

**SCS ADHD Policy and Procedures**

Please refer to our website for information related to fees and illicit drug testing policies for any student seeking stimulant medication:

<https://studentlife.creighton.edu/wellness/health-and-counseling/student-counseling-services/assessments-and-evaluations>

The cost for an ADHD assessment is \$500 (or \$60 for Pell Grant-eligible students). The cost for a learning disability assessment is \$600 (or \$80 for Pell Grant-eligible students).

Please complete the following information and return to [anneconroy@creighton.edu](mailto:anneconroy@creighton.edu) if you would like to proceed with an ADHD/LD assessment. You will not be contacted for scheduling until this form is submitted.

**Screening Questions**

Name \_\_\_\_\_ Date \_\_\_\_\_ Birth Date \_\_\_\_\_

1.) At what age did you begin noticing attention difficulties? \_\_\_\_\_

2.) Have you previously been evaluated and or diagnosed with ADHD?  Yes  No  
(If yes, please state by whom and date). \_\_\_\_\_

3.) Why are you seeking an evaluation at this time (e.g., academic accommodations, stimulant medication, accommodations for a national board exam)? \_\_\_\_\_

*As part of your assessment, SCS requests that you obtain a copy of any previous evaluations and submit at the time of scheduling.*

4.) Do you have a family history of ADHD?  Yes  No  
(If yes, please list which family members) \_\_\_\_\_

5.) To what extent do problems with time management, organization, and procrastination impact your academic functioning?

Not at All    To a small degree    To a moderate degree    To a considerate degree    To a great degree  
                                                                                       

6.) Please describe any additional stressors related to mental health functioning that may be impacting your ability to maintain attention. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date				
<p>Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.</p>		Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How often do you have problems remembering appointments or obligations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part A</b>						
7. How often do you make careless mistakes when you have to work on a boring or difficult project?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How often do you misplace or have difficulty finding things at home or at work?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How often are you distracted by activity or noise around you?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How often do you feel restless or fidgety?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. How often do you find yourself talking too much when you are in social situations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How often do you have difficulty waiting your turn in situations when turn taking is required?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. How often do you interrupt others when they are busy?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Part B</b>						