

HANDEDNESS QUESTIONNAIRE

Patient's Name _____ Date _____

1. Please indicate your preferred hand:

_____ Right _____ Left _____ Ambidextrous

(If ambidextrous, please indicate which hand you write with.)

2. Were you ever switched from writing with your left hand to your right?

_____ Yes _____ No

3. Indicate which hand you prefer to use for each of the following:

	<u>Always Left</u>	<u>Usually Left</u>	<u>No Preference</u>	<u>Usually Right</u>	<u>Always Right</u>
Writing	_____	_____	_____	_____	_____
Using fork or spoon	_____	_____	_____	_____	_____
Throwing	_____	_____	_____	_____	_____
Racket sports	_____	_____	_____	_____	_____
Scissors	_____	_____	_____	_____	_____
Brushing teeth	_____	_____	_____	_____	_____

4. Are there any other one-handed activities for which you use your non-preferred hand?

5. Which eye do you use to look through a camera, telescope, or microscope:

_____ Right _____ Left _____ No Preference

6. Which foot do you use to kick a ball?

_____ Right _____ Left _____ No Preference

(CHILDREN AND ADOLESCENTS - THIS SECTION TO BE COMPLETED BY PARENT)

7. Indicate the preferred hand of each of your biologically related relatives.

	<u>Right</u>	<u>Left</u>	<u>Ambidextrous</u>	<u>Unknown</u>
Mother	_____	_____	_____	_____
Father	_____	_____	_____	_____
Sister(s)	_____	_____	_____	_____
Brother(s)	_____	_____	_____	_____
Maternal Grandmother	_____	_____	_____	_____
Maternal Grandfather	_____	_____	_____	_____
Paternal Grandmother	_____	_____	_____	_____
Paternal Grandfather	_____	_____	_____	_____
Aunts	_____	_____	_____	_____
Uncles	_____	_____	_____	_____
Cousins	_____	_____	_____	_____
Daughter(s)	_____	_____	_____	_____
Son(s)	_____	_____	_____	_____

DSM-5 ADHD RATING SCALE – Past 6 Months

Patient's Name _____ Age _____ Date _____

Person Completing Form _____ Relationship to Patient _____

DIRECTIONS: Circle the number next to each statement that best describes how much the statement applies to you (or the person you are evaluating) **OVER THE PAST 6 MONTHS**. Please rate with regard to performance on **NON-PREFERRED** activities (paper work, homework, chores, etc.)

	<u>Never/ Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
1. Fails to give close <u>attention to details</u> or makes <u>careless mistakes</u> in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).	0	1	2	3
2. Has difficulty <u>sustaining attention</u> in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).	0	1	2	3
3. Does not seem to <u>listen</u> when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).	0	1	2	3
4. Does not <u>follow through</u> on instructions and <u>fails to finish</u> schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).	0	1	2	3
5. Has difficulty <u>organizing</u> tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require <u>sustained mental effort</u> (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	0	1	2	3
7. <u>Loses things</u> necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, cell phones).	0	1	2	3
8. Is <u>easily distracted</u> by external stimuli (for older adolescents and adults, includes unrelated thoughts).	0	1	2	3
9. Is <u>forgetful</u> in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).	0	1	2	3

OVER —▶

	<u>Never/ Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
1. <u>Fidgets</u> with or <u>taps</u> hands or feet or <u>squirms</u> in seat.	0	1	2	3
2. <u>Leaves seat</u> in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	0	1	2	3
3. <u>Runs about</u> or <u>climbs</u> in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to <u>feeling restless</u> .)	0	1	2	3
4. Unable to play or engage in leisure activities <u>quietly</u> .	0	1	2	3
5. Is " <u>on the go</u> ," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).	0	1	2	3
6. <u>Talks</u> excessively.	0	1	2	3
7. <u>Blurts out</u> an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).	0	1	2	3
8. Has difficulty <u>waiting</u> his or her turn (e.g., while waiting in line).	0	1	2	3
9. <u>Interrupts</u> or <u>intrudes</u> on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).	0	1	2	3

DSM-5 ADHD RATING SCALE – Prior to Age 12

Patient's Name _____ Age _____ Date _____

Person Completing Form _____ Relationship to Patient _____

DIRECTIONS: Circle the number next to each statement that best describes how much the statement applies to you (or the person you are evaluating) **PRIOR TO AGE 12**. Please rate with regard to performance on **NON-PREFERRED** activities (paper work, homework, chores, etc.)

