



Symptom Checklist

Self Report Adult

Name: _____ (Form to be completed by self)

On specified date, please rate each symptom by circling the number that best describes the symptoms or severity of challenge.

Frequency Code: 0 = Never 1 = Occasionally 2 = Often 3 = Very Often

Date completed:			
Make careless mistakes when working on boring or difficult task	0 1 2 3	0 1 2 3	0 1 2 3
Difficulty sustaining attention in tasks	0 1 2 3	0 1 2 3	0 1 2 3
Difficulty listening when spoken to directly	0 1 2 3	0 1 2 3	0 1 2 3
Difficulty following instructions and fail to complete assigned tasks	0 1 2 3	0 1 2 3	0 1 2 3
Difficulty organizing tasks and/or things	0 1 2 3	0 1 2 3	0 1 2 3
Avoid or dislike tasks that require sustained mental effort	0 1 2 3	0 1 2 3	0 1 2 3
Lose or misplace things needed for tasks	0 1 2 3	0 1 2 3	0 1 2 3
Distracted by activity or noise around you	0 1 2 3	0 1 2 3	0 1 2 3
Forgetful in daily activities	0 1 2 3	0 1 2 3	0 1 2 3
Fidget with hands or feet when seated for a long time	0 1 2 3	0 1 2 3	0 1 2 3
Feel restless or fidgety	0 1 2 3	0 1 2 3	0 1 2 3
Difficulty remaining seated when expected	0 1 2 3	0 1 2 3	0 1 2 3
Difficulty relaxing, unwinding or playing quietly	0 1 2 3	0 1 2 3	0 1 2 3
Feel overly active like you were "driven by a motor"	0 1 2 3	0 1 2 3	0 1 2 3
Talk too much in social situations	0 1 2 3	0 1 2 3	0 1 2 3
Blurt out answers before questions complete or finish sentences of others	0 1 2 3	0 1 2 3	0 1 2 3
Difficulty awaiting your turn when turn taking required	0 1 2 3	0 1 2 3	0 1 2 3
Interrupt others when they are busy	0 1 2 3	0 1 2 3	0 1 2 3
Feel impatient	0 1 2 3	0 1 2 3	0 1 2 3
Feel easily stressed	0 1 2 3	0 1 2 3	0 1 2 3
Worry or anxious about a number of issues	0 1 2 3	0 1 2 3	0 1 2 3
Mood swings experienced	0 1 2 3	0 1 2 3	0 1 2 3
Feel depressed	0 1 2 3	0 1 2 3	0 1 2 3
Feel dull, tired, listless	0 1 2 3	0 1 2 3	0 1 2 3
Feel irritable	0 1 2 3	0 1 2 3	0 1 2 3
Overreact emotionally to things	0 1 2 3	0 1 2 3	0 1 2 3
Decreased appetite	0 1 2 3	0 1 2 3	0 1 2 3
Difficulty falling asleep	0 1 2 3	0 1 2 3	0 1 2 3
Target Symptoms	0 1 2 3	0 1 2 3	0 1 2 3
1	0 1 2 3	0 1 2 3	0 1 2 3
2	0 1 2 3	0 1 2 3	0 1 2 3
3	0 1 2 3	0 1 2 3	0 1 2 3
4	0 1 2 3	0 1 2 3	0 1 2 3
5	0 1 2 3	0 1 2 3	0 1 2 3
6	0 1 2 3	0 1 2 3	0 1 2 3
7	0 1 2 3	0 1 2 3	0 1 2 3
8	0 1 2 3	0 1 2 3	0 1 2 3

Thank you for your help! Please fax the ratings to Melmed Center at (480) 443-4018.