

Attention Deficit and Hyperactivity Disorder Diagnostic

Name:
DOB:
ID#: Tool

ADHD Criteria: Has 6 or more of the following symptoms checked of inattention and/or 6 or more of the hyperactivity-impulsivity symptoms checked that have persisted for at least 6 months to a degree that is maladaptive and inconsistent with the child's developmental level.

A. 1. Check the **inattention symptoms that have persisted for at least 6 months:**

- | | |
|---|---|
| <input type="checkbox"/> Often fails to give close attention to details | <input type="checkbox"/> Often has difficulty sustaining attention |
| <input type="checkbox"/> Often does not appear to listen | <input type="checkbox"/> Often has difficulty following instructions |
| <input type="checkbox"/> Often has difficulty with organization | <input type="checkbox"/> Often avoids tasks requiring sustained attention |
| <input type="checkbox"/> Often loses things | <input type="checkbox"/> Is often easily distracted |
| <input type="checkbox"/> Is often forgetful in daily activities | |

AND/OR

A. 2. Check the **hyperactivity-impulsivity symptoms that have persisted for at least 6 months:**

- | | |
|---|--|
| <input type="checkbox"/> Often fidgets or squirms | <input type="checkbox"/> Often has difficulty staying seated |
| <input type="checkbox"/> Often runs or climbs inappropriately | <input type="checkbox"/> Often has difficulty engaging in activities quietly |
| <input type="checkbox"/> Always "on the go", "driven by a motor" | <input type="checkbox"/> Often talks excessively |
| <input type="checkbox"/> Often has difficulty in waiting their turn | <input type="checkbox"/> Often blurts out answers before question completed |
| <input type="checkbox"/> Often interrupts or intrudes upon others | |

AND

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7.**

AND

- C. Some impairment from the symptoms is present in two or more settings (e.g., school, work, home).**

AND

- D. There must be clear evidence of clinically significant impairment in social academic, or occupational functioning.**

AND

- E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder.**

Diagnostic Codes

- 314.01 Attention Deficit Hyperactivity Disorder, Combined Type: If both Criteria A.1. and A.2. are met for the past 6 months.**
- 314.0 Attention Deficit Hyperactivity Disorder, Predominantly Inattentive Type: If Criteria A.1. is met, but Criteria A.2. is not met for the past 6 months.**
- 314.01 Attention Deficit Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type: If Criteria A.2. is met, but Criteria A.1. is not met for the past 6 months.**

Coding Note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In Partial Remission" should be specified.

Clinician's Name:
Date of Assessment:
Signature: