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Adult Attention Deficit Disorder

Name: _____ Date: _____

Do you or someone you know have Adult ADD?

Please answer the following questions:

1.) How often do you have trouble wrapping up the final details of a project once the challenging parts have been done?

Never Rarely Sometimes Often Very Often

2.) How often do you have difficulty getting things in order when you have to do a task that requires organization?

Never Rarely Sometimes Often Very Often

3.) How often do you have problems remembering appointments or obligations?

Never Rarely Sometimes Often Very Often

4.) When you have a task that requires a lot of thought, how often do you avoid or delay getting started?

Never Rarely Sometimes Often Very Often

5.) How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?

Never Rarely Sometimes Often Very Often

6.) How often do you feel overly active and compelled to do things as if you were driven by a motor?

Never Rarely Sometimes Often Very Often

Maybe, if answers to first three questions are Sometime, Often or Very Often and answers to last three questions are Often or Very Often.

Source: Adult ADHD Self-Report Scale (ASRS) from Harvard.

If your answers are mostly often or very often, call 830-896-4711 for an appointment and bring this questionnaire.

The doctor is in.