adult adhd
NACE TOOLKIT
ASSESSMENT TOOLS

Brief Semi-Structured Interview for ADHD in Adults

Patient Name ______________________________ Date ______________

1. Inquire about the current presence and severity of core ADHD symptoms. (Have patient complete an ADHD symptom checklist.)

Yes	No	Symptoms Present
☐	☐	Inattention
☐	☐	Hyperactivity
☐	☐	Impulsivity

If present, age at which symptoms first appeared: ______________

Would others who know you agree that these symptoms are present? ______________

2. Inquire about the degree to which ADHD symptoms impair performance in school, work, or social relationships.

Mild	Moderate	Severe	Domains of Impairment
☐	☐	☐	School Impairment
☐	☐	☐	Work Impairment
☐	☐	☐	Relationship Impairment
☐	☐	☐	Other, specify: ______________

Would others who know you agree that these symptoms impair your performance? ____________

3. Inquire about the presence of symptoms of other psychiatric disorders.

Yes	No	Other Symptoms of Psychiatric Disorders	Yes	No	Other Symptoms of Psychiatric Disorders
☐	☐	Depression/Dysthymia	☐	☐	Substance Use/Abuse
☐	☐	Generalized Anxiety	☐	☐	Anger management
☐	☐	Bipolar Disorder/Mood swings	☐	☐	Anti-social behavior
☐	☐	Social Anxiety/Social Phobia	☐	☐	Eating disorder
☐	☐	Post-Traumatic Stress Disorder	☐	☐	Cognitive impairments
☐	☐	Academic/learning problems	☐	☐	Other (specify below)

4. Inquire about past psychiatric history (e.g., previous diagnosis of ADHD or other psychiatric disorders).

Yes	No	Previous Psychiatric Diagnosis	Yes	No	Previous Psychiatric Diagnosis
☐	☐	ADHD	☐	☐	Substance Use/Abuse
☐	☐	Depression	☐	☐	Anger management
☐	☐	Bipolar	☐	☐	Anti-social behavior
☐	☐	Social Anxiety/Social Phobia	☐	☐	Eating disorder
☐	☐	Post-Traumatic Stress Disorder	☐	☐	Cognitive impairments
☐	☐	Academic/learning problems	☐	☐	Other (specify below)

5. Inquire about current or past mental health treatment.

6. Inquire about any significant physical health problems (past and present).

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ADHD Medication Side Effects Checklist

Patient Name ______________________________ Age:__________

Instructions: Below is a list of some possible physical or emotional problems that may result from taking ADHD medication. Look through this list and check the box *for the current visit* that describes your experience (put "√" if the problem is mild, "√√" if moderate, and "√√√" if it is severe). Measurements taken at baseline (before ADHD medication was taken) will help your health care provider identify what problems were pre-existing before ADHD treatment was started and what problems may have developed after ADHD treatment was initiated.

Problem	Baseline Date___________ Medication/Dose________	Visit 1 Date___________ Medication/Dose______	Visit 2 Date___________ Medication/Dose______	Visit 3 Date___________ Medication/Dose______
Decreased appetite				
Weight loss				
Weight gain				
Upset stomach				
Vomiting				
Nausea				
Thirsty				
Constipation				
Difficulty with urination				
Diarrhea				
Headaches				
Tiredness, sedation, fatigue				
Difficulty with sleep at night				
Sleepiness				
Early morning awakening				
Dizziness/light-headedness				
Dry skin				
Dry eyes				
Dry mouth				
Unpleasant taste in the mouth				
Sore throat				
Skin rashes				
Runny nose				
Sweating				
Blood pressure and pulse changes				
Congestion				
Palpitations				
Chest pains				
Tremor				
Mood swings				
Depression				
Worried or Anxious				
Socially withdrawn				
Irritability				
Easily agitated				
Increased anger episodes				
Nervousness				
Excessive talkative				
Picking at skin or fingers, nail-biting, lip or cheek chewing				
Movement of mouth, tongue, jaw (e.g., tongue thrusts, jaw clenching)				
Tics-repetitive movements (e.g., eye blinking, twitching, etc)				
Impotence				
Change in sexual drive				
Other______________________				

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Medication Response Form

Patient Name ______________________________ Date ______________

Instructions: Please rate the following factors on a scale of 1 - 10 where 1 = poor, 5 = average, and 10 = excellent.
Please write comments in the appropriate column.

Medication______________________________ Dose, Schedule ______________________________

Day	Time	Dose	Concentration	Task Completion	Mood	Comments

From: Ramsay & Rostain, *CBT for Adult ADHD*, 2008

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