

ADHD impacts multiple life settings



ADULT

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 postsecondary 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. Add any other issues you observe in the blank lines provided on the back.

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/school <input type="checkbox"/> Forgetful (forget or lose keys, notes) <input type="checkbox"/> Procrastination (wait until the last minute to get ready)	Self-esteem
		Biggest impact:
		What I am most proud of this week:
At work/school	<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"/> Procrastination (miss deadlines, or meet deadlines with high stress level) <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
		Biggest impact:
		What I am most proud of this week:
After work/school	<input type="checkbox"/> Difficulty with assignments <input type="checkbox"/> Procrastination (not completing chores, errands, etc.) <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
		Biggest impact:
		What I am most proud of this week:
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 behaviour(s): _____ <input type="checkbox"/> Difficult parent-child relationship(s) <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
		Biggest impact:
		What I am most proud of this week:

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

Don't forget to bring back the **filled-out** checklist to your next appointment!

Name: _____

Date of next appointment: _____

Appointment with: Dr. _____

Patient's goal(s):

Reminder list of additional things to discuss with the physician:

DontoverlookADHD.ca

a consumer resource focusing on ADHD



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