



Family Psychiatry & Psychology Associates, P.A.

ABBREVIATED ADHD SYMPTOM CHECKLIST

CHILD'S NAME: _____	DATE: _____
PERSON COMPLETING FORM: _____	PARENT: _____ TEACHER: _____

DIRECTIONS: INDICATE THE DEGREE TO WHICH EACH ITEM BELOW IS A PROBLEM BY CIRCLING THE CORRESPONDING NUMBER. PLEASE RESPOND TO ALL ITEMS.

	NEVER	SOMETIMES	OFTEN	VERY OFTEN
1. DOESN'T PAY ATTENTION TO DETAILS; MAKES CARELESS MISTAKES	0	1	2	3
2. DIFFICULTY PAYING ATTENTION	0	1	2	3
3. DOES NOT SEEM TO LISTEN	0	1	2	3
4. DIFFICULTY FOLLOWING INSTRUCTIONS; DOES NOT FINISH THINGS	0	1	2	3
5. DIFFICULTY GETTING ORGANIZED	0	1	2	3
6. AVOIDS DOING THINGS THAT REQUIRE A LOT OF MENTAL EFFORT	0	1	2	3
7. LOSES THINGS	0	1	2	3
8. EASILY DISTRACTED	0	1	2	3
9. FORGETFUL	0	1	2	3
10. FIDGETS WITH HANDS OR FEET; SQUIRMS IN SEAT	0	1	2	3
11. DIFFICULTY REMAINING SEATED	0	1	2	3
12. RUNS ABOUT OR CLIMBS ON THINGS	0	1	2	3
13. DIFFICULTY PLAYING QUIETLY	0	1	2	3
14. "ON THE GO"; ACTS AS IF "DRIVEN BY A MOTOR"	0	1	2	3
15. TALKS EXCESSIVELY	0	1	2	3
16. BLURTS OUT ANSWERS TO QUESTIONS	0	1	2	3
17. DIFFICULTY AWAITING TURN	0	1	2	3
18. INTERRUPTS OTHERS OR BUTTS INTO THEIR ACTIVITIES	0	1	2	3