

ADHD Worksheet

Name:		Date:
Review each symptom listed, then, rate and encircle the frequency of how often you experience the symptom and how much each symptom interferes with your daily life.		
PART I. Symptom/s	How often do you experience this symptom?	How much does it interfere with your daily life?
Difficulty staying on task	☐ Rarely ☐ Sometimes ☐ Often ☐ Always	☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely
Problems with organization	☐ Rarely ☐ Sometimes ☐ Often ☐ Always	☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely
Hyperactivity or restlessness	☐ Rarely ☐ Sometimes ☐ Often ☐ Always	☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely
Impulsivity	☐ Rarely ☐ Sometimes ☐ Often ☐ Always	☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely
Difficulty with focus and attention	☐ Rarely ☐ Sometimes ☐ Often ☐ Always	☐ Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely
Identify what tends to trigger your symptoms. This could be environmental factors, emotional factors, dietary factors, or other factors. Write down your triggers in the second column.		

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PART II. Trigger/s		What tends to trigger your symptoms?
Environmental factors		
Emotional factors		
Dietary factors		
Other factors		
List strategies that have helped you manage your symptoms in the past. This could include environmental modifications, self-care activities, time-management techniques, medication, therapy, or other strategies. Write down your coping strategies in the second column.		
Part III. Coping Strategy/ies		What strategies help you manage your symptoms?
Environmental modifications		
Self-care activities		
Time-management techniques		
Medication and therapy		
Other strategies		