



Adult ADHD Clinical Screening Questionnaire (DSM-5-TR)

Client Name: _____ Date: _____

Instructions: Please rate how often you have experienced the following symptoms over the past 6 months.

Scale: 0 = Never | 1 = Rarely | 2 = Sometimes | 3 = Often | 4 = Very Often

Section 1: Inattention

1. Lack of Detail: Do you fail to give close attention to details or make careless mistakes in work or other activities? []
2. Sustaining Attention: Do you have difficulty remaining focused during tasks or conversations (e.g., mind wanders)? []
3. Listening: Does it often seem like your mind is elsewhere, even when someone is speaking directly to you? []
4. Follow-through: Do you start tasks but lose focus and get easily sidetracked before finishing (e.g., reports, chores)? []
5. Organization: Do you struggle to manage sequential tasks, keep materials in order, or meet deadlines? []
6. Avoidance: Do you avoid, dislike, or procrastinate on tasks that require sustained mental effort (e.g., filling out forms)? []
7. Losing Items: Do you frequently lose things necessary for tasks or life (e.g., keys, wallet, glasses, phone)? []
8. Distractibility: Are you easily pulled away from what you are doing by external noises or unrelated thoughts? []
9. Forgetfulness: Are you forgetful in daily activities (e.g., forgetting to pay bills, return calls, or keep appointments)? []

Inattention Total (Score 3 or 4): ____ / 9

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Section 2: Hyperactivity & Impulsivity

1. Fidgeting: Do you frequently tap your hands or feet, squirm in your seat, or play with objects? []
2. Remaining Seated: Do you leave your seat in situations where staying seated is expected (e.g., meetings, dinner)? []
3. Restlessness: Do you feel an internal sense of "edginess" or find it difficult to be still for long periods? []
4. Quiet Leisure: Do you find it difficult to engage in quiet hobbies or relax without "doing something"? []
5. "Driven by a Motor": Do you feel constantly "on the go" or act as if you are driven by an internal motor? []
6. Talking: Do you find yourself talking excessively, even when it's not socially required? []
7. Blurting: Do you finish people's sentences or shout out answers before a question has been completed? []
8. Waiting Turn: Do you find it extremely difficult or frustrating to wait in lines or wait for your turn? []
9. Intruding: Do you interrupt others' conversations, games, or activities without being invited? []

Hyperactivity/Impulsivity Total (Score 3 or 4): ____ / 9

To move from a "Screen" to a "Diagnosis," the following DSM-5-TR pillars must be met:

- Pillar 1 (Quantity): At least 5 symptoms scored as "Often" or "Very Often" in either section.
- Pillar 2 (Onset): Evidence that several symptoms were present before age 12.
- Pillar 3 (Pervasiveness): Symptoms must be present in two or more settings (e.g., home, work, social life).
- Pillar 4 (Impairment): Clear evidence that symptoms interfere with, or reduce the quality of, social or occupational functioning.
- Pillar 5 (Exclusion): The symptoms are not better explained by another mental disorder (e.g., Anxiety, Mood Disorder, Dissociative Disorder).