

BARKLEY'S Quick-Check for Adult ADHD Diagnosis

Do you:

- | | YES |
|--|--------------------------|
| 1. Often make decisions impulsively? | <input type="checkbox"/> |
| 2. Often have difficulty stopping activities or behavior when you should do so? | <input type="checkbox"/> |
| 3. Often start projects or tasks without regarding or listening to directions carefully? | <input type="checkbox"/> |
| 4. Often have poor follow-through on promises? | <input type="checkbox"/> |
| 5. Often have trouble doing things in proper order? | <input type="checkbox"/> |
| 6. Often drive with excessive speed? | <input type="checkbox"/> |
| 7. Often become distracted by extraneous stimuli? | <input type="checkbox"/> |
| 8. Often have difficulty sustaining attention in tasks or leisure activities? | <input type="checkbox"/> |
| 9. Often have difficulty organizing tasks and activities? | <input type="checkbox"/> |

Total the number of check marks for **TOTAL SYMPTOMS – CURRENT** _____

In your:

- | | YES |
|----------------------------|--------------------------|
| 1. Occupation or job? | <input type="checkbox"/> |
| 2. Social life? | <input type="checkbox"/> |
| 3. Educational Activities? | <input type="checkbox"/> |

Total the number of check marks for **TOTAL AREAS** _____

When you were a child, did you:

- | | YES |
|---|--------------------------|
| 1. Often fail to give close attention to details or make careless mistakes in your work? | <input type="checkbox"/> |
| 2. Often have difficulty sustaining attention in tasks or fun activities? | <input type="checkbox"/> |
| 3. Often feel restless? | <input type="checkbox"/> |
| 4. Often avoid, dislike, or were reluctant to engage in work that required sustained mental effort? | <input type="checkbox"/> |
| 5. Often forget things in your daily activities? | <input type="checkbox"/> |
| 6. Often interrupt or intrude on others? | <input type="checkbox"/> |

Total the number of check marks for **Total Symptoms – Childhood** _____

Scoring

- | | YES | NO |
|--|--------------------------|--------------------------|
| Does the patient have 6 or more current symptoms of ADHD? | <input type="checkbox"/> | <input type="checkbox"/> |
| And Does the patient have 4 or more childhood symptoms of ADHD? | <input type="checkbox"/> | <input type="checkbox"/> |
| And Does the patient have 2 or more areas of life impairment? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes to all of above they have an 87% chance of having ADHD, a 0% chance of being classified as normal without any disorder, and a 13% chance of having a psychiatric disorder other than ADHD.