

**ADD / ADHD QUESTIONNAIRE**  
**ANSWERS SHOULD REFLECT *CURRENT* CONDITION**

**SLEEP**

Poor	Fair	Good	How is your sleep?
_____	Hours		How many hours of sleep do you get on a good night?
_____	Hours		How many hours of sleep do you get on a bad night?
_____	Hours		How many hours of sleep do you need to feel rested?
_____	Nights		How many nights per week do you get enough rest?
YES	NO		Do you wake frequently?
YES	NO		Do you have trouble falling asleep?

**ENERGY**

*Goal is 100%*

_____	%	Good day
_____	%	Bad day

**CONCENTRATION**

*Goal is 100%*

_____	%	Good day
_____	%	Bad day

Depression:	NONE	MILD	MODERATE	SEVERE
Anxiety:	NONE	MILD	MODERATE	SEVERE

**DISTRACTIBILITY**

*Includes disorganization, day-dreaming, forgetfulness, ect.*

Without medication:	NONE	MILD	MODERATE	SEVERE
With medication:	NONE	MILD	MODERATE	SEVERE

**IMPULSIVITY**

*Includes poor judgement, impatience, speaks before thinking, ect.*

Without medication:	NONE	MILD	MODERATE	SEVERE
With medication:	NONE	MILD	MODERATE	SEVERE

**HYPERACTIVITY**

*Includes fidgeting, inability to sit still, restlessness, ect.*

Without medication:	NONE	MILD	MODERATE	SEVERE
With medication:	NONE	MILD	MODERATE	SEVERE