

**Attention Deficit Hyperactivity Disorder (ADHD) Additional Information Tool**

You have been given this optional form by your GP in order to gather more information for your referral into the Adult Neurodevelopmental Team.
We have provided examples of identified differences you may face for each question.

1. **Has inattention affected your life?**

*(E.g., Forgetfulness, difficulty listening, disorganization, distractibility, poor concept of time, making careless mistakes/missing key information, difficulty starting and finishing tasks, losing items*)

If **yes**, please describe the lifelong impact of this in at least two different domains e.g. Education/employment and Relationships/Friendships:

1. **Has hyperactivity/impulsivity affected your life?**
*(E.g., Fidgety, Restlessness, Excessive talking, overscheduling, poor sleep hygiene, difficulty waiting turn, easily frustration/feeling emotionally overwhelmed, prone to addiction, reckless driving, ending jobs abruptly and emotional regulation)*

If **yes**, please describe the lifelong impact of this in at least two different domains e.g. Education/employment and Relationships/Friendships: