

CGPT ADHD

Please complete the survey below.

Thank you!

**Please rate the following statements based on how often each symptom applies to you.
Choose the response that best reflects your experience over the past 7 days.**

I struggle with organizing tasks or activities

- Never or rarely
- Occasionally
- Sometimes
- Often
- Very often or always

Please rate the following statements based on how often each symptom applies to you. Choose the response that best reflects your experience over the past 7 days.

I act impulsively or without thinking

- Never or rarely
- Occasionally
- Sometimes
- Often
- Very often or always

**Please rate the following statements based on how often each symptom applies to you.
Choose the response that best reflects your experience over the past 7 days.**

It's challenging for me to sustain attention during tasks or activities.

- Never or rarely
- Occasionally
- Sometimes
- Often
- Very often or always

Please rate the following statements based on how often each symptom applies to you. Choose the response that best reflects your experience over the past 7 days.

I struggle to complete tasks or follow through on commitments.

- Never or rarely
- Occasionally
- Sometimes
- Often
- Very often or always

Please rate the following statements based on how often each symptom applies to you. Choose the response that best reflects your experience over the past 7 days.

I felt lifeless, zoned out, or like I had little personality (e.g., like a "zombie").

- Never or rarely
- Occasionally
- Sometimes
- Often
- Very often or always

Raw Score _____

Indicator of possible over-medication _____