	<u>Never/ Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
1. Fails to give close <u>attention to details</u> or makes <u>careless mistakes</u> in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).	0	1	2	3
2. Has difficulty <u>sustaining attention</u> in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).	0	1	2	3
3. Does not seem to <u>listen</u> when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).	0	1	2	3
4. Does not <u>follow through</u> on instructions and <u>fails to finish</u> schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).	0	1	2	3
5. Has difficulty <u>organizing</u> tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require <u>sustained mental effort</u> (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	0	1	2	3
7. <u>Loses things</u> necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, cell phones).	0	1	2	3
8. Is <u>easily distracted</u> by external stimuli (for older adolescents and adults, includes unrelated thoughts).	0	1	2	3
9. Is <u>forgetful</u> in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).	0	1	2	3

OVER →

	<u>Never/ Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
1. <u>Fidgets</u> with or <u>taps</u> hands or feet or <u>squirms</u> in seat.	0	1	2	3
2. <u>Leaves seat</u> in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).	0	1	2	3
3. <u>Runs about</u> or <u>climbs</u> in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to <u>feeling restless</u> .)	0	1	2	3
4. Unable to play or engage in leisure activities <u>quietly</u> .	0	1	2	3
5. Is " <u>on the go</u> ," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).	0	1	2	3
6. <u>Talks</u> excessively.	0	1	2	3
7. <u>Blurts out</u> an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).	0	1	2	3
8. Has difficulty <u>waiting</u> his or her turn (e.g., while waiting in line).	0	1	2	3
9. <u>Interrupts</u> or <u>intrudes</u> on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).	0	1	2	3

BROWN ADD SCALES – ADULT

Patient's Name _____ Age _____ Date _____

Person Completing Form _____ Relationship _____

DIRECTIONS: Circle the number next to each statement that best describes how much the statement applies to you (or the person your are evaluating).

	<u>Never or Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>	<u>Do Not Mark</u>
1. Listens and tries to pay attention (e.g., in a meeting, lecture, or conversation) but mind often drifts; misses out on desired information.	0	1	2	3	2
2. Experiences excessive difficulty getting started on tasks (e.g., doing paperwork or contacting people).	0	1	2	3	1
3. Feel excessively stressed or overwhelmed by tasks that should be manageable (e.g., "no way I can do all this now; this is way too much" though it really isn't all that bad).	0	1	2	3	1
4. "Spaces out" involuntarily and frequently when doing required reading; keeps thinking of things that have nothing to do with what is being read.	0	1	2	3	2
5. Is easily sidetracked; starts a task then switches to do something less important.	0	1	2	3	2
6. Loses track in required reading of what has just been read and needs to read it again; understands the words, but what was read "just doesn't stick."	0	1	2	3	2
7. Is excessively forgetful about what has been said, done, or heard in the past 24 hours.	0	1	2	3	5
8. Remembers some of the details in required reading but has difficulty grasping the main idea.	0	1	2	3	2
9. Is easily frustrated and excessively impatient.	0	1	2	3	4
10. Bogs down when presented with many things to do; has difficulty setting priorities, getting organized, and then getting started.	0	1	2	3	1
11. Procrastinates excessively; keeps putting things off: "I'll do it later" or "I'll do it tomorrow."	0	1	2	3	1
12. Feels sleepy or tired during the day, even after a decent sleep the night before.	0	1	2	3	3
13. Is disorganized; has excessive difficulty keeping track of plans, money, or time.	0	1	2	3	1
14. Cannot complete tasks in the allotted time; needs extra time to finish satisfactorily.	0	1	2	3	3
15. Intends to do things but forgets (e.g., turn off appliances, get things from store, return phone calls, keep appointments, pay bills, do assignments).	0	1	2	3	5
16. Is criticized by self or others for being lazy.	0	1	2	3	3
17. Produces inconsistent quality of work; performance quite variable—slacks off unless "pressure" is on.	0	1	2	3	3

