

ADULT BEHAVIORAL ASSESSMENT

Patient Name _____	Phone _____
DOB _____ Age _____ Weight _____	Work Phone _____
Address _____	Physician _____
City, State, Zip _____	Physician Phone _____

Pharmacy Name _____ Life-Span Counselor _____

INSTRUCTIONS: Check the severity of symptom to indicate Mild/Occasionally, Moderate/Regularly or Severe/Frequently. If the symptom is not applicable, write N/A.

ATTENTION DEFICIT HYPERACTIVITY				
Symptom	Mild/Occasionally	Moderate/Regularly	Severe/Frequently	Describe, including how long symptom has occurred (If applicable)
A very early riser				
Aches and pains				
Afraid of being alone				
Afraid of the dark, animals or bugs				
Appears to be easily led or swayed				
Appears to be/feels unaccepted by peers				
Attendance problem at work				
Avoids, expresses reluctance about, or has difficulties engaging in tasks that require sustained mental effort				
Awakens at night				
Bed wetting				
Bites or picks nails				
Blames others for mistakes				
Bragging and boasting				
Bullying				
Cannot fall asleep				
Cannot stand too much excitement				
Carries a chip on his/her shoulder				
Complains about being sick even when nothing is wrong				
Cries easily				
Cries often and easily – very much				
Dark thoughts (may involve suicidal or homicidal thoughts)				
Demands must be met immediately - easily frustrated				
Denies having done wrong				

ATTENTION DEFICIT HYPERACTIVITY (Continued)			
Symptom	Mild/Occasionally	Moderate/Regularly	Severe/Frequently
			Describe, including how long symptom has occurred (If applicable)
Difficulties seeing options in situations			
Difficulty doing or completing tasks			
Difficulty with sustained attention or erratic attention span			
Difficulty holding down a job for any length of time			
Disorganized			
Disturbs coworkers			
Does not act his/her age			
Doesn't seem to listen			
Easily distracted by extraneous stimuli			
Everything must be just so			
Excessive daydreaming			
Excessive guilt			
Fails to finish things he/she starts			
Family history of explosiveness			
Feels cheated			
Feels inferior to others			
Fights			
Fights constantly			
Forgetful			
Frequent headaches or abdominal pain without a clear medical explanation			
Frequent periods of déjà vu (feelings of being somewhere before even though you never have)			
Frequently sluggish or slow moving			
Frequently spacey or internally preoccupied			
Fussy about cleanliness			
Gets aches and pains or stomachaches before work			
Gets stiff and rigid			
Gets upset if someone rearranges his/her things			
Hard to understand (does not communicate clearly)			
Has a lot of fears			
Headaches			
Helplessness			
History of a head injury			
Holds back bowel movements			
Hopelessness			
Impulse control problems			

ATTENTION DEFICIT HYPERACTIVITY (Continued)			
Symptom	Mild/Occasionally	Moderate/Regularly	Severe/Frequently
			Describe, including how long symptom has occurred (If applicable)
Intense dislike for change			
Irritability builds, then explodes, then recedes; often tired after a rage			
Irritable			
Is often "on the go" or often acts as if "driven by a motor"			
Isolates him/herself from others			
Keeps checking things over again and again			
Lies regularly			
Loose bowels			
Loses temper			
Loses things necessary for tasks or activities (e.g., work assignments, pencils, tools, keys, etc.)			
Low energy			
Low self-esteem			
Lowered sexual interest			
Mean, hateful			
Messy or disorganized at home or work			
Moodiness			
Needs to have things done a certain way or gets upset			
Negative			
Nightmares			
No sense of fair play			
Obsessive thoughts			
Often appears to be apathetic or unmotivated			
Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort (such as work)			
Often blurts out answers before question is complete			
Often complains of being bored			
Often does not follow through on instructions and fails to finish work, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)			
Often fails to give close attention to details or makes careless mistakes in work or other activities			
Often fidgets with hands or feet or squirms in seat			
Often forgetful in daily activities			
Often has difficulty organizing tasks and activities			
Often has difficulty playing or engaging in leisure activities quietly			

ATTENTION DEFICIT HYPERACTIVITY (Continued)			
Symptom	Mild/Occasionally	Moderate/Regularly	Severe/Frequently
			Describe, including how long symptom has occurred (If applicable)
Often has difficulty sustaining attention in tasks or leisure activities			
Often leaves seat in situations in which remaining seated is expected			
Often late			
Often misinterprets comments as negative when they are not			
Often runs about or moves excessively in situations in which it is inappropriate - may be limited to subjective feelings of restlessness			
Often talks excessively			
Oppositional, argumentative			
Others complain of too much worry			
Overweight			
Periods of forgetfulness or memory problems			
Periods of panic or fear for no specific reason			
Periods of rage with little provocation			
Periods of spaciness or confusion			
Picks at things such as hair, clothing, etc.			
Picks on other people			
Plays with own sex organs			
Poorly aware of surroundings or time of day			
Problems completing things			
Promiscuous			
Responds impulsively or without thinking			
Seems tired or slowed down all the time			
Sensitivity or mild paranoia			
Sets goals too high			
Shakes, trembles			
Shifts from one uncompleted activity to another			
Short fuse – periods of extreme irritability			
Sleep changes (too much or too little)			
Social isolation			
Spiteful or vindictive			
Steals – very much			
Stomach aches			
Strong tendency to get locked into negative thoughts			
Strong tendency to hold grudges			
Strong tendency to hold onto hurts from the past			
Stubborn			
Stuttering			

ATTENTION DEFICIT HYPERACTIVITY (Continued)			
Symptom	Mild/Occasionally	Moderate/Regularly	Severe/Frequently
			Describe, including how long symptom has occurred (If applicable)
Sucks thumb			
Super organized			
Tells stories which did not happen			
Tendency to compulsive behavior			
Tendency to get locked into a course of action			
Tendency to hold onto own opinion and not listen to others			
Things must be done the same way every time			
Trouble shifting attention from subject to subject			
Truancy			
Twitches, jerks, etc.			
Unable to stop a repetitive activity			
Uncooperative			
Visual changes, such as seeing shadows or objects changing shape			
Vomiting			
Wants to run things			
Will not eat enough			
Will not obey work rules			
Will run around between mouthfuls at meals			