NORTHERN MICHIGAN PSYCHIATRIC SERVICES, P.C.

Sander M. Weckstein, MD.

CONTINUOUS PERFORMACE TEST

Dear Patient,

You are scheduled for a Continuous Performance Test, on _____________ at _________am/pm which is considered to be an objective office test of attention span, impulsivity and frustration tolerance. While no single test or piece of information can make or disprove the diagnosis of Attention Deficit/Hyperactivity Disorder or measure medication response, it is considered a valuable piece of information to answer these questions. This test has been used successfully with thousands of children and most find it enjoyable.

The testing itself takes approximately thirty minutes. It is set up to be like a game. A technician will stay with you.

Unless your doctor orders otherwise, all medicines should be taken at their usual times, except for the stimulant Ritalin (methylphenidate), Dexedrine or Dextrostat (dextroamphetamine) or Adderall. Please time these medications to be taken an hour to an hour and a half before the test starting time unless directed by Dr. Weckstein. Concerta, Metadate CD and Dexedrine CR Spansules should be taken at their usual time.

Also enclosed is a questionnaire for you to complete prior to the testing. **PLEASE BRING THESES FORMS WITH YOU AT THE TESTING TIME.**

Please write down on this form the date of the test the dose and time of all medications, vitamins or nutritional supplements you take.

If you have any questions, Please do not hesitate to call our office.

Please list **ALL** medications, vitamins or nutritional supplements

Medication	Strength	# of Times	Times Taken Today

ADULT ADHD SELF-REPORT SCALE (ASRS-V1.1) SYMPTOM CHECKLIST

Patient: ______________________________ **Date Completed:** ____________

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 your appointment.	Never	Rarely	Sometimes	Often	Very often
PART A					
How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
How often do you have difficulty getting things in order when you have to do a task that requires organization?					
How often do you have problems remembering appointments or obligations?					
When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
How often do you feel overly active and compelled to do things, like you were driven by a motor?					
PART B					
How often do you make careless mistakes when you have to work on a boring or difficult project?					
How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
How often do you misplace or have difficulty finding things at home or at work?					
How often are you distracted by activity or noise around you?					
How often do you leave your seat in meetings or in other situations in which you are expected to stay seated?					
How often do you feel restless or fidgety?					
How often do you have difficulty unwinding and relaxing when you have time to yourself?					
How often do you find yourself talking too much when you are in social situations?					
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 it themselves?					
How often do you have difficulty waiting your turn in situations when turn taking is required?					
How often do you interrupt others when they are busy?					

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