

## Diagnostic Criteria for Attention-Deficit/ Hyperactivity Disorder

Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Participant: \_\_\_\_\_ Patient: \_\_\_\_\_

**In each section please check all of the symptoms that have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:**

### Inattention

- \_\_\_\_\_ (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- \_\_\_\_\_ (b) often has difficulty sustaining attention in tasks or play activities
- \_\_\_\_\_ (c) often does not seem to listen when spoken to directly
- \_\_\_\_\_ (d) often does not follow through on instructions and fails to finish schoolwork, chores or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- \_\_\_\_\_ (e) often has difficulty organizing tasks or activities
- \_\_\_\_\_ (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- \_\_\_\_\_ (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- \_\_\_\_\_ (h) is often easily distracted by extraneous stimuli
- \_\_\_\_\_ (i) is often forgetful in daily activities

### Hyperactivity

- \_\_\_\_\_ (a) often fidgets with hands or feet or squirms in seat
- \_\_\_\_\_ (b) often leaves seat in classroom or in other situations in which remaining seated is expected
- \_\_\_\_\_ (c) often runs about or climbs excessively in situations in which it is inappropriate ( in adolescents or adults, may be limited to subjective feelings of restlessness)
- \_\_\_\_\_ (d) often has difficulty playing or engaging in leisure activities quietly
- \_\_\_\_\_ (e) is often “on the go” or often acts as if “driven by a motor”
- \_\_\_\_\_ (f) often talks excessively

### Impulsivity

- \_\_\_\_\_ (a) often blurts out answers before questions have been completed
- \_\_\_\_\_ (b) often has difficulty awaiting turn
- \_\_\_\_\_ (c) often interrupts or intrudes on others (e.g., butts into conversations or games)

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Patient's Name: \_\_\_\_\_

**Code based on type:**

- \_\_\_\_\_ 314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type: Inattention and hyperactivity are met for past six (6) months
- \_\_\_\_\_ 314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattention Type: if inattention criterion is met but hyperactivity criterion has not been met in the past six (6) months
- \_\_\_\_\_ 314.01 Attention-Deficit/Hyperactivity Disorder, Predominately Hyperactive-Impulsive Type: if hyperactivity criterion is met but inattention criterion is not met for the past six (6) months

**Coding note:** For individual (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In partial Remission" please specify. Yes            No

Medication Requested for Preauthorization: \_\_\_\_\_

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

Requesting Physician's name: \_\_\_\_\_  
*(please print)*

Signature \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to:**

**Medical Review Department**  
**MPIHP**  
**P.O. Box 1999**  
**Studio City, California 91614-0999**