

Attention-Deficit/Hyperactivity Disorder (ADHD) Symptom Checklist



A. My child shows the following symptoms (Yes or No):

1. Inattention

- Yes No Often misses details or makes careless mistakes in schoolwork or other activities (forgets name on homework, practices addition on a "subtraction" homework)
- Yes No Has trouble paying attention long enough to complete tasks (doesn't finish a game, quits reading an assignment in class even though the other students are still reading)
- Yes No Doesn't seem to listen when spoken to
- Yes No Has trouble following through when given directions or when finishing schoolwork or chores. Or, when given 2 – 3 tasks to do, can only remember the first one.
- Yes No Has a hard time organizing tasks (can't figure out how to begin when asked to clean room)
- Yes No Often avoids or dislikes doing anything that requires thinking or paying attention for a long period of time (doesn't finish playing a game)
- Yes No Often loses important items such as homework assignments or shoes
- Yes No Is easily distracted by noise, movement or other activity (has difficulty focusing on a conversation when other conversations are going on nearby)
- Yes No Often forgets daily routines or activities (forgets to brush teeth or wash hair when bathing)

2. Hyperactivity

- Yes No Often fidgets or squirms in seat
- Yes No Often leaves seat in situations where staying seated is expected, such as in a classroom
- Yes No Often runs around or climbs when it is not appropriate, such as in church or school
- Yes No Often has difficulty playing or working quietly
- Yes No Often seems "on the go" as if "driven by a motor"
- Yes No Often talks too much or monopolizes the conversation

3. Impulsivity

- Yes No Often blurts out answers before the question is finished
- Yes No Often has difficulty waiting for his/her turn
- Yes No Often interrupts and/or talks over other's conversations

B. You and others have noticed these symptoms for six months or more and some of these symptoms began before your child turned 7 years of age.

- Yes No

C. The symptoms have been disruptive and caused problems in 2 or more places such as school, home, church, or day care.

- Yes No

D. The problems have caused others such as teachers or family members to be concerned.

- Yes No

E. Your child does not have any other known problem that might create similar symptoms such as hearing/vision problems or seizures.

- Yes No

If you answered "Yes" to 6 or more items in A, and answered "Yes" to B, C, D, or E, your child may need to see a healthcare professional to be assessed for ADHD.

Reference:

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*. (4th ed., text revision). Washington, DC

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