

ADHD Impacts Multiple Life Settings

This is a personal checklist that can help you become aware of and track your symptoms of attention deficit hyperactivity disorder (ADHD). Whether you are in the workforce or an adult college student, you can use this to become more aware of your personal symptoms and challenges. Be sure to ask your doctor if you have any questions.

Name: _____ Date: _____

ADHD impairs daily functioning in multiple settings.

Identify behaviours that cause impairment or difficulties on a regular basis.

In the morning	<input type="checkbox"/> Difficulty getting ready in the morning <input type="checkbox"/> Arguments with family members <input type="checkbox"/> Late for work/college <input type="checkbox"/> Forgetful (forget or lose keys, notes)	Self-esteem <input type="checkbox"/> <input type="checkbox"/>
		Biggest impact:

At work/college	<input type="checkbox"/> Trouble wrapping up the final details of a project once the challenging parts have been done <input type="checkbox"/> Arguments with classmates/coworkers <input type="checkbox"/> Procrastinate <input type="checkbox"/> Results not in line with my potential and/or effort <input type="checkbox"/> Trouble following rules and instructions <input type="checkbox"/> Difficulty keeping jobs <input type="checkbox"/> Conflicts: with whom? _____	Self-esteem <input type="checkbox"/> <input type="checkbox"/>
		Biggest impact:

After work/college	<input type="checkbox"/> Difficulty with assignments <input type="checkbox"/> Social problems/difficulty with friends: _____ <input type="checkbox"/> Engage in risky behaviour(s): _____ <input type="checkbox"/> Drive with excessive speed <input type="checkbox"/> Trouble following instructions <input type="checkbox"/> Difficult relationship: with whom? _____ <input type="checkbox"/> Conflicts: with whom? _____	Self-esteem <input type="checkbox"/> <input type="checkbox"/>
		Biggest impact:

In the evening	<input type="checkbox"/> Chaotic family dinner time <input type="checkbox"/> Difficulty completing assignments <input type="checkbox"/> Self-medicate with alcohol or illicit drugs <input type="checkbox"/> Problems during sports or social activities: _____ <input type="checkbox"/> Engage in risky behaviours: _____ <input type="checkbox"/> Difficult parent-child relationship <input type="checkbox"/> Conflicts with spouse/partner <input type="checkbox"/> Conflicts with friends <input type="checkbox"/> Excessive time watching TV or at a computer (time spent in hours/minutes): _____ <input type="checkbox"/> Difficulty sleeping/insomnia	Self-esteem <input type="checkbox"/> <input type="checkbox"/>
		Biggest impact:

This checklist is NOT a diagnostic tool: it is intended for use in adults already diagnosed with ADHD. Fill out the checklist and either email it to your physician, or print and bring it back at your next appointment.