

ADHD SYMPTOM CHECKLIST

PHYSICIANS TO CHILDREN & ADOLESCENTS

FAX: 502-348-2793

CHILD'S NAME: FIRST:	MIDDLE:	LAST:	DOB:
NAME OF PERSON COMPLETING FORM:		DATE COMPLETED:	
RELATIONSHIP TO CHILD:		CLASS TIME:	

DIRECTIONS: BESIDE EACH ITEM BELOW INDICATE THE DEGREE OF THE PROBLEM WITH A CHECKMARK. PLEASE RESPOND TO ALL ITEMS. EVALUATE THE CHILD'S BEHAVIOR ON THE FOLLOWING DAYS:

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

CATEGORY B	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
19. LOSES TEMPER				
20. ARGUES WITH ADULTS				
21. DEFIES OR REFUSES WHAT YOU TELL HIM/HER TO DO				
22. DOES THINGS TO DELIBERATELY ANNOY OTHERS				
23. BLAMES OTHERS FOR OWN MISBEHAVIORS OR MISTAKES				
24. IS TOUCHY OR EASILY ANNOYED BY OTHERS				
25. IS ANGRY AND RESENTFUL				
26. TAKES ANGER OUT ON OTHERS, TRIES TO GET EVEN				

FOR OFFICE USE

PHYSICIANS TO CHILDREN & ADOLESCENTS

FAX: 502-348-2793

FOR OFFICE USE

CATEGORY C	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
27. GRABS THINGS FROM OTHER CHILDREN				
28. THROWS THINGS AT OTHER CHILDREN				
29. SMASHES OR DESTROYS THINGS				
30. GIVES DIRTY LOOKS OR MAKES THREATENING GESTURES TO OTHER CHILDREN				
31. CURSES AT OR TEASES OTHER CHILDREN TO PROVOKE CONFLICT				
32. DAMAGES OTHER CHILDREN'S PROPERTY				
33. HITS, PUSHES OR TRIPS OTHER CHILDREN				
34. THREATENS TO HURT OTHER CHILDREN				
35. ENGAGES IN PHYSICAL FIGHTS FROM OTHER CHILDREN				
36. ANNOYS OTHER CHILDREN TO PROVOKE THEM				

CATEGORY D	NEVER	SOME-TIMES	OFTEN	VERY OFTEN
37. IRRITABLE				
38. UNUSUALLY CHEERFUL OR HAPPY				
39. SAD, WEEPY, CRIES OR UNHAPPY				
40. ANXIOUS				
41. SPACED OUT, BLANK STARES				
42. OVERLY QUIET				
43. LETHARGIC, DROWSY				
44. UNINTERESTED IN OTHERS, STAYS BY HIMSELF/HERSELF				
45. DIFFICULTY FALLING ASLEEP (parent)				
46. DECREASED APPETITE (parent)				
47. COMPLAINS ABOUT HEADACHE, UPSET STOMACH, DIZZINESS, ETC.				
48. TICS, TWITCHING, FINGERNAIL BITING, UNUSUAL ARM OR LEG MOVEMENTS				
49. UNUSUALLY TALKATIVE				
50. OTHER (please specify)				

LIST ALL ILLNESSES (TYPE AND DATE) THAT OCCURRED ON THE SPECIFIED DAYS: _____

COMMENTS: _____
