	get in trouble for not	Yes □ No □
4. Did you talk a lot? A	ll the time? Mor	e than other kids? W	as it ever a problem?	Yes □ No □
5. Did you often do one first thing? (e.g. hou something else?	•	9	without finishing the game and running off to do	Yes □ No□
6. Did you ever have tr your mind on schoo			lly have trouble keeping	Yes □ No □
	structions? Did t	he teacher ever have	x, chores)? Did you have to tell you what to do	Yes □ No □
	ere were noises	or people moving arc	e doing? At school? At work? ound in the room, did you have	Yes □ No □
9. Did you talk when of Do you do this a lot?	thers were talkir	ng without waiting ur	ntil they were finished?	Yes □ No □
•	•	ions before someone the teacher called on	finished asking? Did you you?	Yes □ No □
_	_	n while playing with t the store or at the n	other kids? Did you push novies?	Yes □ No □
	-	rushed into doing thi to the street without	ngs without thinking about looking?	Yes □ No □
13. Did you often lose papers from school,		•	ften? What about losing	Yes □ No □
14. Did your parents o How often?	r your teachers e	ever complain that yo	u did not listen to them?	Yes □ No□