

PATIENT QUESTIONNAIRE

The questions below refer to how you have behaved and felt DURING THE PAST WEEK. Rate each question on a scale of 0 to five, using the following scale:

0 = not at all	1 = just a little	2 = somewhat
3 = moderately	4 = quite a lot	5 = very much
1. At home, work, or school, I find my mind wandering from tasks that are uninteresting or difficult.	0 1 2 3 4 5	
2. I find it difficult to read written material unless it is very interesting or very easy.	0 1 2 3 4 5	
3. Especially in groups, I find I hard to say focused on what is being said in conversations.	0 1 2 3 4 5	
4. I have a quick temper...a short fuse.	0 1 2 3 4 5	
5. I am irritable, and get upset by minor annoyances.	0 1 2 3 4 5	
6. I say things without thinking, and later regret having said them.	0 1 2 3 4 5	
7. I make quick decisions without thinking enough about their possible bad results.	0 1 2 3 4 5	
8. My relationships with people are made difficult by my tendency to talk first and think later.	0 1 2 3 4 5	
9. My moods have highs and lows.	0 1 2 3 4 5	
10. I have trouble planning in what order to do a series of tasks or activities.	0 1 2 3 4 5	
11. I easily become upset.	0 1 2 3 4 5	
12. I seem to be "thin skinned" and many things upset me.	0 1 2 3 4 5	
13. I am almost always "on the go."	0 1 2 3 4 5	
14. I am more comfortable when moving than when sitting still.	0 1 2 3 4 5	
15. In conversations, I start to answer questions before the questions have been fully asked.	0 1 2 3 4 5	
16. I usually work on more than one project at a time, and fail to finish many of them.	0 1 2 3 4 5	

17. There is a lot of “static” or “chatter” in my head.	0 1 2 3 4 5
18. Even when sitting quietly, I am usually moving my hands or feet.	0 1 2 3 4 5
19. In group activities it is hard for me to wait my turn.	0 1 2 3 4 5
20. My mind gets so cluttered that it is hard for it to function.	0 1 2 3 4 5
21. My thoughts bounce around as if my mind were a pinball machine.	0 1 2 3 4 5
22. My brain feels as if it were a television set with all the channels going at once.	0 1 2 3 4 5
23. I am unable to stop daydreaming.	0 1 2 3 4 5
24. I am distressed by the disorganized way my brain works.	0 1 2 3 4 5

Now add up your score. Bring this questionnaire with you on your visit date.

This questionnaire is provided for guideline purposes only. If you have questions or concerns, be sure to consult your physician or therapist.