OVER →

	<u>Never or Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>	<u>Do Not Mark</u>
18. Is sensitive to criticism from others; feels it deeply or for a long time; gets overly defensive.	0	1	2	3	4
19. Tends to be slow to react or to get started, sluggish or slow-moving; doesn't jump right into things; slow to answer questions or to get ready to do something.	0	1	2	3	1
20. Becomes irritated easily; "short-fused" with sudden outbursts of anger.	0	1	2	3	4
21. Is excessively rigid or is a perfectionist (has to get things just so, "picky, picky, picky").	0	1	2	3	1
22. Receives criticism for not working up to potential (e.g., "could do so much better if only ... would try harder or work more consistently").	0	1	2	3	3
23. Gets lost in daydreaming or is preoccupied with own thoughts.	0	1	2	3	2
24. Has difficulty expressing anger appropriately to others, doesn't stand up for self.	0	1	2	3	4
25. "Runs out of steam" and doesn't follow through; effort fades quickly.	0	1	2	3	3
26. Is easily distracted from tasks by background noises or activities; needs to check out whatever else is going on.	0	1	2	3	2
27. Has a hard time waking up in the morning; finds it very difficult to get out of bed or to get going.	0	1	2	3	1
28. In writing, must repeatedly erase, scratch out, or start over because of minor mistakes.	0	1	2	3	5
29. Frequently feels discouraged, depressed, sad, or down.	0	1	2	3	4
30. Tends to be a loner among peers, keeps to self, and is shy; doesn't associate much with friends of same age.	0	1	2	3	4
31. Appears apathetic or unmotivated (others think he/she doesn't care at all about his/her work.)	0	1	2	3	4
32. Stares off into space; seems "out of it".	0	1	2	3	2
33. Often leaves out words or letters in writing.	0	1	2	3	5
34. Has sloppy, hard to read penmanship.	0	1	2	3	3
35. Forgets to bring – loses track of – needed items such as keys, pencils, bills, and paperwork. (I know it's here someplace; I just cant find it right now...").	0	1	2	3	5
36. Doesn't seem to be listening and gets complaints from others about it.	0	1	2	3	2
37. Needs to be reminded by others to get started or to keep working on tasks that need to be done.	0	1	2	3	3
38. Has difficulty memorizing (e.g., names, dates, information, at work).	0	1	2	3	5
39. Misunderstands directions for assignments, completion of forms, etc.	0	1	2	3	1
40. Starts tasks (e.g., paperwork, chores) but doesn't complete them.	0	1	2	3	3

CONCENTRATION DEFICIT DISORDER – ADULT

Patient's Name_____ Age_____ Date_____

Person Completing Form_____ Relationship_____

	<u>Never or Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Very Often</u>
1. Day dreaming excessively; gets lost in thought	0	1	2	3
2. Trouble staying alert or awake in boring situations	0	1	2	3
3. Easily confused	0	1	2	3
4. Spacey or in a fog, mind seems to be elsewhere	0	1	2	3
5. Stares a lot	0	1	2	3
6. Lethargic, more tired than others	0	1	2	3
7. Underactive or low energy	0	1	2	3
8. Slow moving, hard to get going, unmotivated	0	1	2	3
9. Doesn't understand or process information quickly	0	1	2	3
10. Apathetic or withdrawn; less engaged in activities	0	1	2	3
11. Slow to complete tasks, needs more time than others	0	1	2	3
12. Lacks initiative to complete work, or effort fades quickly	0	1	2	3

ADHD SYMPTOM CHECKLIST* - ADULT

Patient's Name _____ Age _____ Date _____

Person Completing Form _____ Relationship _____

Please check all that apply.

Compared with most people, this individual displays:

- _____ 1. Excessive talking and/or movement, such as fidgeting, tapping, and pacing.
- _____ 2. Impulsive decision-making; cannot wait or delay gratification.
- _____ 3. Disregard for future consequences of his/her actions, either positive or negative; fails to learn or to adjust behavior based on experience.
- _____ 4. Inability to inhibit excessive or inappropriate talking and/or motor movements.
- _____ 5. Emotional impulsivity, poor emotional self-regulation; often over-reacts to minor provocations; quickly gets elated, happy, sad, angry, or frustrated, but emotions are short-lived.
- _____ 6. Inability to persist in working toward goals or completing tasks.
- _____ 7. Inability to resist responding to distractions; gets off task easily.
- _____ 8. Inability to re-engage in tasks following interruptions.
- _____ 9. Poor immediate and short-term memory; inability to remember directions, details, or requests; needs constant reminding or prompting to complete tasks.
- _____ NONE OF THESE APPLY.