

# ADHD SYMPTOM CHECKLIST

Child's Name: \_\_\_\_\_

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

Person Completing Form: \_\_\_\_\_

Relationship: \_\_\_\_\_

	NEVER	SOMETIMES	OFTEN	VERY OFTEN
POOR ATTENTION TO DETAILS; CARELESS MISTAKES	0	1	2	3
POOR ATTENTION	0	1	2	3
DOESN'T LISTEN	0	1	2	3
DOESN'T FINISH THINGS OR FOLLOW DIRECTIONS	0	1	2	3
POOR ORGANIZATION	0	1	2	3
AVOIDS SUSTAINED MENTAL EFFORT	0	1	2	3
LOSES THINGS FREQUENTLY	0	1	2	3
EASILY DISTRACTED	0	1	2	3
FORGETFUL	0	1	2	3
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FIDGETY; SQUIRMY	0	1	2	3
CAN'T STAY SEATED	0	1	2	3
RUNS AND CLIMBS EXCESSIVELY	0	1	2	3
CAN'T PLAY QUIETLY	0	1	2	3
"ON THE GO"; "DRIVEN BY A MOTOR"	0	1	2	3
CONSTANT CHATTER	0	1	2	3
BLURTS OUT VERBALLY	0	1	2	3
TROUBLE WAITING TURN	0	1	2	3
INTERRUPTS OTHERS; INTRUDES INTO ACTIVITIES	0	1	2	3

**PLEASE SEE REVERSE**

**PLEASE ANSWER THE FOLLOWING REGARDING YOUR  
OBSERVATIONS OF THIS CHILD:**

*HOW LONG HAVE YOU KNOWN THIS CHILD?*

*IS THIS CHILD'S BEHAVIOR CONSISTENT EVERY DAY?*

*ARE THERE SITUATIONS THAT WORSEN OR IMPROVE THIS CHILD'S  
BEHAVIORS?*

*WHAT OTHER BEHAVIORAL PATTERNS DO YOU OBSERVE IN THIS CHILD?*

*DO YOU HAVE ANY OTHER CONCERNS ABOUT THIS CHILD?*

**THANK YOU FOR YOUR INPUT!!**