



ABBREVIATED ADHD SYMPTOM CHECKLIST

Child's Name _____ Date _____

Name of person completing form _____ Relationship _____

Indicate the degree to which each item below is a problem. Please respond to all items. Consider the child's behavior on the following days: _____

	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

**This will be used to follow the effectiveness of ADD or ADHD treatment ONLY.
This is not intended to diagnose your child as having ADD or ADHD.**