# **OPAS A**DD **Scoring Sheet for Adults**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions: Please answer the following questions in order to monitor and follow your ADHD progress.

The HIGHER your score equates more symptoms. In other words, improvement means your scores get lower over time.

Please indicate the **score (1-10)** of your **AVERAGE over the PAST WEEK**:

1. **How often** has **paying attention to details** such as remembering appointments, paying bills, making necessary calls , driving the speed limit, etc. have been an issue?

Never Sometimes Frequently Daily/Always

0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

2. **How often** do you have **problems staying focused** on tasks or activities such as listening to lectures, lengthy directions or conversations? Or, how often do you start tasks but **quickly lose focus** or become sidetracked and fail to timely finish homework, household chores, or tasks in the workplace?

Never Sometimes Frequently Daily/Always

0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

3. **How often** do you have difficulty in managing chronological tasks such as: keeping belongings in order and avoiding messy home and work sites?

Never Sometimes Frequently Daily/Always

0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

4. **How often** during the past week have you ***misplaced or lost objects*** necessary for tasks or activities (e.g., school assignments, pencils, books, tools, wallets, keys, paperwork, eyeglasses, or cellphones?)

Never Sometimes Frequently Daily/Always

0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

5. **How often** during the past week were you ***forgetful*** in your daily activities, chores, running errands, returning calls, paying bills, and keeping appointments?

Never Sometimes Frequently Daily/Always

0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

6. **How often** have you had **feelings of restlessness when waiting** for others, wanting to move faster than others, wanting people to get to the point, speeding while driving and cutting into traffic to go faster than others. Similarly, how often have you felt ***uncomfortable doing things slowly and systematically*** and not rushing through activities or tasks?

Never Sometimes Frequently Daily/Always

0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

7. **To what degree** during the past week did you suffer from **poor time management** or tend to struggle to meet deadlines?

None Slight Some Much Extreme

0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

8. **To what degree** during the past week have you been reluctant to/ **avoid**ed tasks that require **sustained mental effort** such as homework, preparing reports, completing forms or reviewing lengthy papers?

None Slight Some Much Extreme

0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

9. **To what degree** during the past week have you **felt restless, or fidgety**, were **impatient**, not finishing other people’s statements, inappropriately interrupting them, or **talking excessively or out of turn**?

None Slight Some Much Extreme

0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

10. To what degree has it been ***difficult to resist temptations, cravings or opportunities***, even if it means taking risks such as committing to a relationship after only a brief acquaintance, taking on a job, a serious responsibility or a major purchase without preparation? Similarly, what difficulty have you had **acting impulsively**?

None Slight Some Much Extreme

0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

11. To what degree have you had problems with stress, anxiety, depression, elevated mood, irritability, or sleep problems during the past week?

None Slight Some Much Extreme

0 1 2 3 4 5 6 7 8 9 10 \_\_\_\_\_

 Total Score for past week = Sum (1,10)-11= \_\_\_\_\_

 Previous Score = \_\_\_\_\_

Any side effects noted? (Eg: Difficulty with blood pressure, overstimulation, hypo-manic, sedation, problems getting to sleep, becoming more obsessive or compulsive) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forms/Master ADD Scoring Sheet