

# Ways to Manage Your ADHD

## What do you want to discuss?

Please check a response.

- Homework
- Family
- School
- Appetite
- Sleep
- Medications
- Other
- I have no concerns today

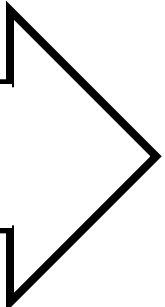
## Are you ready to make changes?

Please circle a number.

Not yet		
1	2	3

Thinking about it			
4	5	6	7

Let's go!		
8	9	10



## My Plan:

One thing I would like to do (ex: Finish chores): \_\_\_\_\_

My specific plan is to (ex: Do chores everyday): \_\_\_\_\_

When I will do it (ex: After school): \_\_\_\_\_

Where I will do it (ex: At home): \_\_\_\_\_

How often I will do it (ex: Monday thru Friday): \_\_\_\_\_

What might get in the way of my plan (ex: After school activities):  
\_\_\_\_\_

What I can do about it (ex: Do chores after dinner on these days):  
\_\_\_\_\_

## How confident are you that you can make changes?

Please circle a number.

Not confident		
1	2	3

Somewhat confident			
4	5	6	7

Very confident		
8	9	10

